

Vulval Surgery +/- Groin Node Dissection

With the Enhanced Recovery Programme



Obstetrics and Gynaecology
Patient Information

Even if your surgeon has explained to you what the operation entails many of us do not take in everything mentioned in the clinic, so this booklet is to help you understand your condition and the reason for the intended treatment.

As we are all different, it is not possible to personalise this information, so there may be differences between your individual case and the information given here.

If you have any queries regarding the information please discuss them with the consultant or a member of his/her team (doctors or nursing staff).

What is vulval surgery?

This is an operation that involves removal of the vulva area affected by cancer, some of the surrounding tissue and may include the labia and clitoris.

This operation is disfiguring and you may need a lot of support to help you through it.

Why do I need to have vulval surgery?

You have been diagnosed as having vulval cancer. Surgery to remove the disease and try to minimise the risk of it coming back is the best option available.

What is cancer?

The organs and tissues of the body are made up of tiny cells. Normally, cells divide and reproduce themselves in a controlled manner. In cancer this process gets out of control and the cells continue to divide developing into a lump which is called a tumour. If untreated it may invade and destroy surrounding tissue.



It may be necessary for you to have a course of radiotherapy / chemotherapy following your surgery.

What is a groin node dissection?

There are lymph glands (nodes) in various parts of the body. You may require the lymph glands to be removed from either one side or both sides of the groin at the top of your thigh. This requires an incision just above each groin.

Why do I need to have a bilateral groin node dissection?

Node dissection can be necessary to check for spread of cancer cells and to reduce the risk of spread.

Are there any alternatives to vulval surgery and groin node dissection?

Radiotherapy can be used as an alternative but the gold standard is surgery followed by radiotherapy if required.

Sentinel Lymph Node (SLN) Dissection

Sometimes it may only be necessary to remove the SLN. A sentinel lymph node refers to the first one or two lymph nodes that receive drainage directly from the primary tumour and therefore has the highest probability of containing cancerous cells. The SLNs can be identified by a radioactive tracer prior to surgery. This is done to reduce possible complications that can happen if numerous groin nodes were taken away unnecessarily.

Are there any complications or risks associated with vulval surgery and groin node dissection?

We know there may be complications following various gynaecological operations or procedures, that are not particularly serious but do happen more often.

These frequently occurring risks include: Pain, bruising, delayed wound healing, scarring of the skin. Numbness, tingling or burning sensation around the scar which may take weeks or months to resolve. Anaemia, fatigue / tiredness. Urinary frequency or loss of control. Wound infection, urinary tract infection or chest infection which is usually easily treated with antibiotics. Patients are encouraged to follow the recommended post-operative breathing exercises and to stop smoking.

Are there any 'more serious' risks?

There can be other complications following any gynaecological operation. Whilst these don't happen often when they do occur they can be serious. It is known some risks are increased if you already have underlying medical problems or if there is scar tissue (from previous operations or disease) which makes the vulval surgery more difficult. The risks are also increased if you are obese or if you smoke.

The more serious risks include:

- 1) Infection.** This may occur in the vulval area, bladder, chest or in the incision sites. All women having a vulvectomy are given 'preventative' antibiotics during the operation to help prevent occurrence of infection.
- 2) Bleeding.** Occasionally blood collects in the wounds and we call these collections haematomas. A haematoma can usually be easily

treated with antibiotics, to encourage the blood to drain out, but occasionally it may need to be drained surgically under anaesthetic.

A haematoma is often described as a blood clot, and this is quite a good description but must not be confused with the blood clots described in section four.

3) Breakdown of wounds. This can be a common complication and is due to the area's blood supply and the lack of good skin causing tightness of wound closure, and can also be related to infection. It may lead to a slow recovery but will eventually be resolved with antibiotics and good wound dressing techniques promoting healing.

4) Venous Thromboembolism. There are two types:

Deep vein thrombosis (DVT) ... following vulval surgery, it is possible for clots of blood to form in the deep veins of the legs and pelvis. If this does occur, a deep vein thrombosis would cause pain and swelling in a leg and can be treated relatively simply with drugs. The risk of developing a DVT is minimal, as many precautions are taken to help prevent and minimise the risks such as: recommending you reduce or stop your smoking in the weeks before your operation, the use of support stockings for up to 6 weeks and injections for 28 days to 'thin the blood', the use of special equipment in the operating theatre and also the recommended post-operative leg exercises.

Pulmonary embolism ... in rare cases, it is possible for a clot to break away and be deposited in the lungs and if this occurs it is a serious situation and will need immediate treatment with drugs. The precautions against pulmonary embolism are the same as for DVT.

