



Vulval Surgery

**Tena koutou katoa, Kia orana, Talofa lava, Malo e lelei, Fakaa-
lofa lahi atu, Taloha Ni, Ni Sa Bula Vinaka,
Greetings and Welcome to National Women's**

What is vulval surgery?

There are many variations on the type of surgery required to treat vulval cancer. These range from minor surgeries to remove pre-cancerous lesions of the vulva, to radical procedures aiming to remove all or part of the vulval tissue, as well as lymph nodes from one or both groins at the top of the legs.

Who makes the decision for you to have vulval surgery?

The decision for surgery is made by you in consultation with your surgeon who specialises in vulval surgery. She or he will outline the recommended treatment for your condition and advise you on the risks and benefits associated with this surgery.

You may be scheduled to have

Removal of all or part of your vulval tissue in order to best treat your condition

Removal of the lymph nodes in one or both of your groins. Lymph nodes are removed because cancer of the vulva often spreads to these nodes.

You should ensure you are certain what skin and tissue has to be removed. Diagrams are very useful and can be used to explain the surgery.

Questions we recommend you discuss with your vulval surgeon include:

- Why is it beneficial for me to have this type of surgery?
- What other forms of treatment would be suitable?
- What are the risks/side effects associated with this surgery?
- What long term changes to my lifestyle can I expect?

Risks associated with vulval surgery

- Infection
- Deep vein thrombosis
- Lymphoedema
- Formation of lymphocysts
- Interference with/altered sexual function
- Difficulty passing urine

Discussing these matters usually means your consultation with the surgeon may take a bit longer, but it is important you have all the information you need to make the best decision possible.

While every effort is made by your surgeon to preserve sexual function and sensation, your condition may necessitate the removal of your clitoris and surrounding tissues. Your surgeon will discuss these aspects of the surgery with you.

Should you wish to discuss any aspects of your care with the Women's Health and Psychology service a referral can be made at any stage.

Pre Admission clinic

Prior to your admission you will attend a pre admission clinic at Greenlane clinical centre. You will be seen by a doctor, nurse, anaesthetist and have blood tests, possible urine sample, chest x-ray and an ECG (tracing of your heart).

You will receive all the information you need regarding your surgery and what you can expect during your hospital stay and when you are recovering at home.

Please bring all the medications you are currently taking, including any herbal or across the counter medication with you to the pre admission clinic.

Admission to Ward 97 Auckland City Hospital

You will be given your surgery date at your Consultant clinic appointment.

Once you arrive on Ward 97 you will be prepared for theatre by your nurse, and will see the surgeon and the anaesthetist and sign your consent forms.

Your nurse will transfer you to the Post-anaesthesia care unit (PACU) and timing of surgery will depend on where you are on the operating list. The PACU nurse will re-check all your details and the anaesthetist will insert a line to administer your anaesthetic medications.

You will then be transferred to the operating theatre.

After your operation you will wake up back in PACU where your recovery will be closely monitored by the nurses.

You will have;

- Oxygen delivered by nasal prongs or a mask
- A catheter inserted into your bladder to drain your urine
- Dressings covering your vulval operation site and your groin operation site. You will have stitches in your vulva area that are dissolvable
- Intravenous fluids which will be removed when you are drinking
- Medication for pain relief either as a patient controlled pump or oral medication

You may have;

- A drain, inserted whilst under anaesthetic, into the thigh near the groin wounds where the lymph nodes have been removed. These are connected to suction bottles and will collect the fluid draining from the wound bed. These drains may remain in for up to 7 days.
- When your condition is stable your Ward 97 nurse will pick you up from PACU.

Recovering on the ward:

Your nurse will monitor your recovery from surgery and anaesthetic. Once you are awake you will be able to eat and drink as desired.

Mobility:

As your surgery is in the vulval area you will initially not be able to sit up further than 45 degrees. This is to prevent swelling and pressure in that area. It may be necessary for you to remain in bed for up to 48 hours. During this time your nurse will attend to all your hygiene matters.

