What is a vulvectomy and what is removed?

The operation is performed for a variety of reasons, and the actual amount of tissue removed depends on the severity of the disease. Some women have this operation because of intense vulval irritation, while others require it for cancer or pre-cancerous conditions.

To help you understand, here is a drawing of your vulval area:

The vulva consists of the ‘lips’ of skin on either side of the vagina (front passage). There are inner lips, called labia minora, and outer lips, called labia majora. The area at the front of the vagina includes the clitoris, which is just above the opening to the bladder (urethra).

For a simple vulvectomy, the surgeons just remove the lips and skin from one or both sides.

For more extensive disease, the operation may extend to remove the clitoral area including the clitoris and the urethra, and down to remove tissue from around the anus.
For many cases of cancer, the groin areas are also opened and the lymph glands (where cancer usually spreads to first) are also removed. Depending on the size of the original tumour, the surgeons may sample one or two lymph nodes (sentinel nodes) or remove all of the lymph nodes.

A radical vulvectomy includes extensive removal of the skin and fat from the entrance to the vagina, extending above the clitoris, and includes both groin areas. This always leads to a narrowing of the entrance of the vagina.

The gynaecologist will always discuss the extent of the operation with you. The surgery may have an impact on bowel, bladder and sexual function, so we will always make a balanced decision taking into account your individual needs and concerns.

**What are the risks of this operation?**

As with all surgery, there are risks associated with a vulvectomy. The surgeon and anaesthetist will discuss these with you before your operation.

Risks include wound infection and bruising; we will monitor you carefully for these in order to provide treatment if necessary.

Serious complications, such as excessive bleeding requiring transfusion or return to theatre, are rare.

Risks are increased for women who are overweight or who have other medical conditions.
When will I come into hospital?

We normally ask you to come in on the day of your surgery. You will be asked to attend a pre-operative assessment in the week before your operation to ensure you are fit for surgery.

At your pre-operative assessment, you will be given some nutritional drinks and information about our enhanced recovery programme. The enhanced recovery programme ensures that you are in the best possible health before your operation and that you recover as quickly as you are able to afterwards.

Research suggests that the earlier you are up and walking around, drinking and eating after surgery, the less chance there is of developing complications such as infections.

What will happen when I come in?

On the operation day, you need to report to the St Michael’s Hospital day unit reception by 7am. A nurse will complete your admission paperwork, record your blood pressure and provide you with some surgical stockings. You will need to wear these during your admission to help the circulation in your legs.

The surgeon will see you to discuss any final details of your operation and answer any questions you may have. You will also be seen by the anaesthetist, who will discuss your general anaesthetic with you. They will also talk to you about a spinal anaesthetic. This is a painkiller delivered by an injection into your back, which is a very useful way of managing your pain and reducing the stressful effects of surgery on your body.
The day of surgery

You must have nothing to eat for six hours before the operation, but before you come to hospital you will need to drink two cartons of a ‘pre-op’ carbohydrate drink to help with your recovery after the operation. Should you become thirsty or develop a headache while waiting for your operation, please inform the nurses in the day unit.

You will usually walk to theatre accompanied by a nurse, and you will be taken to the anaesthetic room. You will meet the anaesthetic staff and your nurse will return to the day unit. A small plastic tube will be inserted into the vein in the back of your hand or forearm. You will then be taken into the theatre, where the anaesthetist will send you off to sleep.

How long will the operation take?

Surgery usually takes one to two hours, though sometimes it can take longer.

After the operation, you will be cared for in the recovery department until you are fully awake. You will stay there for at least an hour or two, where you will be cared for by a recovery specialist nurse.

How will I be monitored when I return to the ward?

Most patients will have:

A drip – This is where fluids are run from a bag, via tubing, into a vein in your hand or arm to keep you hydrated, as you may not be eating and drinking straight away.

A painkilling pump – You may have a PCA (patient-controlled
analgesia), which is a handset with a button. When you have pain, you press the button and it gives you a dose of painkiller into the vein in your hand or arm. You cannot overdose on this. The pump is usually in place for 24 hours after surgery and then discontinued. You will then be prescribed regular pain relieving tablets.

**Drains** – If you have had the lymph nodes removed from your groins, you will have one or two drains into the wound in your groin, which will drain the fluid that may collect under the skin. These drains will be reviewed daily and will be removed when your consultant feels it is appropriate – this is usually within five days.

**A catheter** – This is a tube from your bladder, inserted during your operation, which helps you to pass urine. The catheter may need to stay in place for a few weeks to help the healing process.

**What happens during my recovery period?**

On the first day after surgery, you will be offered a wash and you will sit out of bed. We will review your progress daily with the doctors and remove your drip, wound drains and catheter as you improve and feel fitter and stronger.

Regular vulval wound cleaning is essential to healing. The nurses will clean your vulval area three times a day or more if required and show you how to manage this yourself before you go home.

To prevent the risk of blood clots forming due to reduced mobility, each day you will be given a small blood thinning injection into your tummy. Most patients will continue with these injections for 28 days after surgery. The ward nurses will show you how to manage this yourself.