5) Lymphocysts. These swellings may develop in the groin area because the normal mechanism to drain away the lymph fluid is lost when the nodes are removed. Lymphocysts normally settle as the fluid is reabsorbed. However, this reabsorption can be a slow process. Occasionally the skin around the lymphocyst can become red and inflamed, this is a sign of infection and antibiotics would be needed.

6) Numbness/distorted sensation. This can happen at the top of the thigh due to nerve injury from the groin surgery. It can sometimes improve, but may not fully recover.

The risks will have been explained to you by your doctor when you were seen in the clinic but if you have any questions, please discuss them with the consultant or a member of his/her team (doctors or nursing staff) and your questions will be answered as clearly and as honestly as possible.

What happens before the operation?

Your surgery may be done as a day case but if it is planned for you to stay overnight you will be taking part in an enhanced recovery programme with the aim of helping you recover quickly and safely. During your short stay in hospital there will be goals which you will be encouraged to achieve. A team of doctors, nurses, physiotherapists and other healthcare professionals will be monitoring your progress and will support you in reaching your goals so in most cases you will be asked to attend a pre-admission session shortly before you are due to have your operation. You will be seen by a nurse who will begin your plan of care.

The nurse will also review your medical history. You will have your weight and height, blood pressure and pulse and some blood samples



taken. Depending on your age or medical history you might also be requested to attend other departments on the same day for investigations such as an ECG – Electrocardiogram (heart tracing), a lung function test or a chest X-ray. You may also need to see a doctor for a more detailed medical examination. You will need to take all your medicines to pre-admission with you as most should be continued before your operation and throughout your hospital stay but some may need to be stopped to reduce any risks and to avoid your operation being delayed or cancelled. The pre-admission team will advise you and also give you a bag to bring your medicines into hospital.

This is also an opportunity for you to tell us about your own individual needs and circumstances. It is our aim for you to have a speedy recovery and safe discharge so it is important you tell us as early as possible if you have any concerns about whether or not you will be able to manage your daily activities when you go home. You may wish to bring along a relative or close friend to pre-admission who can also be involved and support you in planning your enhanced recovery. You will have the opportunity to ask the nurse any questions.

Your anaesthetist would prefer you to stop cigarette and cannabis smoking in the weeks before your operation, as this is known to increase the risk of anaesthetic complications, e.g. breathing difficulties, coughing, nausea and sickness and chest infection. On the day before your operation you will be able to eat and drink as normal but please avoid drinking alcohol on the evening before your operation as this may lead to dehydration.

To reduce the possibility of skin infection, we request you do not shave your bikini-line or your legs during the week before your operation but some 'trimming back' of excess pubic hair may be required, you can do this yourself at home or the nursing staff will help you after you are admitted.

A key aspect of the enhanced recovery programme is that you will be given clear carbohydrate drinks before your surgery. These drinks will help to give you the much needed energy which you will require to help you recover so your admission date will be confirmed at pre-assessment, as it may be necessary for you to be admitted the day before your operation.

Admission into hospital

Unless planned, you will be admitted on the day of your operation, a letter will be sent to you with instructions on when to stop eating and drinking. Do not suck sweets or chew gum.

You will need to take a bath or shower at home and take off as much of your jewellery as possible although we are able to cover wedding rings/bangles if you are unable to remove them. False nails and nail varnish will also have to be removed.

If you are admitted the day before your operation, the nursing staff will help and advise you about the above.

To reduce the possibility of any damage to your eyes, it is very important you remove all mascara and wear glasses instead of any type of contact lenses. Please wear comfortable clothes that are not tight around the waist.

You will need to bring a packet of sanitary towels into hospital with you, toiletries, dressing gown, nightgown and slippers, and you may also choose to bring in a book or magazine.

Please be aware that South Tees Hospitals NHS Trust cannot be held responsible for any personal belongings, valuables or money you bring in with you.

Please read your admission letter carefully to see where you are being admitted to. If you are unsure, you may phone the nursing staff as follows:

- **Ward 8: 01642 854508**
- **The Surgical Admissions Unit at The James Cook University Hospital: 01642 854603**
- **Gynae Oncology Nurses: 01642 282418 (8.30am – 5pm Monday to Friday)**

What can I expect on the operation day?

