

Patient education: Uterine cancer (The Basics)

[Written by the doctors and editors at UpToDate](#)

What is uterine cancer? — Uterine cancer happens when normal cells in the uterus change into abnormal cells and grow out of control. The uterus (also called the womb) is the part of a woman's body that holds a baby if she is pregnant. The uterus has a thin inner lining layer and a thick outer layer ([figure 1](#)).

There are different types of uterine cancer, but most uterine cancer starts in cells in the thin inner lining. Uterine cancer can occur in women of any age, but is much more common in women who have gone through menopause. Menopause is the time in a woman's life when she stops having menstrual periods.

What are the symptoms of uterine cancer? — The most common symptom of uterine cancer is abnormal vaginal bleeding. Abnormal vaginal bleeding includes:

- Bleeding in between menstrual cycles (at times other than during your period)
- Menstrual bleeding that is heavier than usual
- Any vaginal bleeding in a woman who has already gone through menopause

These symptoms can be caused by conditions that are not cancer. But if you have these symptoms, tell your doctor or nurse.

Is there a test for uterine cancer? — Yes. If you have abnormal vaginal bleeding, your doctor or nurse might order a test called a biopsy to check for uterine cancer. During a biopsy, a doctor takes a small sample of tissue from the uterine lining. Another doctor will look at the sample under a microscope to see if cancer is present.

Women who have gone through menopause can also have an imaging test called an ultrasound to check for uterine cancer. This test measures how thick the uterine lining is.

What is cancer staging? — Cancer staging is a way in which doctors find out how far the cancer has spread.

The right treatment for you will depend a lot on the stage of your cancer and how fast it is growing. Your treatment will also depend on your age and other medical problems.

How is uterine cancer treated? — Most women with uterine cancer have surgery to remove the uterus, ovaries, and the tubes connecting the ovaries to the uterus (fallopian tubes). This surgery is called a "hysterectomy" ([figure 2](#) and [figure 3](#)). During surgery, the doctor will also check the area and organs around the uterus to see if the cancer has spread. He or she might remove other organs that look abnormal.

Some women will not need further treatment after surgery if surgery removes the cancer. But other women might need further treatment with one or both of the following:

- **Radiation therapy** – Radiation kills cancer cells. Radiation can be given from a machine that is outside the body. Or a doctor can put a source of radiation directly into the vagina.
- **Chemotherapy** – Chemotherapy is the medical term for medicines that kill cancer cells or stop them from growing.

What happens after treatment? — After treatment, you will be checked every so often to see if the cancer comes back. Regular follow up tests include exams and Pap tests. During a Pap test, a doctor or nurse props open the walls of the vagina using a device that looks like a duck beak (called a speculum). He or she then uses a small brush to collect cells from the cervix. Other follow-up tests can include blood tests and imaging tests such as X-rays.

You should also watch for symptoms of abnormal vaginal bleeding, pain in your belly, or a cough that won't go away. Let your doctor or nurse know if you have these symptoms. They could mean your cancer has come back.

What happens if the cancer comes back or spreads? — If the cancer comes back or spreads, you might have more surgery, radiation therapy, or chemotherapy.

What if I want to get pregnant one day? — If you have not yet gone through menopause and want to have a baby one day, talk with your doctor. A woman cannot get pregnant after a hysterectomy or radiation. Your doctor can discuss different options with you.

What else should I do? — It is important to follow all your doctors' instructions about visits and tests. It's also important to talk to your doctor about any side effects or problems you have during treatment.

Getting treated for uterine cancer involves making many choices, such as what treatment to have.

Always let your doctors and nurses know how you feel about a treatment. Any time you are offered a treatment, ask:

- What are the benefits of this treatment? Is it likely to help me live longer? Will it reduce or prevent symptoms?
- What are the downsides to this treatment?
- Are there other options besides this treatment?
- What happens if I do not have this treatment?

