

What You Need To Know About Your Vulvar Surgery

This booklet will give you information about:

- What vulvar surgery is
- The risks of having vulvar surgery
- How to get ready for your vulvar surgery
- What to expect on the day of your vulvar surgery
- What to expect after your vulvar surgery
- The side effects of vulvar surgery
- When to call your health care team
- How to call your health care team

Important phone numbers

Monday to Friday, 9:00 AM – 4:30 PM

- Please call the Odette Cancer Centre
Phone number: 416-480-5000



Your Gynecology Nursing Team will go over this booklet with you.

Call your health care team right away if:

- You have a fever of 38.3°C (100.94°F) or higher.
- If you have more redness, swelling, pus, or green discharge (fluid leaking) from your incision.
- If your groin (crease between your legs and lower pelvis) is red or warm when you touch it.
- You have new and severe pain that does not get better after taking your medications (drugs).
- Your leg(s) is in pain, red and/or swelling.
- You have pain in your chest and shortness of breath (feeling like you don't have enough air to breathe).
- You have bleeding from the vagina and you need to change a saturated pad every 1 to 2 hours.
- You cannot pass urine (pee) after your catheter (tube) has been taken out.
- You have not had a bowel movement (poo) or passed gas from your anus for 2 to 3 days after leaving the hospital.
- You are vomiting (throwing up) or have diarrhea (loose or watery stool) for more than 24 hours.

If you cannot reach your health care team, please call 911 or go to your nearest emergency room.



Keep track of your appointment dates and times:



Your pre-anesthesia clinic appointment (before surgery):

Date: _____

Place: _____

Time: _____

Your surgery:

Date: _____

Place: _____

Time to arrive/check-in: _____

Time of surgery: _____

Your follow-up appointment (after surgery):

Date: _____

Place: _____

Time: _____

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What is vulvar surgery?



Vulvar surgery is used to treat vulvar cancer.

The **vulva** is the outer parts of the female genitals. The vulva includes the outer labia (labia majora) and inner labia (labia minora). The vulva helps protect the clitoris, urethral opening (where urine comes out) and the vaginal opening.

A wide local excision of the vulva is one type of vulvar surgery that **removes a part** of your vulva. The goal is to remove the cancer and some of the normal tissue around the cancer.

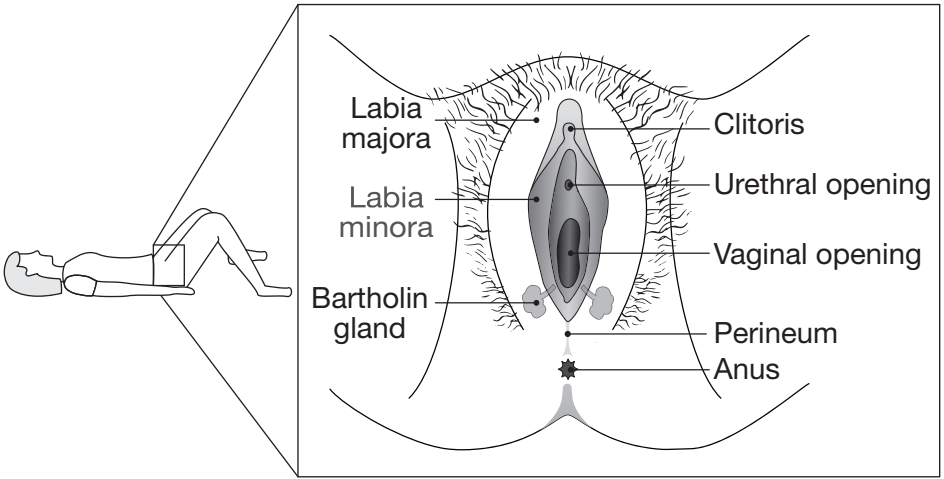
Vulvar cancer can spread to the lymph nodes in your groin (crease between your legs and lower pelvis). **Lymph nodes** are small bean-shaped structures in your body that have blood cells that help you fight infection or disease. Cancer can spread to other parts of the body through the lymph nodes.

If the cancer has spread to your lymph nodes, you may need a sentinel lymph node biopsy or lymphadenectomy. **A sentinel lymph node biopsy** is when a small incision (cut) is made in your groin (crease between your legs and lower pelvis) to find the first lymph node where cancer can possibly spread.

