

Surgery for Vulval Cancer

Gynaecology Patient Information

This leaflet aims to help you and your family understand more about having surgery after a diagnosis of vulval cancer.

You have recently been diagnosed with cancer of the vulva. It is normal to experience a wide range of emotions. This can be a very frightening and unsettling time.

However you may be feeling at present, try talking to someone who can help you, such as your GP, consultant or Clinical Nurse Specialist (CNS). They will listen, answer any questions you may have, and put you in touch with other professionals or support agencies if you wish.

What is a vulval surgery?

Women with cancer of the vulva may need to undergo surgery to remove either some, or all of the tissues in this area.

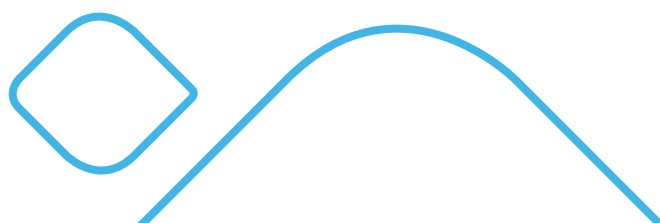
The type of surgery will depend upon the size and site of your cancer, your general health and any symptoms you may have such as discomfort, pain, burning or itching.

The aim of surgery is to completely take away the cancer and making sure that all the cancer is removed is the most important factor in treating the cancer. At the same time we will try, as far as possible, to preserve the appearance and function of the vulva and nearby tissues.

The operation aims to remove both the cancer and a border (margin) of normal tissue all around it. If the cancer is in the front part of your vulva surgery may involve removing your clitoris and/ or part of your urine pipe (urethra). If the cancer is in the back part of your vulva surgery may involve your back passage. If your back passage is involved in the operation then this can lead to problems with bowel control but this is not normally the case. Those that do experience problems usually find they improve with time and treatment.

If only a small amount of skin is removed from your vulva, it may be possible to stitch the remaining skin neatly together. However, if a larger area of skin is taken away, you may need to have skin flaps. A skin flap is made from a piece of skin close to the vulva. The flap of skin is moved onto the vulval area to cover the wound. The advantage of doing this is that the wound is more likely to heal well. The disadvantage is that the incisions required are more extensive.

The vulval wound can often take time to heal and some women will experience problems with their wound including infections and wound breakdown and this is not unusual. After surgery your vulva will appear different and intercourse may not be possible because of the way your vulva has healed.



Surgery for this disease in its early stages is usually very successful. However, radiotherapy to the area may be recommended.

The lymph nodes in one or both groins may also be removed during the operation. The lymph nodes in the groin are usually the first place where vulval cancer spreads. The lymph nodes are removed by making a separate cut in the groin area.

A technique called sentinel lymph node biopsy may be used. If your tumour fits the criteria for a sentinel lymph node procedure we are able to try and avoid performing a full lymph node clearance for you in the first instance. Sentinel lymph nodes are the first nodes to receive lymph fluid which drains from the vulva and we can identify and remove these nodes. This involves injecting small amount of a radioactive solution (isotope) around the site of your tumour before your surgery and using a special camera to map the flow of the solution to the lymph nodes (the level of radiation in the solution used is low).

Before your surgery we can then see on a special scan which lymph nodes need removing. During your surgery we inject a blue dye in the same place as the radioactive solution to help us identify the node(s). Small incisions are then made in your groin to remove the sentinel lymph node or nodes (there may be more than one) and these are sent for detailed analysis to see if there are any cancer cells present. Occasionally the procedure does not allow us to identify the sentinel node in which case full clearance of the lymph nodes may be performed. The benefit of the sentinel node technique to you is a significantly reduced risk of complications and your operation also takes less time.

If cancer cells are present in the lymph nodes we will then normally recommend further surgery and/or radiotherapy to treat the remaining nodes.

Will I have a scar?

Yes. Although it will fade, the size of the scar will depend upon how much tissue has been removed. If the tumour is larger, then the appearance of the vulva will be different than before. If the lymph nodes in your groin have been removed, you can expect scars in this area.

What are the risks of a vulval surgery?

All surgery carries some risks and your surgeon will explain the risks of surgery to you before you sign your consent form. This form confirms that you agree to have the operation and understand what it involves. Possible risks and complications are:

- **Problems caused by having a general anaesthetic** - For example, you may feel sick afterwards. It is also possible to have an allergic reaction, although this is rare.
- **Bleeding during or after the operation**
- **Damage to the bowel, bladder, blood vessels or nerves**
- **Bruising around the wound site**
- **Infection**
- **Wound breakdown** - This may be due to tightness in the surgical area where the tissue has been removed and the skin has been re-joined. If the wound is going to break down it normally happens within the first 10 days after your operation.

- **A blood clot in the leg** (deep vein thrombosis) which can sometimes lead to a blood clot in the lungs (pulmonary embolus) Moving around as soon as possible after your operation can help prevent this. You will be given surgical stockings (known as TEDS) to wear and injections to thin the blood which both help to reduce the risk of blood clots. You may continue to have these injections for up to 4 weeks.
- **Lymphocyst** - This is a fluid collection at the site where lymph nodes have been removed. It is often naturally absorbed by your body but may require draining if large or causing you discomfort.
- **Lymphoedema** - If you have some lymph nodes removed during surgery there is a risk that in the future your body will find it harder to drain fluid from your legs and lower body.

What else may happen as a result of surgery?

- **Scarring** - Scar tissue may narrow the entrance to your vagina and make it painful to have penetrative sex. You may be able to stretch your vaginal opening using dilators.
- **Difficulty reaching climax** - Some women who have had a vulvectomy have a reduction in sexual desire or pleasure and may also have problems reaching orgasm. This is very likely if you have had your clitoris removed.

What can I expect after my operation?

It is important that you keep your wound clean. The CNS team will give you further information pre and post operatively about how to do this. If you do not own a hair dryer, if you can please purchase one prior to surgery to have at home. We will ask you to dry the area carefully using a hairdryer on a cool setting once you have cleaned the area.

Is it normal to feel weepy after surgery?

Yes. It is a very common reaction to the operation. If these feelings carry on when you leave the hospital, you may wish to discuss them with your clinical specialist nurse. There are also local and national support groups that you can contact. Details are given at the end of this leaflet.

Will I need to visit the hospital again after my operation?

Yes. A follow up appointment will be arranged by your Clinical Nurse Specialist 10-14 days after your surgery in the Gynaecology Outpatients Department (D3). The tissue results (histology) from your operation will be available to discuss with you and this will help decide if any further treatment is necessary.

There are many charitable organisations on the internet that offer help and support. The following examples are listed for information only. This does not represent a recommendation or endorsement by the RUH. If you are concerned or confused by any information on these websites please contact the CNS team.

<https://www.macmillan.org.uk/cancer-information-and-support/vulval-cancer>

<https://eveappeal.org.uk/>

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Please contact the Patient Advice and Liaison Service (PALS) if you require this leaflet in a different format, or would like to feedback your experience of the hospital.

Email ruh-tr.pals@nhs.net or telephone 01225 825656.

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