

NOVEMBER 2021

CIUSSS de l'Estrie – CHUS

WHAT YOU NEED TO KNOW

Vulvectomy or Vulvar Surgery

DATE OF YOUR SURGERY: _____

HOSPITAL ARRIVAL TIME: _____

LOCATION: _____

Québec 

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INTRODUCTION

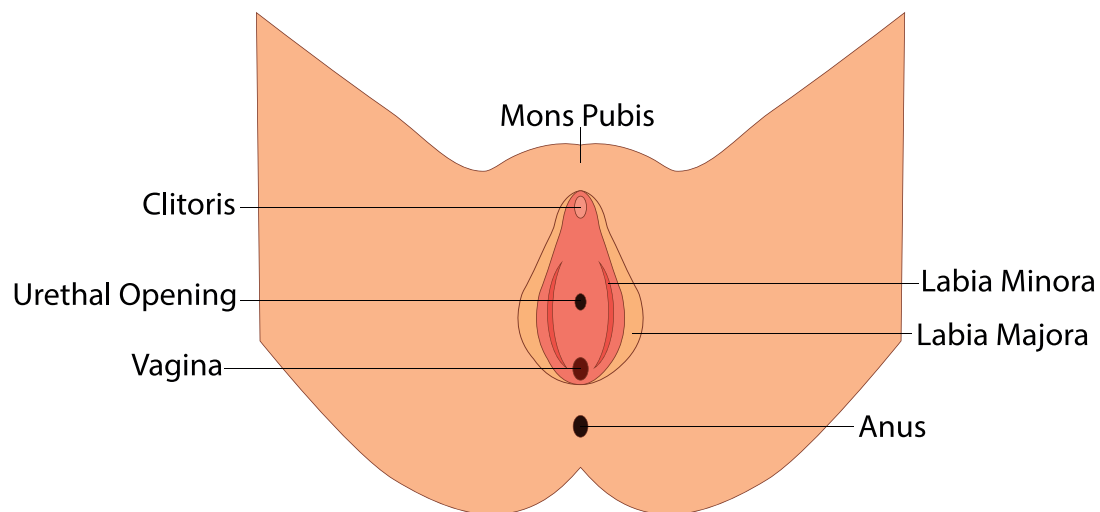
You need vulvar surgery to remove a mass. This guide will help you to understand the surgical procedure and how to prepare for it. It also covers going home (post-discharge) and convalescence.

WHY DO YOU NEED THIS SURGERY?

A potentially cancerous or cancerous mass was found on your vulva. After speaking with you, your physician decided to operate on you to remove and analyze the mass. This type of surgery is called a vulvectomy.

WHAT EXACTLY IS A VULVECTOMY?

Depending on the position of the mass, partial or total surgical ablation of the labia majora (outer lips), labia minora (inner lips), and of the clitoris. The vulvectomy may be superficial (only the skin is removed) or deep (some subcutaneous tissue is also removed).



Your physician will explain to you which type of intervention is required in your case. A vulvectomy does not prevent future pregnancies.



If lots of skin removed, you might require a skin graft. It will be done at the same time as the vulvectomy. Usually skin from the thigh is grafted. The surgeon will speak to you about it when necessary.

Sometimes it is also necessary to remove lymph nodes in the fold of the groin (lymphadenectomy).

BEFORE THE SURGERY

A few weeks before the surgery

PREOPERATIVE ORIENTATION MEETING

An appointment will be scheduled at the preoperative clinic. The nurse you will meet will explain the surgery, how to prepare to go back home, and will answer all of your questions. When required, further examinations may be performed. In some cases, the meeting may simply involve a phone call.



STOP TAKING CERTAIN MEDICATIONS

Your physician might ask you to stop taking certain medications or to avoid taking certain over-the-counter drugs (e.g., Advil® and Motrin®). Please thoroughly comply with his instructions.

STOP SMOKING FOUR TO EIGHT WEEKS BEFORE YOUR SURGERY

Tobacco cessation reduces the risk of post-operative complications and improves healing. Your surgeon or family physician might prescribe nicotine patches or other medications to help you to stop smoking. Please do not hesitate to speak to them.



BEFORE THE SURGERY



Within the first seven days before surgery



HYGIENE AND REST

Wash daily, including your genitals. Doing so reduces the risk of infection. Get plenty of rest.

HYDRATION AND DIET

If it is not contraindicated due to another medical condition, drink one to two litres of liquids daily (water, milk, coffee, tea, etc.).

Eat foods rich in protein (meat, cheese, nuts, legumes and pulses, etc.). Doing so will help you to recover better following your surgery.



Notify the admitting desk at 819-346-1110, ext. 14520, AT ALL TIME if:

- you must take antibiotics prior to your surgery.

Notify the admitting desk at 819-346-1110, ext. 14520, THREE DAYS BEFORE YOUR SURGERY if:

- you have a cough, a sore throat, nasal discharge, fever, nausea, vomiting, or diarrhea.

