



TYGERBERG HOSPITAL
Department of Obstetrics and Gynaecology: General Specialist Services
Protocol for management before referral to Specialist Services



Work-up for a suspected cervical carcinoma

- STABLE PATIENTS SHOULD BE MANAGED AT A DISTRICT/REGIONAL HOSPITAL FOR INITIAL WORK-UP AND STAGING.
- PATIENTS WITH COMPLICATIONS: Ongoing, active bleeding, systemic sepsis, renal failure etc. should be transferred URGENTLY to Tygerberg Hospital (call the registrar on call for gynaecology)

The aim is to do the work up fast, efficiently, and as far as possible AS AN OUT-PATIENT.

- On presentation: Do cervical biopsy (organize it with Anatomical Pathologist on call to be done urgently). Provide your cell phone number on request form so that the Histology lab can contact you with the result.
- Check result, confirm cancer diagnosis and inform patient of result, then arrange investigations.
- FBC – look for anaemia & sepsis
- U&E and creatinine – exclude renal failure
- ALP, GGT, ALT, AST – to detect liver metastases
- Urine for MCS and give treatment if infection.
- HIV test with consent – contact HIV counsellor to do counselling and rapid test. Take CD4 count if patient is positive. Patient must be informed of the result and be referred for initiation of Anti-retrovirals.
- RPR for Syphilis and treat if positive.
- Chest X-ray & report specifically ask to assess for lung metastases.
- Abdominal Ultrasound. Request radiographer to report on: liver metastases, pelvic or para-aortic lymph nodes, ascites and hydronephrosis.
- The Oncology Book should be COMPLETED at the referring hospital with all results. In the case of abnormal clinical findings, complex pathology or special investigations that are abnormal, please phone and discuss the patient with the gynae-oncology registrar (021 9384428).
- Book a cystoscopy (021 9386360) at Tygerberg Hospital. Write a referral for cystoscopy and take the consent. Write the cystoscopy date on the consent form and

Oncology Book. Patients where the cancer was diagnosed on LLETZ do not need cystoscopy.

- Phone 021 9384428 and book a Wednesday Gynae-oncology staging appointment (the cystoscopy should be booked for the Monday or Wednesday of that week.)
- If the patient is from far, arrange admission for the day before cystoscopy with the gynae-oncology registrar.

INITIAL TREATMENT:

- 1) Analgesia: Paracetamol & IMI morphine if in severe pain. Can convert IMI to oral mist morphine: 20mg/5ml. Give 2.5mls P.O. 4 hourly. The dose can be increased if pain not controlled.
- 2) Treat anaemia with iron and folate and transfuse if necessary. DO NOT transfuse patients when they have renal failure without discussing with an oncologist first. Hb should be around 10g/dL.
- 3) Bleeding from the tumour is often due to infection. If there is active bleeding, give Tranexamic acid (Cyclokapron) 500mg – 1g 8 hourly as well as antibiotics (e.g. co-amoxiclav).
- 4) Anticoagulation should be avoided in patients who are bleeding. Encourage mobilization for thrombus prevention.

AUTHORISED BY	H vd Merwe, GS Gebhardt
COMPILED BY	J Butt
COMMITTEE RESPONSIBLE	Z Momberg, S Gebhardt, V Thomas, E Swart, L Muller, L Murray, J Butt, L Terblanche, A Cloete, J Kluge
DATE REVISED	1 August 2018
DATE EFFECTIVE	1 August 2018
REVIEW DATE	30 April 2020
EVIDENCE	Evidence basis for the above decision is available on request



Signed: GS Gebhardt

Head: General Specialist Services; Obstetrics and Gynaecology