Your surgical stockings also help to reduce the risk of blood clots
in your legs. We will help you to remove your stockings each morning when having a wash or shower. You won’t have to wear them when you are discharged home, as we expect you to be mobilising normally.

It is important to be active in hospital, and you will be encouraged to sit out of bed and walk around. Most people are gently moving about a few days after surgery. We all recover at different rates, so it is important not to compare yourself to others. You can wear your own clothes while you are in hospital.

How long will I be in hospital?

Your hospital stay can vary in length depending on how extensive your surgery is, how well you are feeling, and how quickly you recover.

You will need to be eating, drinking, and able to walk around, and you will be given medication to help prevent constipation. You will need to arrange extra support at home with shopping, cooking and cleaning for a few weeks.

You will have an outpatient appointment with your consultant to discuss the results of your surgery and to decide if further treatment is necessary.
What about my concerns and how I feel?

A vulvectomy can be emotionally upsetting, especially if the results confirm a cancer. Women can underestimate the emotional impact of this surgery and may need extra support as a result.

However, the operation can be essential to remove a cancer and improve your quality and length of life.

If there is cancer present, we will refer you to the specialist nurse team for support and additional written information. If cancer is not diagnosed, you may still need support to help you cope with the physical and emotional effects of surgery.

What about my sex life?

If you feel ready for sexual activity after your operation, you should be aware that you may feel some loss of sensation around the vulval area. This can be an anxious time for you and your partner, and we advise you take time to talk through your concerns with each other.

Your natural vaginal lubrication, produced during any sexual activity, may be affected. You may benefit from using over-the-counter vaginal lubricants around the affected area to ease any discomfort. These are available from chemists, supermarkets, sex shops and online. Some are available on prescription from your GP. Please ask your specialist nurse for further information, as sometimes they have free sachets for you to try.

Narrowing of the vaginal opening may cause discomfort during sexual penetration. Sometimes the vagina feels shorter, which may initially be uncomfortable, though this should lessen with regular penetrative sex. You may need to experiment with different sexual positions. The most important thing is that you take your time and don’t do anything that upsets you or causes pain.
What happens if I have ongoing questions and problems?

Please do not hesitate to ask questions while you are in hospital or when you come to the outpatient clinic. Sometimes it helps to write questions down and bring them to your hospital appointment to discuss with the doctor or specialist nurse.

If you have any worries, no matter how small, please contact ward 78 or the specialist nursing team. Specialist doctors are also there to help and advise you. If you have cancer, we can also refer you to a number of extra support services including our specialist clinical psychologist.

What is lymphoedema?

If you’ve had surgery to remove lymph nodes in your groin, you are at an increased risk of developing lymphoedema (swelling in the body’s tissues). It’s not clear why some people develop this and others don’t. It’s thought some things such as skin infections or vigorous exercise may trigger it. Lymphoedema may not occur until months or years after your operation.

The body responds by producing extra lymphatic fluid and, if the lymphatic system in that area isn’t working as efficiently as it should, this can trigger lymphoedema.

It’s important to look after your skin by keeping it well moisturised, on your tummy, groins, legs and feet. Try to elevate your legs when sitting, and avoid standing for long periods of time.

The nurses on the ward will provide you with further information should you require it.

Your specialist nurse can also provide more information, support and advice.
Who are my gynae cancer clinical nurse specialists, and how do I contact them?

They are Katy Horton-Fawkes, Donna Beckett and Jayne Alexander. You can contact them on 0117 342 5177, or call the Bristol Royal Infirmary on 0117 923 0000 and ask the operator to bleep 6248.

You can also email gynaecancernurses@uhbristol.nhs.uk.

Juliet Duffy is our ward 78 based clinical nurse specialist at St Michael’s Hospital. You can contact her on 0117 342 7789, or call the Bristol Royal Infirmary on 0117 923 0000 and ask the operator to bleep 2248.

Our working hours are:
• Monday to Thursday, 8am to 4pm
• Friday, 8am to 3pm.

More information is available at: www.uhbristol.nhs.uk/patients-and-visitors/your-hospitals/st-michaels-hospital
Please note that if for any reason you would value a second opinion concerning your diagnosis or treatment, you are entirely within your rights to request this.

The first step would usually be to discuss this with the doctor or other lead clinician who is responsible for your care.

Smoking is the primary cause of preventable illness and premature death. For support in stopping smoking contact Smokefree Bristol on 0117 922 2255.

As well as providing clinical care, our Trust has an important role in research. This allows us to discover new and improved ways of treating patients.

While under our care, you may be invited to take part in research. To find out more please visit: www.uhbristol.nhs.uk/research-innovation or call the research and innovation team on 0117 342 0233.

For access to other patient leaflets and information please go to the following address: www.uhbristol.nhs.uk/patients-and-visitors/information-for-patients/

For an interpreter or signer please contact the telephone number on your appointment letter.

For this leaflet in large print, audio or PDF format, please email patientleaflets@uhbristol.nhs.uk.