

---

## GYNECOLOGIC ONCOLOGY

---

### VULVAR SURGERY – PATIENT INFORMATION

The external female genital area is called the vulva. The outer folds of skin are called the labia majora and the inner folds are called the labia minora. The clitoris is at the top of the labia minora and is partially covered by a fold of tissue called the hood. The perineum is the area between the anus and vagina. There are several kinds of skin disorders that affect the vulva. Some may be autoimmune disorders, in which the immune system mistakenly reacts against the body's own tissues. Others may be pre-cancer or cancerous disorders.

The treatment of vulvar disorders depends on the size, location of the lesion, whether any cancer is found or has spread, and the person's overall health. The main treatment for vulvar cancer is surgery.

#### ***What does surgery for vulvar disorders include?***

Due to the location and sensitivity of vulvar disorders, surgery is carefully considered.

- **Laser Surgery**  
Where a focused beam of light burns the cancer off the skin. Can be successful for precancerous conditions, but cannot be used for invasive tumors.
- **A wide, local excision**  
Removes the tumor and a margin of healthy tissue around it. If the procedure is extensive, this may be called a partial vulvectomy (see below).
- **Vulvectomy**  
Is a procedure that removes part of or the entire vulva.
  - **Partial Vulvectomy**  
Only part of the vulva.
  - **Complete Vulvectomy**  
The entire vulva.
- **Simple Vulvectomy**  
Removes only the skin layer.
- **Radical Vulvectomy**  
Is when the skin layer and deep tissues are removed.

The lymph nodes are a series of pearl-like structures into which the vessels of the lymphatic system drain wastes from the cells. Lymph nodes are also important parts of the immune system, housing components of the immune system that can be released to attack bacteria and viruses. There are lymph nodes throughout the body that act as "catch basins" for various areas, including the groin area, neck, and under arm. In order to determine whether a cancer has spread, it may be necessary to remove lymph nodes for biopsy.

### ***What you can expect before surgery***

You will be asked to have blood work, EKG, and chest x-ray prior to surgery. Sometimes a CT scan of the abdomen and pelvis is recommended. You may also be asked to have a colonoscopy, where a physician looks into your intestines.

Specific instructions will be given to you from a pre-surgical testing nurse from the hospital regarding when to stop eating and drinking before surgery and other instructions will be reviewed.

### ***Surgical Risks***

With any surgery there are risks of bleeding, infection, reactions to anesthesia, and other unusual reactions. You may require a blood transfusion or additional antibiotics.

### ***Surgery***

This surgery can take 1-4 hours to complete. After surgery you will spend 1-2 hours in the recovery room. Your family will be kept informed as to how you are doing during surgery and while you are in the recovery room. You may be able to go home after surgery, but some people are admitted for 1-2 days.

When you awaken you will have an intravenous line (IV) in your arm. This will stay there until you are able to eat and drink normally. You may also have tubes called Jackson-Pratt drains coming out of your skin near your groin incisions. These are to drain the extra fluid away from your surgical site. If you have drains, you will need to record the output daily. At home, list the date, the side of the drain on your body, and the number of cc's drained each day. The nurse in the recovery room or inpatient room if admitted will help train you in emptying the drain and recording output. You may also have a catheter in your bladder that will be removed before going home.

### ***What you can expect after surgery***

#### ***Activity***

- You will need to be off work for approximately 1-4 weeks after surgery.
- No lifting anything over 10-20 pounds for up to 6 weeks.
- Nothing inserted in the vagina for 6 weeks.
- You may start driving when your pain is controlled without narcotics. This is usually about 1-2 weeks after surgery.
- You will need to slowly increase your activity. Start with short walks daily and increase the distance.

#### ***Vaginal Discharge***

Often times there is a discharge or bleeding after surgery, which can be yellow, bright red, pink, or brown. THIS IS NORMAL.

#### ***Constipation***

Constipation after surgery is common. This is related to the anesthetic, surgical exploration, pain medication, and nerves being stretched during surgery that allows you to know when you need to have a bowel movement.

- Be sure to drink plenty of fluids, at least 64 ounces daily.
- Regular activity, even short walks daily, will help with constipation.
- Taking a stool softener daily, such as Senokot or Colace, may be helpful.

- It may be necessary to use a laxative after surgery. These can be purchased at any drug store. Examples are Milk of Magnesia, Correctol, Ex-Lax, Magnesium Citrate, or Dulcolax. Use these according to the package directions. Do not use suppositories unless specifically directed from our office. If you are unable to have a bowel movement after using this medication or if you have any nausea or vomiting, call our office.

### ***Care of the Vulva***

- Keep your vulva clean by rinsing with warm water and gently patting, not rubbing, it dry.
- Do not wear tight-fitting pants or underwear. Wear only cotton underwear.
- Do not wear pantyhose.
- Do not use pads or tampons that contain a deodorant or a plastic coating.
- Do not use perfumed soap or scented toilet paper.
- Do not douche or use feminine sprays or talcum powders.
- After one week taking a daily sitz bath in warm, not hot, shallow water may help with healing. Avoid soaking for long periods of time or in hot, soapy water.
- Avoid spreading your legs wider than shoulder width, especially when getting into car and when getting in and out of bath tub.

### ***Follow Up***

Follow up will be very important; a post-operative visit will be scheduled 2 weeks after surgery. If further treatment following surgery is required, it will be discussed at this time.

If you have any questions please feel free to call our office.

### ***Call Your Doctor's office Nurse If***

1. You develop a fever greater than 100.4°.
2. Unusual bleeding, discharge, or odor.
3. For any abnormal symptoms or questions.

### ***To contact your Physician's Nurse***

Dr. Hoekstra's Nurse Grace -- call 269.373.7466

Dr. Mize's Nurse Sarah -- call 269.384.8637

Dr. Hay's Nurse Lisa -- call 269.373.7451

If you have questions or concerns after 5:00 p.m. Monday through Friday or on the weekend, call the main West Michigan Cancer Center Radiation & Surgical Specialties number at 269.382.2500 to speak with the physician or PA on call for Gynecological Oncology.