If you have not already signed your consent form for the operation, you will be seen by your consultant or a member of his/her team who will explain your operation in detail and answer any questions you may have. You will then be required to sign the consent form. You will also have the chance to speak to your anaesthetist before your operation so that you can discuss any concerns about your anaesthetic. Because of the extent of the surgery it may be advised that you have a spinal or epidural anaesthetic. This will depend on discussion between you and your anaesthetist. You will still be sedated but a spinal (epidural) may be advised to aid a speedy recovery and pain management. The nurses will give you 'support socks' and a small injection may be given to thin the blood, helping to reduce the risk of a blood clot developing in your legs during the operation. You will then be transferred to the theatre area by a nurse and or porter.

What can I expect after the operation

When the operation is completed you will be woken by the anaesthetist and transferred, on your trolley, to the recovery area in theatre. Your recovery nurse will look after you and stay with you until he/she is satisfied with your condition. You will be transferred to the ward on your trolley and the ward staff, with the help of the theatre porter, will transfer you into your bed. You will probably feel drowsy for a few hours afterwards.

To enhance your recovery it is important you start doing gentle deep breathing exercises as soon as you wake up. You may have a 'drip' (also known as an I.V.) to give you intravenous fluids. A few hours after your operation you will be able to start drinking and you may even have something to eat if you are not feeling sick. It is important you eat and drink early after your operation so we will encourage you to have normal food as well as nourishing drinks which will be available for you while you are in hospital.

Effective pain and sickness control is an important part of the enhanced recovery programme as this will allow you to start walking around, breathe deeply, eat and drink, feel relaxed and sleep well. If your pain is too great or if you are feeling too sick to allow you to do any of these activities, please speak to the nursing staff caring for you so your pain control or anti-sickness medication can be reviewed. Pain and sickness may be controlled with a PCAM machine (Patient Controlled Analgesia Monitoring) allowing you to control the amount of pain relief and anti-sickness drugs that you have and should result in a comfortable recovery. If you do use a PCA it will be removed once you are able to tolerate painkillers by mouth, or in suppository form, usually within 24 hours of the operation.

If you have your lymph nodes removed as part of your surgery, you will have one or two drains in the top of the thigh. These are to help any excess fluid drain away and will be left in until seven days after the operation. The district nurse will visit you daily and remove them as instructed.

You may have a catheter inserted into your bladder. This will drain your urine and will remain in place until you are fully mobile and able to pass urine normally.

What can I expect in the days after the operation?

You will be visited by the physiotherapist the day after your operation. She will give you advice on exercises and a leaflet to read. If you are well enough you will go home that day.

It usually takes a few days before your bowels start to work normally because of the area of surgery and it is very important not to get constipated, therefore a mild laxative will be advised so that this does not occur. It is very important that you clean yourself thoroughly after opening your bowels because of the risk of infection to your wounds, so please ask a nurse to help you if you need it.

Even though you will have been given antibiotics at the time of your operation, one of the most important factors in the days following vulval surgery is to keep the area as clean as possible. This is difficult because of where the wounds are but a district nurse will visit and observe the wounds. This procedure can be painful but it is necessary, so it is advised that you take adequate pain killers before the nurse visits. It is advised that you have a daily bath prior to your dressings, avoid the use of highly scented soaps, bubble bath and vaginal deodorants etc.

You will have sub cuticular sutures or staples in your groin wounds, the sutures will be dissolvable but the staples will need to be removed by a nurse 10 days after your surgery. The vulval area will have dissolvable sutures, but it is sometimes necessary to remove some of the sutures as the wounds heal. After using the toilet you will need to use flushable toilet wipes and a jug of warm water to help keep your wounds clean.

You may feel much more tired than usual after your operation as your body is using a lot of energy to heal itself so you may need to take a nap for the first few days.

Vulval surgery can also be emotionally stressful and many women feel tearful and emotional at first – when you are tired these feelings can seem worse. For many women this is often the last symptom to improve.

How long can I expect to be in hospital after the operation?

This depends on your recovery, most patients will go home the day after surgery. Everyone is an individual and we will let you go home as soon as you are ready.

Will I get any medication to take home on discharge?

You will take home the medicines you brought in with you. We will provide any extra medicines you may need, such as painkillers or antibiotics, from the hospital pharmacy. You will still require dressings, this will also be organised from the ward.

How will my care continue?

You will be informed of your histology results as soon as they are available. This can take two to three weeks to get back. Please be patient as these results are important for future management and a decision will be made regarding any further treatment that may be necessary.

You will be followed up in the Gynae/Oncology clinic for five years following your surgery. Follow-up is three monthly, then four monthly, then six monthly, then yearly, but always remember if you have any problems contact your GP.

What happens when I go home?