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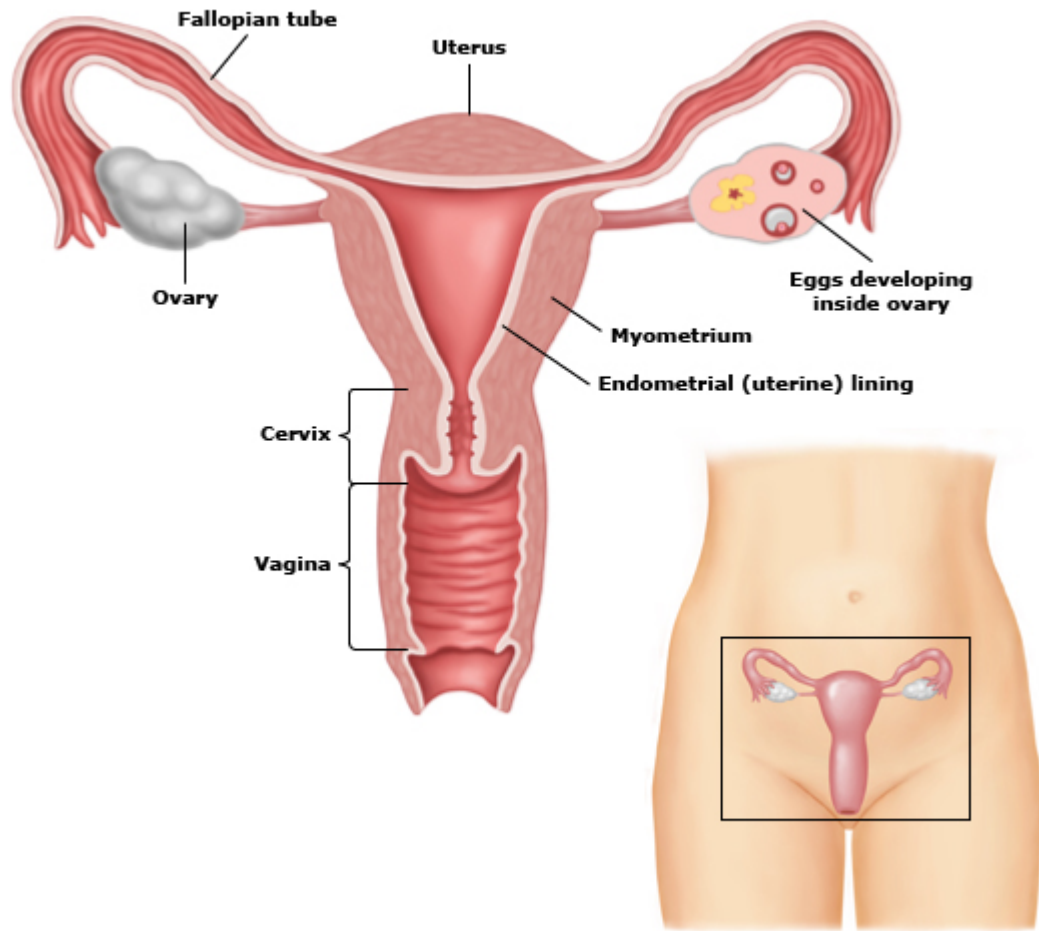
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GRAPHICS