The physiotherapist will visit to instruct you on deep breathing, coughing and leg exercises to help prevent chest infection or a blood clot in your legs.

When you are allowed out of bed your nurse will assist you to walk and shower. You need to move gently and keep your knees together when getting out of bed to avoid pressure on your wounds. We advise small steps when walking. You may experience numbness or shooting pains in the front of your thighs for some time.

Bowels:

Because your surgery is in the vulva area close to your anus it is important to prevent constipation. A gentle laxative will be given to encourage normal bowel function.

Prevention of DVT (clots in the legs):

Clexane injections will be given daily to thin the blood and prevent clots forming. You will also wear anti embolic stockings until your discharge.

Drainage Tubes:

The drains in your groin area will stay until the body sets up an alternative route to channel the fluid produced by the groin nodes removed in your surgery. The drains are removed when the amount draining is reducing. This is different for each person.

Lymphoedema:

This is the name for the swelling caused by the build up of lymphocytic fluid in your leg. This can result from the removal of the lymph glands. The body needs to find new drainage systems and sometimes the system is not as efficient as before your operation. This can result in swelling of the thighs and numbness. This may resolve after a few months or it may be permanent. During your recovery the physiotherapist who specializes in lymphoedema will discuss with you and give you written information.

Lymphocysts:

These are collections of lymphocytic fluid in the groin, and are common immediately after the groin drains are removed. Sometimes the fluid spontaneously discharges from the groin. Occasionally these lymphocysts need to be drained by a Doctor on the ward or in clinic.

Passing Urine:

Once your catheter is removed and depending on the amount of tissue removed from the labia you may have difficulty passing urine. Your nurse will be able to advise you regarding this.

Sexuality:

You may have worries about body image and wonder if you will be able to have sexual intercourse after your surgery. Coming to terms with your changed body and sexual function can take time and will require support of partners and friends.

The Women's Health Psychology service is available to you. The psychologist is available to discuss any concerns regarding your surgery, sexuality, and the impact of treatment and your condition on your life. You will be offered this service on Ward 97 and/or at any time during your follow up care.

Discharge and follow up

You are ready for discharge when your wound care can be managed by you or the district nurse or your GP. If you require home help or additional services at home the referrals will be made before you leave Ward 97. Please discuss this with your nurse.

An appointment will be made for you to see your surgeon at the Vulva clinic before you leave the ward or if you are out of Auckland other arrangements will be made.

You will be advised not to undertake long flights soon after surgery as this could increase the risk of complications.

Preventing and detecting infection:

It is important to maintain very good perineal hygiene. Keeping the vulva area clean and dry will assist in good wound healing and preventing infection. A hand held shower will make it easy for you to do this. Only use water on the vulva area and carefully pat dry. Avoid rubbing. We recommend you wash the areas after a bowel motion. Continue to apply any ointment that has been prescribed for you from the hospital at this admission. Prior to discharge your nurse will explain how to do this.

Use sanitary pads rather than tampons until your wounds are all healed and all the bleeding and discharge has stopped.

Do not swim in spa pools, swimming pools or the sea until cleared by your surgeon. Shower, do not bath.

Your surgeon will advise you when it is safe to resume sexual intercourse.

See your GP if you

- Develop flu like symptoms or an elevated temperature
- Have pain or difficulty passing urine
- Bleeding that becomes heavy, or a smelly discharge
- Have redness, pain or increased discharge from your wound or suture lines

Returning to work/Normal activities

We recommend that you don't return to work for at least 6 weeks after your surgery. Your surgeon will discuss this prior to you leaving hospital. We can provide a medical certificate on your discharge. The physiotherapist will advise you on how to gently increase your activity on a daily basis in order to make a good recovery.

Concerns after discharge:

Contact your GP or the Nurse Specialist (Mon - Fri) Ph: 021938742 or Ward 97 Staff Nurse Ph: 307 4949 ext:24970

Additional resources:

- NZ Gynaecological Cancer Foundation - www.nzgcf.org.nz
- Cancer Research UK - www.cancerresearchuk.org
- National Women's Health - nationalwomenshealth.adhb.govt.nz

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