A lymphadenectomy (groin node dissection) is when the rest of the lymph nodes in the groin (crease between your legs and lower pelvis) are removed.

Your health care team will let you know if lymph nodes will be removed during surgery.

Your surgery will take about 2 hours.



The Vulva

Labia: The inner and outer folds of the vulva. These are on both sides of the vagina.

Labia majora are 2 outer skin folds. They cover and protect the other external (outside) genital organs.

Labia minora are 2 smaller skin folds inside the labia majora. They cover the vaginal and urethral opening.

Bartholin glands: These are inside the vulva. The glands make a thick fluid. The fluid acts as lubricant during sexual intercourse.

Clitoris: A small organ in front of the labia minora. It has many nerve endings.

Urethral opening: This is where where the urethra opens. The urethra is the tube that connects to the bladder and allows urine (pee) to leave the body. The urethral opening is under the clitoris.

Vaginal opening: This is where the vagina opens. The vagina is the muscular canal leading to the cervix.

Perineum: The area between the vulva and anus.

Anus: The opening at the lower end of the rectum (the last part of the large intestine). This is where stool (poo) passes through and leaves the body.

What are the risks of vulvar surgery?



There are risks to having surgery for vulvar cancer. Some of the most common risks are:

- Bleeding from your incision(s).
- Infection in the incision (cut) near the vulva or groin (crease between your legs and lower pelvis) area.
- The incision (cut) could open in the vulva or groin (crease between your legs and lower pelvis) area.
- Blood clots in your legs, arteries and/or veins that supply your lungs.
- Damage to your bladder, bowels, blood vessels (arteries and veins), and nerves.
- Lymphedema (swelling in one or both legs) if lymph nodes were removed during your surgery.

If you have heart and lung disease, your risks from vulvar surgery may be greater. Your health care team will let you know if you need to stay in the hospital for longer than normal.

How do I get ready for vulvar surgery?



Your pre-anesthesia clinic appointment (before surgery):

You will have an appointment at the pre-anesthesia clinic at **Sunnybrook Health Sciences Centre, M-Wing, Ground Floor, Room 402 (MG 402)** a few weeks or days before your surgery.

Please bring all your medications (drugs) in their original labelled bottles to this appointment. This includes prescription medications, herbal and vitamins.

During your appointment, a nurse will go over a few things with you to help you get ready for surgery such as:

Medications (drugs)

The nurse or pharmacist will ask you about your medical history and any medications (drugs) you are taking. Your doctor will give you a prescription for the pain medications you will take after your surgery. Please have your prescription filled before your surgery.

Preparing your bowels

The nurse will let you know if you need to have your bowels cleaned before your surgery.

Showering before your surgery

You will need to buy a special soap from the pharmacy at Sunnybrook before your surgery. Your nurse will let you know which one you need. You will get instructions on when to use the soap.

Do not remove any body hair before your surgery (do not wax, shave or clip/trim). If you remove body hair it can increase your chance of getting an infection.

Diet

The nurse will let you know when you need to stop eating and drinking before your surgery. **If you have diabetes, please let your nurse know as you may be given special instructions.**

Activities

The nurse will let you know what activities you should and should not do after your surgery. Please talk to your health care team about when it is safe for you to return to work.

Going home after surgery

You will need help at home after your surgery. Let your health care team know if you think you will need extra help.

Important:

Please arrange for someone to pick you up from the hospital after your surgery. Someone will need to stay with you the first night you are home from the hospital.



Quitting smoking before your surgery can help you:

- Heal faster after your surgery
- Lower your chance of getting an infection(s) or having trouble breathing

Talk to your health care team to get help with quitting smoking. There are things you can try to help you quit such as nicotine replacement therapy (NRT), medications (drugs) and counselling.

To learn more about the benefits of quitting smoking, please go to [sunnybrook.ca/quitsmoking](https://www.sunnybrook.ca/quitsmoking)

Getting ready at home:

You will need to prepare a bag to bring with you on the day of your surgery.

Please DO NOT bring:

- Large sums of money.
- Valuables (things that are important to you such as jewelry, rings, earrings, etc.).

