

Laser of the Vulva

What is laser of the vulva?

This is a surgery where your doctor will use a laser light to remove unhealthy tissue.

Why is this surgery used?

To treat diseases of the vulva

- Vulvar Intraepithelial Neoplasia (VIN)

How do I prepare for surgery?

- Before surgery, a pre-op appointment will be scheduled with your doctor at their office or with a nurse practitioner or physician assistant at Domino Farms.
- Depending on your health, we may ask you to see your primary doctor, a specialist, and/or an anesthesiologist to make sure you are healthy for surgery.
- The lab work for your surgery **must be done at least 3 days before surgery.**
- Some medications need to be stopped before the surgery. A list of medications will be provided at your pre-operative appointment.
- Smoking can affect your surgery and recovery. Smokers may have difficulty breathing during the surgery and tend to heal more slowly after surgery. If you are a smoker, it is best to quit 6-8 weeks before surgery. If you are unable to stop smoking before surgery, your doctor can order a nicotine patch while you are in the hospital.

- You will be told at your pre-op visit whether you will need a bowel prep for your surgery and if you do, what type you will use. The prep to clean your bowel will have to be completed the night before your surgery.
- You will need to shower at home before surgery. Instructions will be provided at your pre-operative appointment.
- Do not wear makeup, nail polish, lotion, deodorant, or antiperspirant on the day of surgery.
- Remove all body piercings and acrylic nails.
- If you have a “Living Will” or an “Advance Directive”, bring a copy with you to the hospital on the day of surgery.
- Most women recover and are back to most activities in 2-4 weeks. You may need a family member or a friend to help with your day-to-day activities for a few days after surgery.

What can I expect during the surgery?

- In the operating room, you will receive either a general anesthesia, or a spinal anesthesia, or a local anesthesia. The choice of anesthesia is a decision that will be made by the anesthesiologist based upon your history and your wishes.
- If you received general anesthesia the following will occur after you are asleep and before the surgery starts:
 - A tube to help you breathe will be placed in your throat.
 - Another tube will be placed in your stomach to remove any gas or other contents to reduce the likelihood of injury during the surgery. The tube is usually removed before you wake up.
 - A catheter will be inserted into your bladder to drain urine and to monitor the amount of urine coming out during surgery. The catheter will stay in until the next day.
 - Compression stockings will be placed on your legs to prevent blood clots in your legs and lungs during surgery. The stockings will stay

on until you are actively walking. If you are at a high risk for blood clots, a blood thinning medication (Heparin) may be given to you during your hospital stay.

- The doctor will then use the laser light to remove the unhealthy tissue.
- Photographs may be taken during the surgery and may be placed in your medical records.

What are possible risks from this surgery?

Although there can be problems that result from surgery, we work very hard to make sure it is as safe as possible. However, problems can occur, even when things go as planned. You should be aware of these possible problems, how often they happen, and what will be done to correct them.

Possible risks during surgery include:

- **Bleeding:** If there is excessive bleeding, you will receive a blood transfusion. If you have personal or religious reasons for not wanting a transfusion, you must discuss this with your doctor **prior to surgery**.
- **Burns:** To healthy tissue around the area.
- **Damage to the bladder, anus, and rectum:** Damage occurs in less than 1% of surgeries. If there is damage to the bladder, or the rectum they will be repaired while you are in surgery.
- **Death:** All surgeries have a risk of death. Some surgeries have a higher risk than others.

Possible risks that can occur days to weeks after surgery:

- **A blood clot in the legs or lung:** Swelling or pain, shortness of breath, or chest pain are signs of blood clots. Call you doctor immediately if any of these occur.
- **Infection:** Fever, redness, swelling or pain at the site of surgery.
- **Incision opens:** Separation of the wound or lack of healing.

- **Fistula:** Is an abnormal connection between an organ, vessel, or intestine and another structure.
- **Pain:** Worst is 2-5 days after surgery.
- **Scar tissue:** Tissue thicker than normal skin forms at the site of surgery. Vagina or anus can become too tight.

What happens after the surgery?

