Partial Vulvectomy

The vulva is the outside part of a woman’s sexual organs. This includes the inner lips (labia minora), outer lips (labia majora) and the clitoris. If abnormal cells (dysplasia) are found in this area, a partial vulvectomy is done to remove the affected area of the vulva.

Symptoms of dysplasia may include:

- Itching of the vulva
- Change in color in the skin of the vulva
- Burning sensation on the vulva when you urinate
- Change in a mole or birthmark on the vulva
- Lump or mass on the vulva

Partial Vulvectomy

The most common treatment for dysplasia of the vulva is a surgery called a partial vulvectomy. Your doctor will decide how much tissue from the vulva will need to be removed to best treat your condition. The amount of tissue removed will depend on the size of the area that is affected.

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 doctor or nurse for more information.

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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.

Partial Vulvectomy
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.
- You will be given medicine (general anesthesia) to put you into a deep sleep so you do not feel pain 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.

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 will start by sipping clear liquids and will slowly advance your diet as you can.
- It is important to keep your lungs clear after surgery by taking deep breathes and doing breathing exercises.
- To get rid of gas and prevent blood clots, it is important for you to get up and walk.
- 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 After Surgery

- You may still have sexual intercourse after this surgery, but **you must wait until your doctor tells you that you are completely healed** and it is okay for you to have sex.

Care at Home

Your health care team will help you learn how to care for yourself at home. Here are a few reminders of what you can and cannot do. Get plenty of rest at home and do not overdo it. A good rule to follow is if you do not feel like it, do not do it.

- Limit your activities for 4 to 6 weeks.
- Do not drive while taking narcotic pain medicine.
- 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. **Always** wipe yourself from front to back and pat dry.
- Wear loose fitting clothes and cotton underwear. **Do not** wear pantyhose and girdles.
- Put nothing in the vagina until your doctor tells you that you can:
  - No tampons.
  - No douche.
  - No intercourse (sex).
- Sit no more than 30 minutes at a time.
- Sit with your legs uncrossed.
- Your stitches will not need to be removed. They will dissolve and fall out on their own.
- Sometimes incisions separate. If this happens, do not be alarmed. Call your doctor and you will be given directions about what you need to do.
Call your doctor if you have any of the following problems:

- Redness or swelling from the incision
- Foul drainage from the incision
- Fever of 100.4 degrees Fahrenheit (38 degrees Celsius) or higher

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