Please bring:

- This booklet.
- Your health card (OHIP card) and Sunnybrook card.
- All of the medications (drugs) you are taking in the original labelled bottles.
- Your cane, crutch or walker if you use these (please put a label on it with your name).
- Reading glasses in a case (please put a label on it with your name).
- Non-slip slippers or shoes.
- Loose fitting clothing.
- Cotton underwear for after your surgery. Cotton underwear will allow air to get through.
- Maxi pads to protect your underwear after surgery from any discharge (fluid leaking) from the area where you had surgery.

Please do not wear any nail polish, makeup, body piercing(s), perfume/fragrances on the day of your surgery.



Make a plan with friends/family members:

When you get home from your surgery, you may need help with:

- Making meals
- Bathing and self-care
- Laundry
- Cleaning
- Caring for children and/or pets
- Watering plants
- Paying bills
- Driving

Try to get what you need before your surgery. This includes getting your pain medication (drugs) prescription filled that your doctor gave you. This will help with any discomfort/pain when you are home. Try to get food for your freezer and cupboards so that you can make easy meals at home.

You can talk to a Registered Dietitian to get help with eating well before, during and after you surgery.

Visit the Nutrition Resource Centre at the Odette Cancer Centre, **T-Wing, Ground Floor, across from Druxy's (TG 261) or call 416-480-5000 ext. 3488.**



The day before your surgery:

You can eat solid foods until midnight before your surgery. **If you need to have your bowels cleaned before your surgery, start a clear fluid (liquid) diet 24 hours before your surgery.**

A **clear fluid** is a clear liquid that you can see through at room temperature.


Some clear fluids that you can have include:

- Water
- Fruit juices such as apple, cranberry and grape **(without pulp)**
- Sports drinks (Powerade, Gatorade)
- Tea and black coffee **(do not add milk or cream)**
- Carbonated soft drinks such as ginger ale, cola, lemon/lime
- Jell-O **(without fruit toppings or whip cream)**
- Popsicles **(without cream)**
- Broth and consommé (clear soup)

Drinking high carbohydrate (sugary) drinks before surgery can help you feel better and heal faster. High carbohydrate drinks can include:

- Apple juice
- Cranberry cocktail
- Iced tea

At bedtime on the night before your surgery, drink up to 3 glasses of a high carbohydrate drink.



If you are diabetic do not follow the high carbohydrate drink instructions. Please follow the instructions given to you by the nurse at your pre-anesthesia clinic appointment.

On the day of your surgery:

You can drink clear fluids up to 2 hours before your surgery. On the day of your surgery, drink about 2 glasses before your surgery or before you come to the hospital. **Do not drink alcohol, milk or orange juice. Do not eat candy or chew gum up to 4 hours before your surgery.**

What can I expect on the day of surgery?



On the day of your surgery, please go to **Sunnybrook Health Sciences Centre, M-Wing, Ground Floor, Room 402 (MG 402)**.

When you arrive:

- Check in at the reception desk and change into a hospital gown.
- You will be given an IV (intravenous – into your vein). You will get fluids and medication(s) (drugs) through your IV.
- A nurse will take you to the operating room. Your surgeon, nurse and anesthesiologist (doctor that will put you to sleep during surgery) will be there. You can ask them any questions or let them know your concerns.
- Your health care team will ask you a few questions to make sure you are safe to have your surgery.
- You may be given pain medication (drugs) before your surgery.

If you are having a sentinel lymph node biopsy, you may have an appointment at the Nuclear Medicine department. Your health care team will let you know if your appointment will be the day before or the morning of your surgery. During your appointment at the Nuclear Medicine department, dye will be put into your skin around the vulvar cancer. The dye will travel to the first lymph node which could have spread cancer cells.

When you are in the operating room:

- The anesthesiologist will put medicine in your IV (intravenous) that will put you to sleep. You will not feel any pain.
- You will get antibiotics to lower your chance of getting an infection.
- A tube will be put in your mouth to help you breathe. You may have a sore throat after your surgery from the breathing tube. This will get better over time.
- While you are asleep a catheter (tube) will be put into your bladder to drain your urine (pee).

If you are having a sentinel lymph node biopsy:

- Your surgeon will find the lymph node on one or both sides of your pelvis that could have spread cancer cells. The lymph node will be removed through a small incision (cut) near the crease of your legs and lower pelvis (groin).
- The lymph node will be looked at under a microscope. If there are no cancer cells in the sentinel lymph node, no other lymph nodes will be removed.

