

# Understanding vulval cancer and how it is treated

Women and Children's Division  
Information for patients

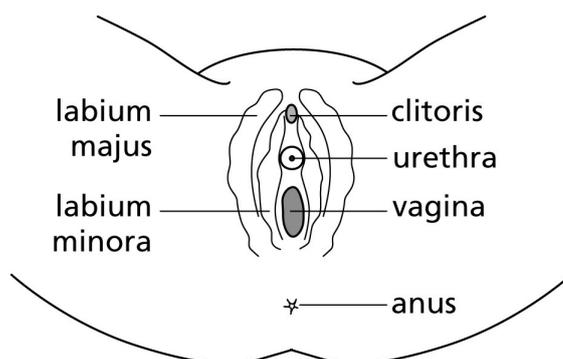
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## What is the vulva?

The vulva is the name given to tissues surrounding the entrance to the vagina (front passage). It includes the labium majus and the labium minus (the labia), the clitoris and the entrance to the vagina.



## What are the signs and symptoms of vulval cancer?

These include soreness, itching, bleeding, discharge or a lump or ulcer. However, some of these signs and symptoms may indicate non-cancerous conditions of the vulva.

## What causes vulval cancer?

The cause remains unknown. In some women there is a long history of vulval irritation and soreness. Lichen sclerosis, which is a condition affecting the vulva, has been identified as a possible pre-cancerous condition in a small number of women.

Health information and support is available at [www.nhs.uk](http://www.nhs.uk)  
or call 111 for non-emergency medical advice

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To give feedback about this information sheet, contact [InformationForPatients@uhl-tr.nhs.uk](mailto:InformationForPatients@uhl-tr.nhs.uk)

## The team caring for you

The team of health professionals looking after you is known as the Multidisciplinary Team (MDT). The MDT looking after you will meet to discuss the most appropriate treatment for yourself. Your doctor will discuss your treatment plan with you.

## How is vulval cancer treated?

Vulval cancer is usually treated by surgery (an operation) to remove some or all of the tissues in this area. The exact operation that is performed will depend on the size of your cancer as well as your general condition and symptoms. Surgery can include:

- **A 'wide local excision'** - removal of the tumour (cancer) and some normal tissue around it. This may be possible if you have a small vulval cancer.
- **A 'hemivulvectomy'** - one side of the vulva (inner and outer lips known as the labium minora and labium majus) may be removed if the tumour is on side only.
- **Removal of the clitoris** (the prominent erectile tissue positioned just above the urethra, or opening to the water passage).
- **Removal of the perineal body** (the tissue positioned towards the back passage, or anus).
- **A 'radical vulvectomy with groin node dissection'** - removal of the vulva (inner and outer lips both sides) together with removal of the lymph nodes (glands) in the groin. This is usually recommended if you have a larger vulval cancer.

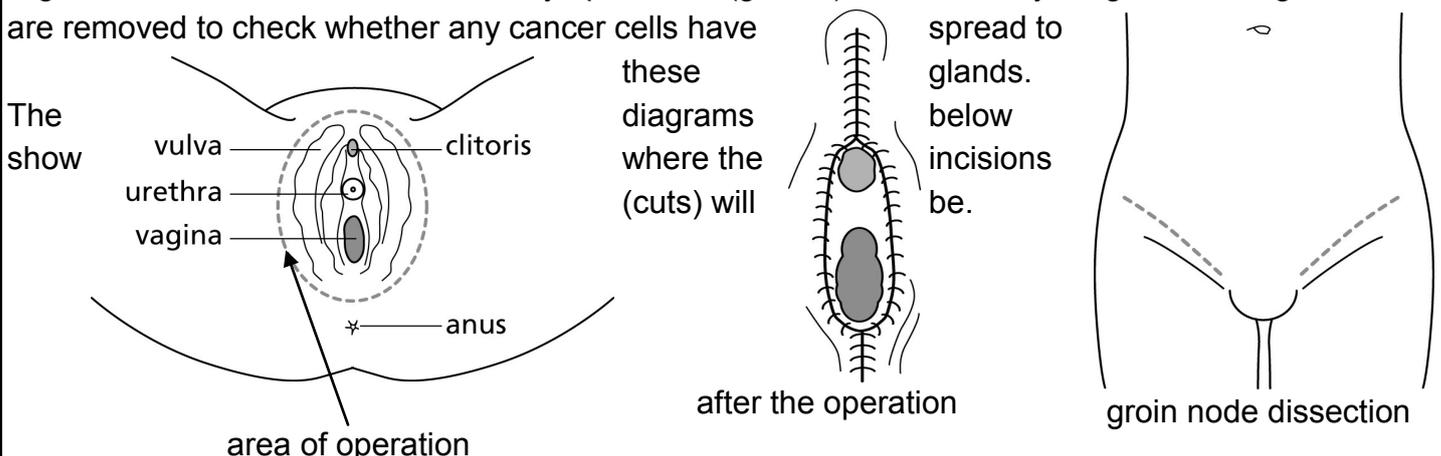
The aim of the operation will be to keep as much of your normal anatomy as possible, whilst removing the cancer.