- You will be taken to the recovery room and monitored for a short time before going home.
- You will be given medications for pain and nausea.
- You will have the compression stockings on your legs to improve circulation.
- You may have some spotting of bright red, brown, or black discharge.
- You will be given a small plastic device to help your breathing after your surgery at your bedside to help expand your lungs while you're in bed.
- You will start walking as soon as possible after the surgery to help healing and recovery.

When will I go home after surgery?

Most women are able to go home the same day the surgery is done. You must arrange for someone to come with you, stay while you are having surgery and drive you home afterwards.

If you do not know someone who can do this, please call the Guest Assistance Program at: (734)764-6893 or (800)888-9825.

You will not be able to have your surgery if there is no-one with you.

How will I care for myself at home after surgery?

Call your doctor right away if you:

- develop a fever over 100.4°F (38°C)
- start bleeding like a menstrual period or (and) are changing a pad every hour
- have heavy vaginal discharge with a bad odor
- have nausea and vomiting
- have chest pain or difficulty breathing
- develop swelling, redness, or pain in your legs
- develop a rash
- have pain with urination

Vulva: Redness and swelling are common the first 12-24 hours after surgery. If the small lips of the vulva were lasered, use gentle traction to separate daily to prevent them from attaching to each other. You will have vulvar drainage for several days to weeks after your surgery.

Post Laser Care:

- Apply cool gel packs for the first 12-24 hours. Apply for 15-20 minutes at 1-2 hour intervals.
- Take a sitz bath 3 times a day with warm water and Instant Ocean, sea salt, or Epsom salt. You can also place 2 tablespoons of salt in a half full tub. You should soak for 15-20 minutes and not to exceed 3 times a day.
- Pat the area dry with a clean cloth.
- Apply Silvadene cream (NOT to be used if allergic to sulfa), Carrington's gel, or Bacitracin after each soak.
- After each void or bowel movement clean the area with salt water solution:
 - 9% sodium chloride solution is available at pharmacies, or
 - Mix 1 tablespoon of salt with 1 quart of boiling water, allowing to cool completely prior to using.

- Warm tea bags, witch hazel pads, tea tree oil, or Vitamin E can offer soothing relief.
- Do not wear underwear when you are sleeping.

Diet: You will continue with your regular diet.

Medications:

- **Pain:** Medication for pain will be prescribed for you after surgery. Do not take it more frequently than instructed.
- **Stool softener:** Narcotic pain medications may cause constipation. A stool softener may be needed while taking these medications.

Activities:

- **Energy level:** It is normal to have a decreased energy level after surgery. During the first week at home, you should minimize any strenuous. It is important not to overdo, but once you settle into a normal routine at home, you will find that you slowly begin to feel better. Walking around the house and taking short walks outside can help you get back to your normal energy level more quickly.
- **Showers:** Showers are allowed within 24 hours after your surgery.
- **Climbing:** Climbing stairs is permitted, but you may require some assistance initially.
- **Lifting:** For 4-6 weeks after your surgery you should not lift anything heavier than a gallon of milk. This includes pushing objects such as a vacuum cleaner and vigorous exercise.
- **Driving:** The reason you are asked not to drive after surgery is because you may be prescribed pain medications. Even after you stop taking pain medication; driving is restricted because you may not be able to make sudden movements due to discomforts from surgery.

- **Exercise:** Exercise is important for a healthy lifestyle. You may begin normal physical activity within hours of surgery. Start with short walks and gradually increase the distance and length of time that you walk. To allow your body time to heal, you should not return to a more difficult exercise routine for the first two weeks after your surgery. Please talk to your doctor about when you can begin exercising again.
- **Intercourse:** No sexual activity until the area is healed and comfortable.
- **Work:** Most patients can return to work between 2-4 weeks after surgery. You may continue to feel tired for a couple of weeks.

Follow-up with your doctor:

You should have a post-operative appointment scheduled with your doctor for 8 weeks after surgery.

If you have any further questions or concerns about getting ready for surgery, the surgery itself, or after the surgery, please talk with your doctor.

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