If you are having a lymphadenectomy (groin node dissection):

- If there are cancer cells in the sentinel lymph node, the rest of the lymph nodes in your groin (crease between your legs and lower pelvis) will be removed through a larger incision (cut).
- You may also need a lymphadenectomy if a sentinel lymph node cannot be seen by your surgeon. Your surgeon may find the sentinel lymph nodes using dye injected in Nuclear Medicine, a green dye injected in the operating room while you are asleep under anesthetic, or both.

When your surgery is done:

After your surgery is done, you will be taken to the recovery room. While you are in the recovery room:

- Fluid and pain medication (drugs) will be put into your IV (intravenous). When you are awake and can swallow, you may be given pain medications (drugs) to take by mouth.
- You may get oxygen through a mask or a small tube in your nose. This will help you breathe better after surgery.
- The catheter (tube) draining your urine (pee) may be taken out if it did not get taken out before you went to the recovery room. **Your health care team will let you know if the catheter (tube) needs to stay in. If so, you will get help at home to remove the catheter 5 to 7 days after your surgery.**
- A nurse will ask about your pain. Please let the nurse know if your pain changes or gets worse.
- Your temperature, heart rate, blood pressure, and oxygen level will be checked by a nurse.
- A nurse will check your bandage(s) (dressing) if you have one.
- You will be moved from the recovery room to the same day surgery or surgical short stay unit. When you wake up, a family member or friend may be able to visit you.
- With the help of a nurse, family member or friend you will get out of bed. They will help you do deep breathing, coughing and leg exercises.

Eating or drinking after surgery:

After your surgery, you will be given clear fluids and a sandwich to eat. When you are at the hospital, please let your nurse know if you:

- Vomit (throw up)
- Feel nauseous (wanting to throw up)
- Feel bloated (full) while you are eating or drinking
- Feel bloated (full) after you eat or drink

Getting ready to go home:

You will be discharged (sent home) from the hospital the same day as your surgery or when your health care team feels you are ready to go home. If you stay overnight in the hospital, you can go home the next day before 10:00 AM.

You are ready to go home if:

- You are not vomiting (throwing up). You may feel a little nauseous (wanting to throw up).
- You can drink liquids with any problems.
- You can pass your urine (pee) unless your catheter (tube) needs to stay in place.
- You have a ride home and someone to stay with you the first night you are home.
- You have someone to help you at home (to make meals, clean up, and more).

What can I expect after surgery?



It will take some time (about 6 weeks) for your vulva to heal. In some cases it may take longer. If you are working before your surgery, it is best to stay off work for about 6 weeks. Talk to your health care team about when it is safe for you to go back to work.

Removing your bandage(s) (dressing):

- If you had **sentinel lymph nodes removed**, your incisions (cut) will be closed with stitches. The stitches do not need to be removed and they will dissolve (go away) on their own. Your incisions may be covered with a bandage. You can take the bandage off the next day.
- If you had a **lymphadenectomy (groin node dissection)**, the incision in your groin (crease between your legs and lower pelvis) may be closed with staples (clips). Your staples need to be taken out 5 to 10 days after your surgery. You will be given a staple remover when you go home. A home care nurse or family doctor will remove your bandage and staples.

You will also have a tube (drain) near your groin (crease between your legs and lower pelvis) incision area to drain extra fluid that can build up after surgery. A home care nurse will remove your tube (drain). This will be done when there is less than 20 milliliters of fluid draining a day.

You will have a follow-up appointment approximately 4 weeks after surgery. Your surgeon's secretary will call you to give you the appointment date and time.