You will go home wearing the support stockings you were given and are advised to wear them for six weeks until you are back to your full mobility. [For two weeks night and day then just during the night for a further four weeks]

Having vulval surgery can permanently change the outward appearance of the body, a change many women find hard to accept. You may want to look at the area but do not force yourself to do this before you are ready. However well prepared you are you may feel shocked and this is perfectly understandable because of the tissue that has been removed it will look very different. It may have an effect on how you feel about your sexuality and womanhood.

Although surgical scars can heal within, the emotional pain may take much longer and requires gentleness, sensitivity and tolerance from yourself and those close to you. Always remember if you need to talk about your feelings there is always someone available to help you.

Following vulval surgery the rate of recovery depends on each individual and to a large extent on your state of health before the operation. It is important that you resume your normal activities gradually and limit what you do by how tired or uncomfortable you feel.

Continue with any exercises that you were advised to do in hospital. You may find that you get tired quite quickly at first. This is normal and will improve along with your general fitness level.

After having a diagnosis of cancer of the vulva requiring surgery, it is inevitable that your sex life will be affected. This can alter your perception of yourself and also genital sensation. Numbness can occur, though this can sometimes go after a couple of months. It can still be possible to have an orgasm as vaginal sensations are much the same, although this is less likely if the clitoris is removed. Some surgery can cause tightness and scarring and intercourse could become difficult. Past sexual experiences and attitudes can affect what actually happens, but however bad the effects of treatment, people with loving partners who can communicate with each other can still enjoy fulfilling sex, even if it is different than before.

Returning to work is up to the individual concerned and depends on the type of job you do. Any job requiring heavy lifting may take a bit longer to return to, but you are the best judge as to how you feel. Remember, however that you have had a major operation and time is needed to allow the healing of the wounds.

You can normally resume driving once your wound has healed and there is no further pain or discomfort, and when you believe that your concentration will not be impaired. Your insurance company will probably assume that you are not fit to drive after a major operation until your doctor says you can. If you have any concerns about this, check with your own GP.

General advice

If you have any of the following symptoms, you should contact your GP:

- A smelly discharge or bleeding which is heavy and 'fresh' (bright red) or the passing of clots from your wounds.
- Pain which is severe and not controlled by your prescribed painkillers.
- Feeling unwell, hot and feverish.
- Pain in the calf muscles or chest.

Helpful hints

- Wear cotton underwear
- Avoid tight clothes
- Avoid biological detergents and scented fabric conditioner
- Avoid scented soaps/bath preparations
- Pat skin dry
- Avoid talcum powder and vaginal deodorants

The James Cook University Hospital contact information

Appointments Desk:

01642 854861 / 282714 / 854883

Gynaecology Outpatients Department

(including pre-admission service): 01642 854243

Surgical Admissions Unit:

01642 854603

Ward 8:

01642 854508

Gynae oncology nurses:

01642 282418 (Mon-Fri 8.30am-5pm)

**We hope you have found this information helpful.
Please remember our staff will be happy to answer any
questions you have about any aspect of your care and
welcome any comments about this leaflet.**



Registered charity number 105560061

Ova The Rainbow is a support group for anyone who would like support for themselves or their friends and family due to any gynaecological cancer.

It was established at the end of 2001 by two specialist oncology nurses, Jane McNeil and Lynne Wright out of The James Cook University Hospital. The Friarage branch was established in 2005 by Maggie Wright.

We are a registered charity and our meetings are held monthly for friends, family and any other supporters.

**First Tuesday of the month,
2pm – 3:30**

Allerton Court Hotel
Darlington Road
Northallerton
North Yorkshire DL6 2XF

For further details please contact:

01642 282418

Your notes

A series of horizontal dotted lines for writing notes.

Comments, compliments, concerns or complaints

South Tees Hospitals NHS Foundation Trust is concerned about the quality of care you receive and strives to maintain high standards of health care. However, we do appreciate that there may be an occasion where you, or your family, feel dissatisfied with the standard of service you receive. Please do not hesitate to tell us about your concerns as this helps us to learn from your experience and to improve service for future patients

If you have a concern or question regarding care of the service received, please discuss with / contact a member of the clinical team / matron in the first instance, who may be able to answer your questions without delay. If you feel you cannot discuss your concern with the clinical team, **The Patient Advice and Liaison service** can advise and support patients, families and carers and help sort out problems on your behalf. This service is available, and based, at The James Cook University Hospital but also covers the Friarage Hospital In Northallerton, our community hospitals and community health services. Please ask a member of staff for further information.

If you require this information in a different format please contact Freephone 0800 0282451

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