Reconstructive surgery (refashioning the area using tissue grafted from other areas of the body) is sometimes possible if a larger area is removed. The doctor and nurses will discuss all the options available to you, as well as the exact treatment recommended to treat your cancer.

## What is a radical vulvectomy with groin node dissection?

A radical vulvectomy involves the removal of the skin and deeper tissues of the labia. Occasionally it is possible to conserve the clitoris, if your cancer is not near it. Dissolvable stitches are used in this area and the skin usually heals within two to three weeks.

A groin node dissection removes the lymph nodes (glands) from both of your groins. The groin nodes are removed to check whether any cancer cells have



## What are the lymph nodes?

The groin contains a collection of lymph nodes. These are small glands, about the size of a bean. The nodes make up part of the lymphatic system. This is a network of glands throughout the body, linked by small threads through which fluid (lymph) flows. They act as a sieve, removing cancer cells and bacteria.

## What are the risks and possible complications of a radical vulvectomy and groin node dissection?

Minor problems may occur after the operation, such as a slight fever, and these problems are treated as they arise.

As with any major operation, serious surgical and anaesthetic problems may occasionally occur. For example:

- excessive bleeding
- infection
- allergic reaction to drugs, including the anaesthetic
- blood clots in the legs or lungs.

You will be encouraged to get out of bed and move around soon after the operation. You may be wearing anti-embolism stockings and have an injection once a day to help prevent blood clots occurring during your stay in hospital. You will need to continue having these injections at home for one month after your operation. You will be shown how to give these injections or we will arrange for a district nurse to do this for you.

The most common problem after a radical vulvectomy is that the wound may be slow to heal, which may mean that you need to stay in hospital longer. It may take some time for the wounds to heal completely.

You may also experience a feeling of numbness at the top of your legs. Do not be alarmed; you will still be able to move around. This feeling is due to your operation and, as you recover and the wounds heal, this feeling will improve.

**Lymphoedema** occurs when lymph fluid collects fluid in the legs, resulting in swelling of your legs.

Having the lymph glands removed during your operation, means that there is a risk you could develop this condition. While you are in hospital your nurse will explain this to you. You will also be given a booklet which explains lymphoedema in more detail.

By taking the following precautions you can try to prevent lymphoedema occurring:

- Take care of your skin: use a moisturising cream to prevent your skin from becoming dry or cracked.
- Avoid extremes of heat and cold, for example saunas and ice packs.
- When sunbathing, use sun protection creams and take care not to burn.
- Use an insect repellent cream to prevent bites.
- Do not have any injections in your legs.
- Take care to prevent scratches and cuts. If they do occur, wash them thoroughly and apply a simple antiseptic cream. If you notice any signs of redness or soreness of the skin inform your GP.
- Use an electric razor or depilatory cream to remove unwanted hair on the legs. Do not use a razor blade.
- Take care when cutting your toenails - use nail clippers.

## What happens before my operation?

You will be asked to attend the pre-assessment clinic before your admission. This is so that we can make sure you are fit for the operation.

Any necessary blood tests will be taken to check for signs of anemia and to determine your blood group. A chest X-ray and ECG (electrocardiogram) to check your heart may be arranged, if necessary. A sample of your urine may be requested at this time. This is to see if you have a urine infection.

A doctor will take your medical history, discuss your operation with you and answer any questions you may have, so that you can sign the consent form for theatre. The doctor will arrange the blood tests and may wish to examine you. This includes listening to your heart.

A pharmacist will ask you about the medicines you are taking, so please bring these with you. You will also be asked about any allergies you have. You may find it helpful to write this information down before coming to the clinic.

