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.

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Important Medicine Information

Talk to your doctor about any medicines you take to thin your blood or prevent clots. You may need to change these medicines or adjust the amount you take before surgery.

These medicines include:

- Aspirin
- Clopidogrel, brand name Plavix
- Prasugrel, brand name Effient
- Ticagrelor, brand name Brilinta
- Apixaban, brand name Eliquis
- Ticlopidine, brand name Ticlid
- Warfarin, brand name Coumadin
- Enoxaparin, brand name Lovenox
- Dabigatran, brand name Pradaxa
- Fondaparinux, brand name Arixtra
- Rivaroxaban, brand name Xarelto
- Cilostazol, brand name Pletal
- Edoxaban, brand name Savaysa

If you have a stent, do not stop taking your medicines to prevent clots without first talking to the doctor who put in the stent. For more information, ask a member of your health care team for the patient education handout on protecting your stent.

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.

If your surgery or procedure is canceled for any reason, call your doctor because you may need to restart the medicines you take to thin your blood or prevent clots.

Day of Surgery

- You will be told when your scheduled admission date is and where to check in when you get to the hospital.
- Your family can stay with you until you go to the Pre-operative Holding Area.
- The nurse will answer any questions they may have and tell them where to wait while you are in surgery.
During Surgery

- A nurse will check your identification (ID) bracelet. You will be asked about your allergies. Then you will be made comfortable on the operating room table.
- Your vital signs (blood pressure, temperature, pulse and breathing rate) will be watched closely.
- You will be hooked up to a monitor to count your heart rate.
- A small clip (pulse oximeter) will be placed on your finger to measure your pulse and the amount of oxygen in your blood.
- 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.

After Surgery

Once your surgery is finished, you will be taken to the Post Anesthesia Care Unit (PACU) to recover. The following is a list of what to expect when you wake up after surgery:

- You may be given something to eat or drink the first day after surgery. You will start by sipping clear liquids. You are gradually advanced to a regular diet.
- You will have a bladder tube called a foley catheter. A Foley catheter is a flexible tube that is put into your bladder to drain urine. This catheter will remain in place until you are walking.
- You may have one or two small tubes coming out of your lower abdomen. These tubes are drains called hemovacs. The hemovacs are used to prevent fluid from collecting in your groin area. Your hemovacs 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 hemovac. 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 hemovac at home.

- You will have a dressing over your incision. Your nurse will clean your incisions three times a day. The incisions will be dried with cool air from a hair dryer or air hose. Sometimes, a bed cradle is used to keep the sheets and blankets off your incisions and this area.

- Some patients are given pain medicine through their IV called Patient Controlled Analgesia (PCA). Other patients may have pain medicine given through a continuous Lumbar Epidural Analgesia (LEA) into their spinal cord. When your pain control IV or epidural are removed you will be given pain pills.

- When you return to your room, you will be put in bed. Your nurse will help you turn in bed every 2 hours. Your doctor will tell you when you can get up out of bed.

- 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 thighs.

- You will wear special stockings when you are in bed. These stockings will keep blood circulating through your legs.

**Discharge from the Hospital**

- You will meet your Patient Care Resource Manager (PCRM) after surgery. While in the hospital, the PCRM will work with the other members of your health care team to help arrange for any care you may need when you leave the hospital.

- Your staff 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

Home health care agency information

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. Here are some guidelines for you to follow when you go home.

- Limit your activities for 4 to 6 weeks:
  - No driving for 2 weeks or while taking narcotic pain medicine. However, you may ride in a car for short trips.
  - No heavy lifting (nothing over 5 to 10 pounds).
  - No strenuous activities or exercises.
  - Take the stairs slowly. Go one step at a time.

- Keep your incisions clean and dry.

- Put nothing in the vagina until your doctor tells you it is okay:
  - No douching.
  - No intercourse (sex).
  - No tampons.

- You may take a shower.
• 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 or swelling at the incision
• Pus from the incision
• Temperature 101 degrees F or above

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