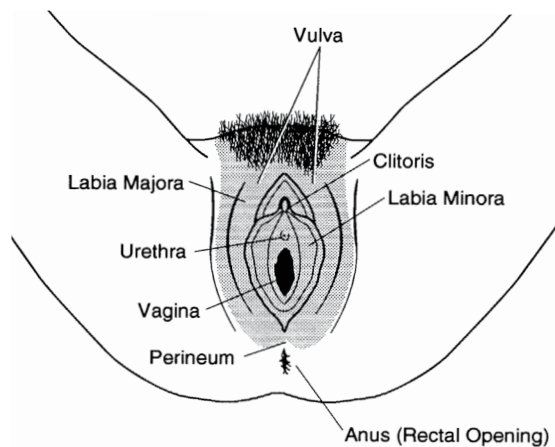


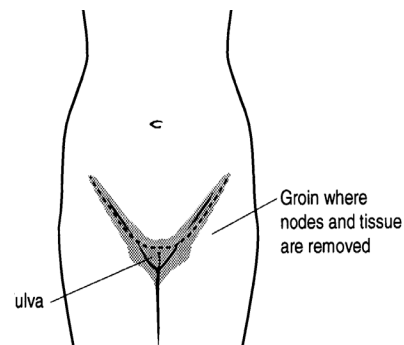
Radical Vulvectomy

Information About Your Radical Vulvectomy

The vulva is the outside part of the women's sexual organs (shaded area on picture). Cancer may be a growth (tumor) on the vulva. Vulvar cancer happens most often to women over the age of sixty.



The most common treatment for cancer of the vulva is a surgical procedure, called a vulvectomy. A radical vulvectomy is done if the cancer has spread to the area around the vulva, including some tissue in the groin. Your vulva and the area around your vulva will be taken out during this surgery.



It is normal to have questions about your surgery. This handout gives you information about what will happen to you before, during and after your surgery. If you still have questions, ask your nurse or doctor for more information.

This handout is for informational purposes only. Talk with your doctor or health care team if you have any questions about your care.

Before Surgery

Talk to your nurse or doctor about any medicines you take to thin your blood, prevent clots or manage your diabetes. These may need to be adjusted before surgery. Call your nurse or doctor if you have any questions.

If you take aspirin or medicines like aspirin for arthritis pain, your doctor may have you take a different medicine in the weeks before your surgery or procedure.

You will be told when your scheduled surgery date is and where to check in when you get to the hospital.

If your surgery or procedure is canceled for any reason, call your doctor because you may need to restart the medicines while you wait for your surgery to get scheduled again.

Day of Surgery

Before your surgery, a nurse will ask you questions about your health and your surgery. These questions may be asked in the pre-operative care areas several times by different team members.

- You will be asked to not wear or remove these items the day of surgery:
 - ▶ Nail polish
 - ▶ Make-up
 - ▶ Jewelry
 - ▶ Hair clips
 - ▶ Dentures or partial plates
 - ▶ Contact lenses or eyeglasses
 - ▶ Hearing aids
- You may have 1 to 2 family members visit you while in the pre-operative area.
- The nurse will answer any questions you or your family may have and tell them where to wait while you are in surgery.
- You will meet your anesthesia team before surgery.
- You will receive an intravenous (IV) catheter in the pre-operative area.

During Surgery

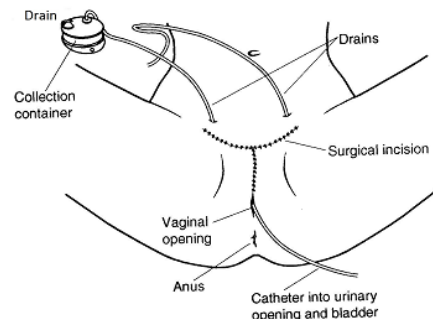
- Your doctor will tell you how long your surgery may take. If your surgery takes longer than you were told, it does not mean that anything is wrong.
- Your family will be updated on how you are doing. After your surgery is over, the surgeon or an assistant will call or come to the waiting area to talk with your family in a private room.
- During your surgery, your vital signs (blood pressure, temperature, pulse and breathing rate) will be watched closely.
- You will be positioned on the operating room table after you are asleep.
- You will have a bladder tube called a foley catheter placed. This is a flexible tube that is put into your bladder to drain your urine while you are asleep.
- Special boots will be placed on your legs to help prevent blood clots.

After Surgery

Once your surgery is finished, you will be taken to the Post Anesthesia Care Unit (PACU) for 1 - 2 hours before going to your room.

