Information for patients

Having a Cervical Stitch

Jessop Wing
We have written this information leaflet to explain what a cervical stitch is, and what you should expect if you choose to have one.

What is a 'Cervical Stitch'?  
A cervical stitch is a non-absorbable stitch that is put in around the neck of your womb (the cervix) to hold it closed throughout pregnancy.

It may also be called a ‘Cervical Suture’; a 'Shirodkar Suture' or a 'MacDonald's Suture'.

What are the benefits of having a stitch put in?  
A stitch can help to reduce the risk of a late miscarriage. Your consultant will discuss your personal circumstances with you, and why this may be the best course of action for you.

What are the success rates?  
The success rates are good, particularly when the stitch is put in during early pregnancy for a recognised reason. More than two-thirds of women who have a cervical stitch at the Jessop Wing go on to have healthy babies.

What are the risks?  
There is a small risk that the procedure may result in a miscarriage. However it is sometimes difficult to determine whether any miscarriage was caused by the stitch or the reason for inserting the stitch in the first place.
What are the alternatives?
There are no alternatives to this procedure; however you may choose not to have the procedure done.

What does the procedure involve?
You will be admitted to hospital and the procedure will take place in the operating theatre. The anaesthetist will discuss your health and personal circumstances with you. Most times the procedure is done under a spinal anaesthetic (this means you will be numb from the waist down, but you will be awake). However your individual needs may mean that a general anaesthetic may be advised (this means that you will be put to sleep).

When will the stitch be put in?
The operation is usually performed between the 14th and 18th week of your pregnancy. A cervical stitch may be required later than this, but will usually be performed before 24 weeks.

How will I feel afterwards?
If you have a spinal anaesthetic you will feel numb from the waist down for a few hours which will limit your movement.

If you have a general anaesthetic you may feel drowsy for a few hours afterwards. You may also experience some nausea which can be relieved by medication.

You may experience some slight discomfort similar to period pain. The staff will give you painkillers if you require them.
How long will I need to stay in hospital?
Most women go home on the same day; however you should be prepared for an overnight stay. It may be helpful to bring in your nightwear and toiletries.

What will happen after I go home?
You may have some slight vaginal bleeding, but this should stop within a few days. If you experience any heavy bleeding, pain or discharge you should contact your General Practitioner (GP).

You should rest when you go home and avoid any heavy housework, lifting or exercise. You may need to refrain from work for a short time, your consultant will advise you about this.

It is advisable to refrain from sexual intercourse for 2 weeks. Your consultant will explain if you need to refrain for a longer period.

How will I be cared for during my pregnancy?
You will be seen regularly during your pregnancy in the feto-maternal unit or the antenatal clinic as necessary.
When will the stitch be removed?

The stitch will be removed near the end of your pregnancy to allow for a normal birth. This will be done when you are about 36 weeks.

If your waters break or you go into labour before 36 weeks, you should promptly phone Triage on **0114 226 8901** and inform the staff. You will need to come to the hospital as it may be necessary to remove the stitch.

The removal of the stitch is a simple process, and does not usually require an anaesthetic.

**If you require any further information about this procedure please speak to your doctor or your midwife.**