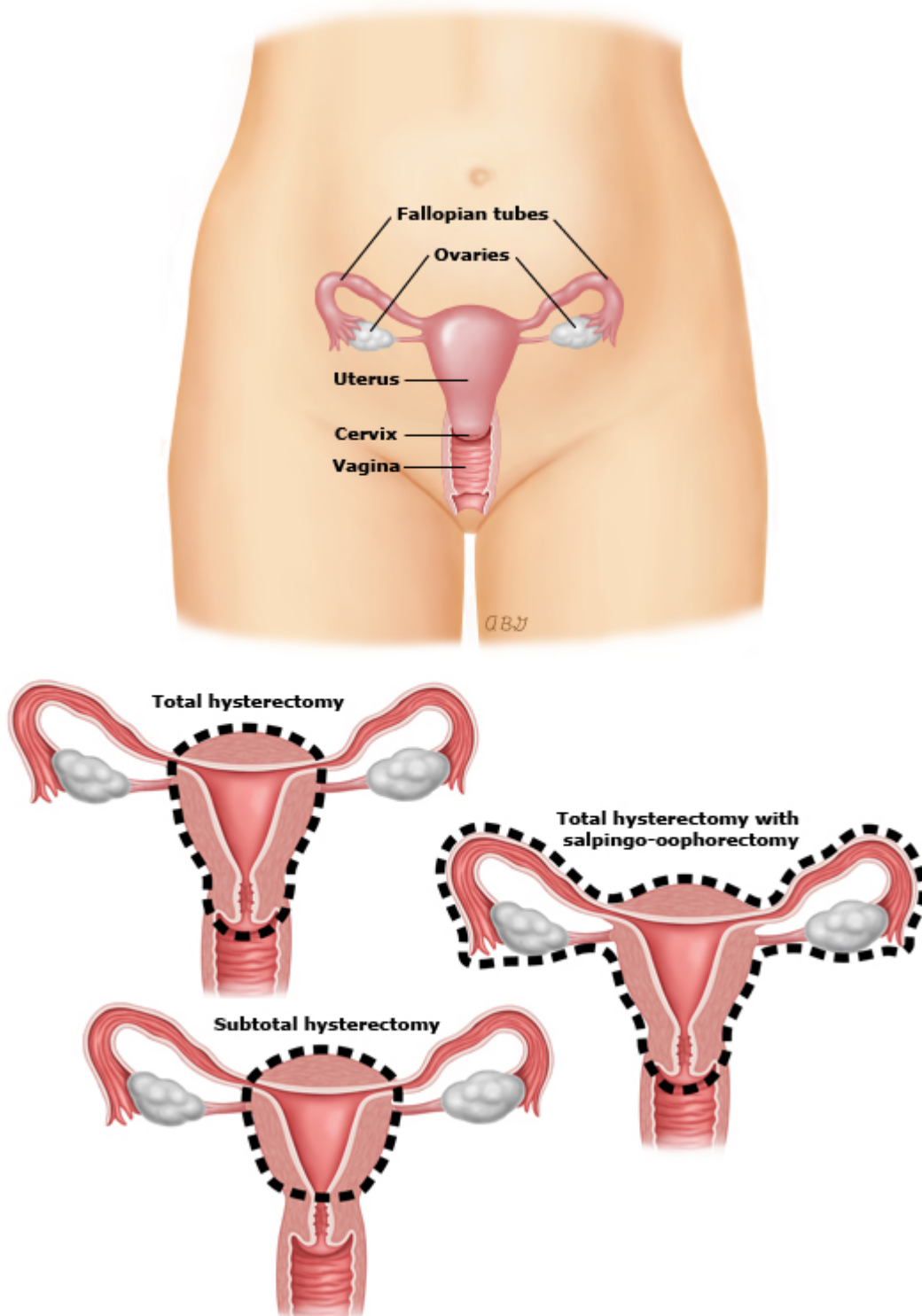
Female reproductive anatomy



These are the internal organs that make up a woman's reproductive system.

Graphic 80271 Version 5.0

Types of abdominal hysterectomy

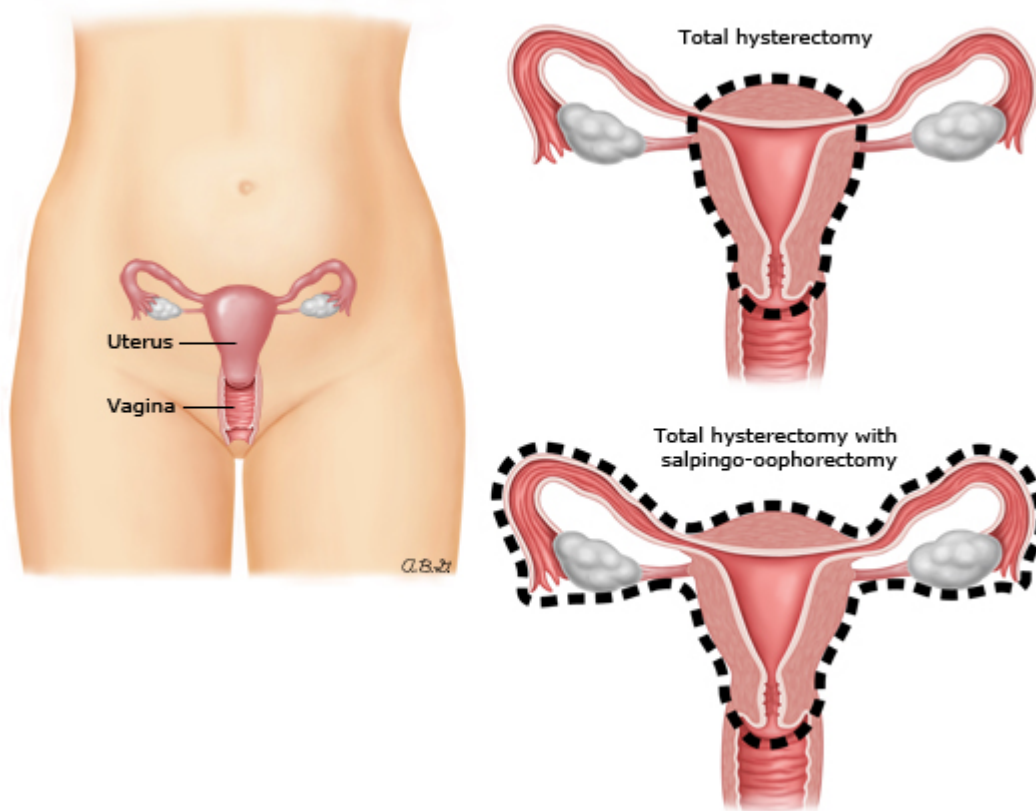


In an abdominal hysterectomy, the doctor removes the uterus through an opening in the belly. If it is a "total hysterectomy" the doctor also removes the cervix. If it is a "subtotal" or "supracervical" hysterectomy, the doctor removes the uterus but leaves the cervix in place. To do this surgery, doctors sometimes make a horizontal cut (from left to right) at the bikini line. Sometimes they instead make a vertical cut from top to bottom. As part of a hysterectomy,

doctors sometimes also remove the ovaries and the tubes that connect the ovaries to the uterus (fallopian tubes). This is called "salpingo-oophorectomy".

Graphic 57901 Version 4.0

Vaginal hysterectomy



In a vaginal hysterectomy, the uterus and cervix are removed through the vagina. The top of the vagina is then sewn together. There are no visible scars. The ovaries and fallopian tubes may also be removed (called "salpingo-oophorectomy") at the same time, or may be left in place.

Graphic 71521 Version 4.0