

Surgery for Cancer of the Vulva

Patient Information – Gynaecologic Oncology

Key messages

- The goal of this patient information is to provide you with information prior to your upcoming surgery.
- Please read this information carefully and bring this paperwork with you when you come for pre-admission clinic.
- During the pre-admission clinic you will meet with the surgeon, anaesthetist, a junior doctor and pre-admission nurses. The surgeon will consent you for surgery and you will have an opportunity to ask any questions then. This clinic can be very busy, and you will receive a lot of information, hence why it is important to read this information prior to your clinic appointment. We also strongly recommend that you bring a support person to clinic with you.
- If you have any questions or concerns in the meantime, you can call our gynae-oncology clinical nurse specialist (CNS) on 027 905 8059, or our cancer nurse coordinator (CNC) on 021 824 694, between 8.00 am and 4.00 pm Monday to Friday.

About surgery for cancer of the vulva

Your doctors have recommended an operation as part of your treatment of cancer of the vulva. The aim of the surgery is to remove the tumour on your vulva and to check if cancerous cells have spread to the lymph nodes (glands) in the groin.

During the procedure we shall remove the tumour on the vulva with a 1-2 cm margin of healthy/normal tissue around the tumour (called a radical local vulval excision). The size of this excision will depend on the size of your tumour. For larger excisions, sometimes it is not possible to suture this wound closed so we have to move some surrounding normal skin to help close the wound (called a skin flap).

We will also sample some of the lymph nodes in one or both groins. This is usually done by a procedure called a sentinel groin lymph node biopsy. This requires you to have an injection of a special dye into the vulval tumour before surgery followed by an x-ray. In addition to this, once you are asleep at the time of surgery, we inject another dye (this time a blue dye) into the tumour. These two dyes then allow us to selectively remove only 1-2 lymph nodes in the groin. This is done through a 5 cm cut. In some cases, this technique does not work, or you are not suitable to have a sentinel node biopsy. In this situation, you will have a larger cut in the groin (10-12 cm size) and all of the groin lymph nodes will be removed (called a full groin node dissection).

Some commonly asked questions about your upcoming surgery

Who will perform my procedure?

A consultant gynaecological oncologist surgeon or a senior trainee in gynaecological oncology (working under supervision) will perform this procedure.

What type of anaesthetic will I have?

Your surgery will usually be performed under a general anaesthetic. This means you will be fully asleep for the duration of your surgery. Occasionally the anaesthetist will recommend your surgery is done under a spinal anaesthetic. This allows local anaesthetic and pain medication to be delivered around the nerves in your lower back which makes the area where you are having surgery go numb. Your anaesthetist will discuss the procedure, benefits and risks with you before surgery.

What happens to my tissues after surgery?

All the tissue that is removed during the surgery is looked at under the microscope by a pathologist. After this you will get asked when are consented for surgery if you want your tissues returned to you or if you would like the hospital to dispose of it.

We would also like to invite you to donate a small amount of this spare tissue to be stored for future research and become a part of our gynae-oncology tissue bank. Studying tissue samples is useful for many things:

- Helping doctors and scientists work out why and how changes occur in tissue.
- Allowing us to understand how these changes are related to changes in your cells, chemical makeup or genetic information.
- Develop new medical treatments through the detailed study of samples.

If this is something you are interested in doing, we will speak to you in more detail about it at the pre-admission clinic.

What are the risks of this surgery?

- Bleeding which may require a blood transfusion
- Infection – you will be given antibiotics at the start of surgery to reduce the risk of infection and sometimes these antibiotics will continue after surgery
- Blood clots forming in the legs or lungs – you will be given a month of once daily blood thinning treatment after your surgery to reduce the risk of clots
- Healing problems with the wound on the vulva and/or groins
- Lymphoedema – swelling of your legs which can be a long-term problem
- Lymphocyst – fluid collection in the groin
- Difficulties with sexual intercourse
- Allergic reaction to the blue dye

What happens after surgery?

A catheter (tube) will be placed in your bladder during the operation. Depending on the type of surgery this may be left in a few days. If you are required to have a full groin node dissection you will also have a tube (drain) in the groin wound for the first few days after surgery. The hospital stay after this surgery is often around 3-5 days but can be longer. You will have dissolving sutures in the vulva and groin wounds that do not need to be removed. Caring for a wound on the vulva can be challenging so after your surgery the nurses on the ward will show you how to clean and manage this wound once you are at home. During your hospital stay you will be able to have a support person/support people present on the ward with you.

For more information about:

hospital and specialist services, go to www.cdhb.health.nz | your health and medication, go to www.healthinfo.org.nz