A physiotherapist will teach you deep breathing and leg exercises, and show you how to get in and out of bed correctly. These exercises will aid your recovery following surgery. The physiotherapist will also show you how to cough without hurting yourself. If you are smoker it is advisable to stop, or reduce your daily habit, as smokers are more likely to develop chest infections following surgery.

A pain control nurse will discuss with you your requirements for pain control following your operation. This is an opportunity to discuss what works for you.

## What happens after my operation?

When you first wake up following your surgery you will have a drip in a vein in your arm. This provides fluids necessary for your recovery until you are able to drink fluids normally. You may also have pain relief via a system called patient controlled analgesia. The pain control nurse will have explained this to you before your operation.

It is usual to have a catheter (a narrow tube to drain urine from the bladder) until your vulva starts to heal, as well as two tubes to drain lymph fluid from the wound sites in your groin.

On your return to the ward the nursing staff will take your blood pressure and pulse regularly, and check that you are comfortable.

On the day following your operation the nursing staff will help you to wash, and help you sit out of bed for a short time.

Each day you should gradually feel better, and the nurses will assist you with any of your needs.

You will normally stay in hospital for up to ten days. You can go home with the two drains still in place. You will be shown how to empty the drainage bags. The drains will be removed when you come to clinic about 10 - 14 days after you have been discharged home. If you have any problems with the drains when you are at home please contact the ward you were discharged from or your nurse specialist.

## What happens when I go home?

You will be given information about your follow-up appointment and any follow-up care you may need, for example district nursing care. If you require a sick certificate for your employer, please inform the nursing or medical staff before you go home.

Once you have been discharged home, you may require district nurses to continue dressing the wounds for three to four weeks. We will arrange for the district nurse to visit you at home.

During the first six weeks it is important to have a period of convalescence and not to do any heavy lifting or straining. For at least the first two weeks at home you may need to take it easy, so relax and make sure you rest each day. Continue to do the exercises you were taught in hospital.

Every woman is different in her speed of recovery. If a new activity makes you feel overtired then this is a sign that you are overdoing things - listen to your body.

Please ask your doctor or physiotherapist any questions you may have about exercises and what you can do when you get home.

## Useful information

- Avoid prolonged standing. Do as many things as you can sitting down.
- Do not lift anything heavy for at least three months.
- You may feel ready to drive once your wound has healed. It is advisable to take someone with you the first time you drive again. Check with your insurance company that you are covered.
- You can go swimming when your wounds have completely healed.
- Please refer to the Macmillan booklet, "Understanding Cancer of the Vulva" for further information. If you have not got a copy of this booklet, please contact Macmillan on the number below.

## Will I be able to have sexual intercourse?

Sexual intercourse is possible for most women who have this type of surgery. It is often possible to resume sexual activity once your wounds have healed and you feel ready.

Dryness can be a problem. Use a vaginal lubricant, which you can obtain from most chemists.

Following recovery from your surgery you may experience some problems with sexual intercourse due to scar tissue. Help and advice is available from your key worker (see below).

At your follow-up appointment please tell your doctor or nurse of any sexual problems or any other concerns you may have.

## Useful contacts

### Gynaecology-oncology nurse specialists (key workers)

Telephone: 0116 258 4840 (8:00am to 4:00pm, Monday to Friday)

### Gynaecology Assessment Unit

Telephone: 0116 258 6259 (24 hours)

### Macmillan Information and Support Centre

Leicester Royal Infirmary

Telephone: 0116 258 6189 (9:30am to 4:30pm, Monday to Friday)

Email: [cancerinfo@uhl-tr.nhs.uk](mailto:cancerinfo@uhl-tr.nhs.uk)

Website: [www.leicestershospitals.nhs.uk/cancerinfo](http://www.leicestershospitals.nhs.uk/cancerinfo)

### Macmillan Cancer Support

Freephone: 0808 808 00 00

Website: [www.macmillan.org.uk](http://www.macmillan.org.uk)

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔  
على هذه المعلومات بلغة أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل

જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿਚ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਨੰਬਰ 'ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ।

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If you would like this information in another language or format such as EasyRead or Braille, please telephone 0116 250 2959 or email [equality@uhl-tr.nhs.uk](mailto:equality@uhl-tr.nhs.uk)