The following is a list of what to expect when you wake up after surgery:

- Your pulse and the amount of oxygen in your blood will be checked. If needed, you may be given oxygen through a small tube inside your nose.
- You may feel cold. This is normal if you have had general anesthesia.
- Tell your nurse if you have pain, and medicine will be given to you, to help make you more comfortable.
- The foley catheter may remain in place until you are walking.
- You may begin sipping clear liquids and may quickly advance to your normal diet.
- You may have one or two small drainage tubes coming out of your lower abdomen. These wound drains are used to prevent fluid from collecting in your groin area.



- Your drains will stay in place until there is only a small amount of drainage. This time varies for each person. You may go home with your drain. If you do, ask for the patient education handout: **Home Care of Your Wound Drain: Hemovac, Jackson Pratt or other Drain Systems**. Your nurse will teach you and/or your family how to take care of your drain at home.
- You will be able to see your family when you arrive to your room.
- You may have a dressing over your incisions held in place with mesh underwear. Your nurse will help you clean your incisions each time you use the bathroom. The incisions may be dried with cool air.
- Your nurse will help you out of bed to walk, usually within 4 hours after surgery.
- You will be taught to use a breathing exerciser (incentive spirometer) to help keep your lungs clear after surgery.
- A medicine to prevent blood clots will be given by injection into your belly daily or several times a day.

Pain Control

You are encouraged to take medicine so you will be comfortable when you turn, cough, deep breathe and walk. Take your pain medicine before the pain becomes severe. Pain medicine works best if you take it before the pain gets out of control. Pain medicine may be given through your IV while in the hospital or in pill form. You may also use cold packs, 20 minutes at a time, on your incision to help with pain.

You should be able to tolerate pain with medicines in pill form when you are discharged from the hospital. It may be helpful to alternate acetaminophen (Tylenol) and ibuprofen for pain control at home. A prescription narcotic can be taken for breakthrough pain.

Discharge from the Hospital

- Your nurse will review your discharge instructions with you before you leave the hospital. These may include:
 - ▶ An appointment to see your doctor
 - ▶ Important phone numbers
 - ▶ Signs/symptoms of infection and what to do if you have these problems

- ▶ Directions for incision care
- ▶ A list of current medicines and new prescriptions
- ▶ Information on what activities will help you heal and what you may do during your recovery from surgery

Sexuality and Cancer

- Women who have had a vulvectomy may feel nervous or worried about having sex. You may still have sex, but not until after your doctor tells you that you are completely healed. Your sexual response may be different because of the removal of your vulva, so talk to your sex partner about this.
- Ask your nurse for a copy of the booklet from the American Cancer Society called **Sexuality for the Woman Who Has Cancer**.
- Counseling professionals are available at The James to talk with you about your feelings or concerns. Ask your doctor or nurse about these services.

Care at Home

You will be given instructions on how to care for yourself at home. Get plenty of rest and do not overdo it. A good rule to follow is if you do not feel up to it, do not do it.

- Limit your activities for 4 to 6 weeks:
 - ▶ Your nurse or doctor will tell you when it is okay to drive. This is usually when you are able to comfortably wear a seatbelt, press the gas/brake pedals, and drive defensively.
 - ▶ **Do not** drive while taking narcotic pain medicine. If you cannot sit comfortably in a car, do not drive.
 - ▶ No heavy lifting (nothing over 5 to 10 pounds).
 - ▶ No strenuous activities or exercises.
 - ▶ Take the stairs slowly. Go one step at a time.
- It is important to keep your incisions clean and dry. It is okay to take a shower. Use gentle soap and water. Dry yourself with a clean towel.
- It may be helpful to use a hair dryer on the cool setting to dry your incisions.

- After a bowel movement, **use a spray or squirt bottle or a shower head to clean the area.** The hospital should discharge you with a sitz bath or a peri-bottle.
- Pat dry the incision area after toileting or showering. No rubbing.
- Wear loose fitting clothes and cotton underwear. **Do not** wear pantyhose and girdles.
- **Do not** put anything in your vagina until your doctor tells you it is okay. No douching, no intercourse (sex) or no tampons while you recover.
- If swelling happens in your legs or feet, try the following to control the swelling:
 - ▶ Wear support hose.
 - ▶ Sit no more than 30 minutes at a time.
 - ▶ Keep legs propped up when sitting.
 - ▶ Sit with your legs uncrossed.
 - ▶ Wear loose fitting clothes around your incisions.

Call your doctor if you have any of the following:

- Redness, swelling or skin separation at the incision
- Pus from the incision
- Fever of 100.4 degrees Fahrenheit (38 degrees Celsius) or higher
- Vaginal discharge with a bad smell
- Severe emotional changes such as mood swings or depression
- Pain, warmth, tenderness, or swelling in the legs
- Problems urinating or with bowel movements
- Nausea or vomiting
- Any other questions or concerns

It is important to keep your doctor appointment that is scheduled 3 to 4 weeks after your surgery.