Your surgery might be postponed.

Within the 24 hours before surgery

Do not drink alcohol or smoke.



SURGERY

On the day of the surgery

The general guidelines for the surgery are outlined in the *Surgery Preparation Guide*. The guide is available on our website:

Santeestrie.qc.ca | [Care and Services](#) | [Specialized Services](#) | [Examinations, tests or surgery](#)



At any time during the day, your surgery can be delayed, cancelled, or postponed - even after you have arrived.

We will do everything possible to prevent delays, cancellations, and postponements. Unfortunately, circumstances can be beyond our control. If that is the case, the nurses will inform you of the steps you need to take.

THE SURGICAL PROCEDURE

The surgery lasts one to three hours, depending on which acts are performed. Your lower body will be locally anesthetized or you will be generally anesthetized (asleep).

SURGERY WITH HOSPITALIZATION

Depending on the type of surgery you require, you might be hospitalized for 24 to 48 hours.

DAY SURGERY

If you are in day surgery, you will be transferred to the recovery room after the procedure. You will be kept under observation for a few hours. You will receive your discharge on the same day. Make sure someone accompanies you because you will not be able to drive home.

SURGERY



After the surgery, before going home

PAIN MANAGEMENT

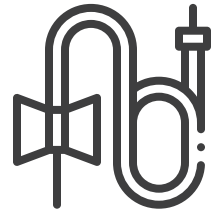
All surgeries involve pain. To relieve your pain, you might be administered a medication by the nursing staff or patient-controlled analgesia as needed.

Patient-controlled analgesia involves a tiny tube (catheter) connected to a pump. The tube is connected to a vein in your arm so that you can self-administer a painkiller dose as needed. This device is called a PCA pump (patient-controlled analgesia).



URINARY CATHETER

This tiny tube is inserted via the urinary meatus (opening through which you urinate) up to your bladder. It enables urine to be voided. The device can give you the sensation of having an urge to urinate even if you do not have to. That is normal. The device stays in place for 24 to 48 hours, sometimes more.



INTRAVENOUS FLUID



This liquid is injected via a small tube that is usually connected to a vein in the arm. It helps to hydrate you until you start eating and drinking again. The solute is always removed before you go back home.

DRAINS

If the surgeon removes the lymph nodes, he might install one or two drains. These tiny tubes drain fluids that might accumulate at the surgical site. The tubes are removed a few weeks later by the outpatient clinic physician.



LEGGINGS



Air blown at regular intervals into these leggings compress the legs. They also stimulate blood circulation and reduce the risk of clotting. If you wear leggings, keep them until you start walking again or taking your anticoagulants.

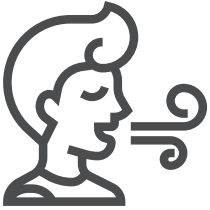
INJECTIONS TO PREVENT CLOTTING IN THE LEGS



For women at risk, these injections help to prevent blood clots (aka thrombophlebitis or pulmonary embolism). Injections begin at the hospital and might be required for a few days when you are back home. Your nurse will show you how to inject yourself. When needed, a request for assistance may be filed with your CLSC.

SURGERY

After the surgery, before going home



BREATHING EXERCISES

Start your breathing exercises as soon as possible after the surgery. The nurse will tell you what to do.

NUTRITION AND DIET

You can start eating normally again depending on the evolution of your health status. The nurse or physician will tell you when you can eat and drink again.



GOING HOME (DISCHARGE)

Advice and recommendations

As the vulva is a humid site near the anus, it is at greater risk of becoming infected. Some precautions are necessary.



Do sitz baths with lukewarm water three to four times a day.



Dry the vulva by patting with a clean towel or a blow dryer on the cold-air setting.



Clean the site thoroughly after going to the bathroom.

Your nurse can explain to you how to proceed.

GOING HOME (DISCHARGE)

Advice and recommendations

POST-SURGICAL DISCOMFORT



Pain lasts a few days. Do not hesitate to take the painkillers prescribed by your physician. Properly controlling your pain will help you to recover better.

Nausea is frequent and will gradually disappear. It is an effect of the anesthesia. When needed, you can take over-the-counter antinausea drugs such as Gravol®. Your pharmacist can help you.

PHYSICAL ACTIVITY



As soon as you are back home, you can gradually resume your activities. For example, you can:

- do some light housekeeping (e.g., dishes, dusting, mopping, etc.);
- walk outdoors;
- go up and down the stairs.



POINTS DE SUTURE DISSOLVABLE STITCHES BUTTERFLY CLOSURES OR STAPLES

The stitches will dissolve on their own. If you have butterfly closures, you may remove them when half will have unfastened on their own or after 7 to 10 days. Staples are removed by the outpatient clinic physician when he deems the wound has sufficiently healed.



