



Vulvectomy Surgery

This is an extra resource for vulvectomy patients only and is meant to be used with the **Gynecological Surgery Book**. The colored bars and lettered sections match up with the ones in that book.

Only the **extra** information that applies to your vulvectomy surgery is included in this resource. If you are having this surgery, look for the **V** symbol in the Gynecological Surgery Book and then refer to this sheet for your special instructions.

B Types of Surgeries and Incisions (page 7-8)

Vulvectomy – removal of **some portions** of the vulva (female external genitals; Figure 1). The urethra and vagina are kept open. If lymph nodes have to be taken out, a separate incision is made in the groin (Figure 2) . For larger surgeries, there may be more incisions if the surgeon needs to make a flap. A flap is made when tissue from one area is moved over to cover another area (Figure 3). Your surgeon will talk with you about the details.



Circle the areas or make notes on this page.

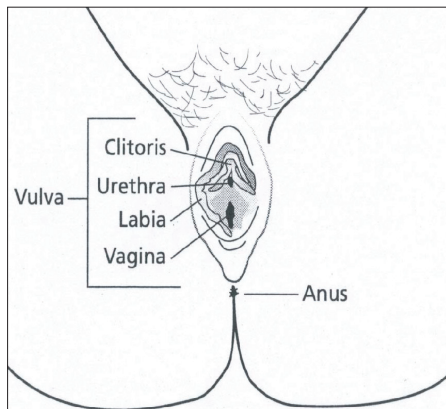


Figure 1

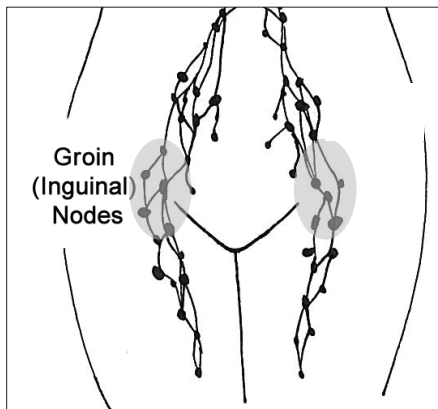


Figure 2

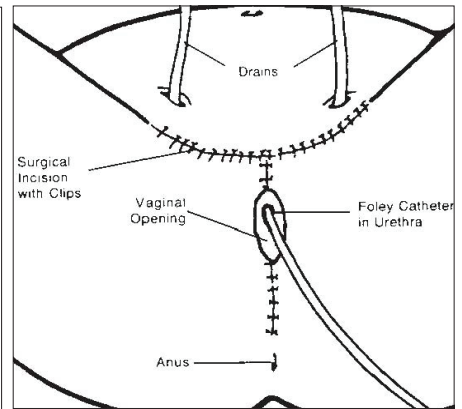


Figure 3

E Day of Surgery (page 15)

What do I bring?

Bring everything listed in the Gynecology Service book and add:

- A hand-held mirror and a hair dryer that has a low setting. The mirror and hair dryer are needed to care for your incisions after surgery.

Getting Moving and Doing Leg Exercises

Depending on the type of incision(s) you have and your surgeon's instructions, you might be on bed rest right after surgery. Your surgeon will decide how long you need to be on bed rest. This is so you don't pull on your incision(s) right away. Your nurse and surgeon will tell you how to position and move yourself in bed to help protect your incision(s). It's very important to change positions while on bedrest.

Bladder & Urinary Problems

After your catheter is taken out and you are urinating (peeing) on your own, you or your nurse will use a spray bottle to clean the perineum (the area between your vulva and anus) each time you use the bathroom. You'll then use a blow dryer to dry the area well. You might notice a change in the direction of your urine stream or that your urine sprays. If this happens, try sitting farther back on the toilet seat. You may have better control over the flow of your urine over time.

Wound Care and Incisions



Dressings: You may have pressure dressings over your incision(s) at first.

Your medical team will decide when to take off the dressings after surgery. You'll likely go home with your staples in. The staples used to close your incision(s) are taken out 7-10 days after surgery. By this time, the skin edges and tissues underneath will have healed quite well. When you go home, you'll be told where and when to get your staples taken out.

While in hospital, your nurse will clean your incision(s) after the dressings are taken off. The area is dried using a blow dryer on a low setting, 4 times each day. Your incision(s) are then left uncovered unless there is some drainage. When you feel able, you'll learn how to clean your incision(s) yourself (see next section) and continue doing this for yourself, at home.

If you have drainage tubes near your incision(s), the nurse will check and empty them regularly. The tubes are taken out when there is little or no drainage. If you have to go home with the drainage tubes still in place, your medical team will teach you how to care for them.

Showering and Personal Care

You can shower once the dressings have been taken off.

Follow-Up Appointment

You will come 2 weeks after surgery and again between 4–6 weeks.

Caring for Your Incision(s)

Please tell your nurse if you have concerns about caring for your incision(s) when you go home. Sometimes healing is slow because there is some pulling on the incision(s) with movement that causes them to open a bit. This might mean that you have to stay in hospital a little longer. It's important to talk with your doctors and nurses if you have concerns about healing.

Incision Care Instructions

Clean your incision(s) 2 times a day. You must also clean your perineum (the area between your vulva and anus) every time you pass urine or have a bowel movement if:

- your staples are still in
- any incisions are open or leaking

If you shower, this will count as 1 wash. Make sure you give yourself enough time to clean and dry without being interrupted. Choose a room where you can be comfortable and have as much privacy as you need.



It will take about 20-30 minutes to clean and dry the incision(s) and perineum well.

You will need:

- the spray bottle you used in the hospital
- warm tap water
- a hair dryer
- a towel or other protective cover for your bed
- a hand-held mirror

To clean your incision(s):

- wash your hands
- fill the spray bottle with warm water
- sit on the toilet and spray your incision(s), aiming the stream down

To dry your incision(s):

- make yourself comfortable on your bed with a protective covering under you
- dry the areas very well, using your hair dryer on the low setting. This will take 10-15 minutes
- use a mirror to check your incision(s) for healing

Staying comfortable:

The area around your incision(s) can be tender and sensitive for many weeks. To stay comfortable:

- Wear soft, loose clothing
- Do not wear panties. If you do, make sure they are 100% cotton for good air flow
- Sit on a cushion or pillow



If you have any questions, please call the Nurse Coordinator at 403-521-3083. Your call will be returned, generally within 2 business days.

For urgent after hours concerns, call the Foothills Hospital 403-944-1110 and ask for the Gynecologist Oncologist on call.

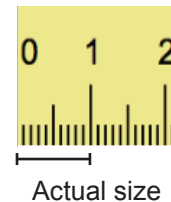
For emergencies, call 911 or go to the nearest hospital.



Emergency Symptoms

Call the surgeon or go to the Foothills Hospital Emergency Department if you have any of the following signs or symptoms:

- Chills or a fever (temperature greater than 38.5°C or 101.3°F lasting more than 1 hour or 60 minutes)
- Trouble passing urine or no bowel movement in 3 days
- Discharge from your vagina that has large blood clots (larger than a toonie or walnut) or soaks more than 1 large feminine pad in 1 hour
- The incision has:
 - increasing redness, swelling, yellow or green discharge, or a bad smell
 - bleeding (bright red)
- The incision has come open
 - Small gaps of less than 1 cm, make an appointment with your family doctor
 - Large gaps of greater than 1 cm, call the surgeon
- Increased pain or swelling in your abdomen
- Nausea that is not getting better with your medication or throwing up longer than 24 hours



**Chest pain, chest tightness or shortness of breath:
call 911 or go to emergency!**

(Do not call the doctor's office or wait for it to get better)