Caring for your vulva:

- Avoid wearing underwear as much as you can. This will help keep the vulva area open to the air. If you have to wear underwear, try to wear cotton underwear so that some air can still get through.
- You will feel stitches on the vulva. The stitches do not need to be removed. They will dissolve (go away) on their own. It will take several weeks before they dissolve.
- You can shower or have a sponge bath. **Do not sit in a bathtub full of water. This may cause an infection. Your health care team will let you know when it is safe to do this.** Instead, have “sitz baths” starting 3 days after your surgery, 2 to 3 times a day, and after you urinate (pee) or have a bowel movement (poo). Taking sitz baths will help keep the vulva clean and allow it to heal. Please see page 23 for instructions on how to take a sitz bath.
- Make sure your vulva area is dry after you shower, urinate (pee) or have a bowel movement (poo). You can use a towel to pat dry or a hair dryer (**on the cool setting only, held 30 centimeters away from the vulva area**).
- When you have a bowel movement (poo), wipe from front to back. This will help to make sure your incision (cut) does not get dirty or infected.
- Clean your vulva 3 times a day using clean water in a spray bottle/peri bottle or shower head that you can hold (use a gentle setting). Make sure you do this after you urinate (pee) or have a bowel movement (poo).

- If you can, try to keep the area where you had surgery and groin (crease between your legs and lower pelvis) incisions (cut) clean and dry. This will help it to heal and make sure it does not get infected. Gently wash your groin (crease between your legs and lower pelvis) area with soap and water. **Pat the area dry with a towel. Do not rub.**
- **Your incision (cut) may open or start to drain. This is common and you do not need to panic.** Try to keep the area clean and dry.


Do not put things into the vagina such as tampons, douche, or feminine sprays/deodorant until at least 6 weeks after your surgery. These can harm the area where you had surgery and may cause an infection.




Eating and drinking:

When are home from your surgery try to:

- Start your regular diet again. It may take some time to get back to your regular diet.
- Have clear fluids and slowly bring foods/drinks back into your diet if you feel nauseous.
- Try to eat small snacks/meals throughout the day.



Do not drink alcohol 24 hours after your surgery or while you are taking pain medication (drugs).



Visit the Nutrition Resource Centre at the Odette Cancer Centre, **T-Wing, Ground Floor, across from Druxy's (TG 261)** or call **416-480-5000 ext. 3488** for nutrition advice.

Taking other regular medications:

If you were taking medications (drugs) to thin your blood (blood thinners) before you had surgery such as Coumadin® and aspirin please let your health care team know.

You should be able to continue taking your medications again. Let your family doctor know if you have any questions about the medications (drugs) you are taking.

What are the side effects of vulvar surgery?



You may have some side effects from your vulvar cancer surgery. Common side effects include:

- Pink or brown discharge (fluid leaking) from your vagina. This could last for up to 6 weeks after your surgery.
- Some slight spotting or bleeding from the vagina.
- Some pain in the area(s) where you had surgery.
- Swelling or redness in the vulva area for a few weeks after your surgery.
- Swelling in the groin (crease between your legs and lower pelvis) area that may cause some discomfort. It will take some time for this to go away.
- Constipation (not able to poo) and/or diarrhea (loose or watery stool).
- Fatigue (feel very tired or ‘worn out’).

Call your health care team right away if:

- You have a fever of 38.3°C (100.94°F) or higher.
- If you have more redness, swelling, pus, or green discharge (fluid leaking) from your incision.
- If your groin (crease between your legs and lower pelvis) is red or warm when you touch it.
- You have new and severe pain that does not get better after taking your medications (drugs).
- Your leg(s) is in pain, red and/or swelling.
- You have pain in your chest and shortness of breath (feeling like you don't have enough air to breathe).
- You have bleeding from the vagina and you need to change a saturated pad every 1 to 2 hours.
- You cannot pee after your catheter (tube) has been taken out.
- You have not had a bowel movement (poo) or passed gas from your anus for 2 to 3 days after leaving the hospital.
- You are vomiting (throwing up) or have diarrhea (loose or watery stool) for more than 24 hours.

If you cannot reach your health care team, please call 911 or go to your nearest emergency room.



Pain

You may have pain or soreness in the area where you had surgery. You may find your pain is less when you are not moving. It may get worse when you move.

To help with pain:

- Take the non-opioids and opioids (narcotics) pain medications (drugs) as advised to you by your health care team. This will help you to feel less pain and be comfortable. **You will only be given a few opioids (narcotics) pills. Only take these if you are still in pain after taking your non-opioids medications (drugs).**

Taking care of your pain will help you:

- Lower the stress in your body so you can heal faster.
- Breathe and cough better.
- Move better.
- Sleep better.
- Do activities that you want to do.