BANDAGES ON THE GROIN

They will be removed 24 to 48 days after the surgery.

Ask for information sheets!

There are detailed information sheets on breathing exercises, physical activity and diet and nutrition. Please do not hesitate to ask the nurse for them.

GOING HOME (DISCHARGE)

Advice and recommendations



BATH AND SHOWER

Wound hygiene is essential given the risk of postoperative infection.

As soon as you are back home, you may shower. However, you must avoid taking baths for four weeks.

WARNING:

- Do not direct the stream directly towards your wound:
- Use mild unscented soap.
- Dry your vulva with a blow dryer on the cold air setting. Do not scrub the surgical site.
- Keep it dry.



OTHER HYGIENE RECOMMENDATIONS

Wear cotton underwear that does not compress the wound, pants or comfortable clothing.

Do not wear underwear at night (when you no longer have discharge).

Always wash your hands before and after touching the surgical wound.

Do sitz baths three times daily. Raise the toilet seat and install the sitz bath on the edge of the toilet bowl. Fill the sitz bath 2/3 with lukewarm water. Sit for 10 to 15 minutes. Dry the wound thoroughly with a blow dryer on the cold air setting.

This care must be performed until your wound has fully healed. You physician will inform you when you can stop.

After each bowel movement or urination, dry yourself with front to back movements. You can use unscented baby wipes or a perineal bottle (provided at the hospital) to facilitate hygiene maintenance.

Vaginal douches and the use of tampons are prohibited for six to eight weeks after the surgery.



SEXUALITY

You can resume your sexual activities as soon as you feel ready. Warning: **No vaginal penetration for six to eight weeks.** Speak to your physician during your follow-up appointment.

Most women rapidly recover their former sex lives. If you have any questions or concerns, speak to your physician. A sexologist and a psychologist are available when needed upon referral from your surgeon.

The average convalescence period for a vulvectomy is six to eight weeks. It depends on the surgery performed and on the eventual postoperative complications.



Medical follow-up

After you have gone home, you will be called to schedule your follow-up appointment with the surgeon. Follow-up appointments are usually close together: Sometimes weekly until the drains or staples are removed; sometimes until the surgeon deems that the wound has healed sufficiently.

Approximately four to five weeks after the surgery, your physician will discuss your tissue analysis results from samples taken during the surgery. He will also discuss further interventions or treatments that are recommended as needed for your case.

POTENTIAL OUTCOMES AFTER THE SURGERY

- Discomfort or difficulties during intercourse.
- Change in urine stream if the wound is near the opening of the urethra.
- Swollen legs (lymphedema) if many lymph nodes are removed.

Lymphedema can occur months or years after the surgery. Visit the website of the Lymphedema Association of Québec to learn more: <https://fr.infolympho.ca/>.



DO YOU HAVE ANY QUESTIONS?

Write down your questions and ask them to your caregiving team members or to your physician.

You can leave a message with the secretary of the oncologic gynecology department at: 819-346-1110, ext. 73056.

She will follow-up with your surgeon.

MONITORING AND EMERGENCIES

Signs and symptoms to monitor post-surgery

- | | |
|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> Persistent bleeding at the wound site involving more than a few drops | <input type="checkbox"/> Opening of the wound greater than 1 cm |
| <input type="checkbox"/> Persistent pain despite taking painkillers | <input type="checkbox"/> Burning sensation when urinating |
| <input type="checkbox"/> Fever above 38.3°C (100.9°F) | <input type="checkbox"/> Inability to urinate |
| <input type="checkbox"/> Fever above 38.0°C (100.4°F) for more than one hour | <input type="checkbox"/> Difficulty withholding urine |
| <input type="checkbox"/> Pain, redness, warmth, swelling or discharge from the wound | <input type="checkbox"/> Absence of stools and nausea |
| | <input type="checkbox"/> Swelling or pain in a leg |
| | <input type="checkbox"/> Deterioration of your health status |



DO YOU HAVE ONE OR MORE OF THESE SIGNS AND SYMPTOMS?

Consult the caregiving team rapidly by dialing
819 346-1110, ext. 73056.

If you are unable to reach the team: **Dial 8-1-1 for Info-Santé.**
Go the emergency department at **Hôpital Fleurimont** or to your
nearest emergency department.

PRACTICAL RESOURCES

Ask the surgeon or the nurses for information sheets that can help you.


CIUSSS DE L'ESTRIE – CHUS

[Santeestrie.qc.ca](https://santeestrie.qc.ca) | Care and Services | Examinations, tests or surgery

LYMPHEDEMA ASSOCIATION OF QUÉBEC

<https://fr.infolympho.ca/>





**The CIUSSS de l'Estrie - CHUS
surgical team wish you a
speedy recovery!**

Centre intégré
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et de services sociaux
de l'Estrie - Centre
hospitalier universitaire
de Sherbrooke

Québec