If you are still in pain after taking your pain medications (drugs) call your health care team right away or seek medical attention.





Swelling

You may have swelling in your vulvar area. The area where you had surgery may look red and irritated.

To help with swelling:

- Have a **sitz bath** 3 days after your surgery, 2 to 3 times a day and after you urinate (pee) or have a bowel movement (poo). This will help keep the vulva clean and allow it to heal.

To make a sitz bath:

1. Wash your hands with soap and water. Dry your hands.
2. Use your bathtub at home or a plastic sitz bath (found at any drug store) that fits over your toilet seat.
3. Fill your bathtub or the plastic sitz bath two-thirds (2/3) full with lukewarm water or with enough lukewarm water to soak your bottom. The water should feel warm (not too hot or cold to touch).
Only use warm water. Do not use bath oils.
4. Soak your bottom in the sitz bath for 10 to 15 minutes.
5. **Gently** pat your bottom dry with a clean, soft towel or the leave area uncovered until it is dry. **Do not rub.**
6. If you are using a plastic sitz bath, rinse it with water after each use.

Call your health care team right away or seek medical attention if:

- **You have more redness, swelling, pus or green discharge (fluid leaking) from your incision (cut).**
- **Your leg(s) is in pain, red and/or swelling.**



Constipation

You may get constipation (not able to poo) after your surgery. This could also be from the medications (drugs) you are taking.

To help with constipation:

- Try to eat more foods with fibre such as bran, whole grains, beans, raw fruits and vegetables. The “bulk” or fibre can help make your stool (poo) softer and easier to pass.
- Try to drink 6 to 8 glasses (1 to 2 litres) of fluids each day to lower your chance of getting constipation.

If you have not had a bowel movement (poo) or passed gas from your anus for 2 to 3 days after leaving the hospital, call your health care team or pharmacy. They can give you mild laxative (such as Senokot) and/or stool softeners (makes your poo soft).





Diarrhea

You may have diarrhea (loose or watery stool) after your surgery.



If you have diarrhea for more than 24 hours call your health care team or seek medical attention.



Fatigue

It is normal to have fatigue (feel very tired or 'worn out') after your surgery. You may need to relax and rest more than you did before your surgery.

To help with fatigue:

- Listen to your body and try to take rest breaks during the day.
- Space out your activities throughout the day/week.
- Try to sit on a pillow if it is uncomfortable to sit down.
- When you are sitting down, try to keep your legs apart. When you sleep, try to lie down on your side with a pillow between your knees. This will help keep your vulvar area clean and dry.



Exercise

It will take some time before it is safe for you to exercise after your surgery. There are some exercises you can do that will help you recover after your surgery. Please talk to your health care team to know when it is safe to exercise after surgery.

- **Do not go swimming after your surgery until you have seen your doctor.**
- **Do not lift more than 10 pounds (4.5 kilograms) for at least 6 weeks your surgery.** This includes groceries, children, bags/luggage.
- Slowly increase your activity when you get home. It is important to do activities based on how you feel.
- Try to sit up, stand, and walk around. The more you move around the better you will feel. This will help you recover faster. If you lay down too much this may slow down your recovery and cause problems such as pneumonia, blood clots, or muscle weakness.
- You can climb as many stairs as you feel comfortable.



Sexual health

You will need to wait about 6 weeks or until your wound is fully healed before you can resume sexual activity. It can take at least 6 weeks for your incision (cut) to heal. Please talk to your health care team if you have any questions or concerns about sexual activities after your surgery.

At the Odette Cancer Centre, the Patient & Family Support Program offers free services to help you before, during and after your surgery.



We have free services to help you manage eating, stress, worry, financial concerns, changes in health, and daily activities.

Visit the Patient & Family Support office, T-Wing, Ground Floor (TG 230) across from the radiation waiting area or call 416-480-4623.

How can I contact my health care team?



If you have any questions or concerns about your vulvar surgery:

Important phone numbers

Monday to Friday, 9:00 AM – 4:30 PM

- Please call the Odette Cancer Centre
Phone number: 416-480-5000



Odette Cancer Centre
2075 Bayview Avenue
Toronto, Ontario M4N 3M5
[sunnybrook.ca/odette](https://www.sunnybrook.ca/odette)



Sunnybrook
HEALTH SCIENCES CENTRE

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