

What is a Vulvectomy?

Vulvectomy is surgery of the vulva, the part of the female sexual organs that are on the outside of the body. There are several types of vulvectomy surgeries. The type you will have depends on what parts of the vulva and nearby tissue have been affected by an abnormal condition requiring surgery. Examples include:

- **Wide local excision:** removes abnormal-appearing skin and about a half inch of normal-appearing surrounding skin,
- **Skinning vulvectomy:** removes the top layer of skin,
- **Simple vulvectomy:** removes multiple layers of skin and tissue,
- **Partial vulvectomy:** removes a part of the vulva, as well as some nearby tissue and on occasion, some lymph nodes, and
- **Radical vulvectomy:** removes the entire vulva, including nearby tissue and on occasion, some lymph nodes.

Once all affected areas have been removed, the doctor may need to reconstruct the vulva. If only a small amount of skin was removed, the doctor may be able to stitch the remaining skin together. Sometimes, a skin graft or flap is needed. A skin graft is a thin layer of skin removed from another location such as the thigh or groin. A skin flap is made from skin, and underlying fat, near the incision. Temporary drains may be inserted to remove extra fluids from the incision areas.

How do I prepare for surgery?

- Before surgery, you will have a pre-op appointment with your doctor at the Gynecology Clinic or with a physician assistant at the Domino Farms Preop Clinic.
- Depending on your health, we may ask you to see your primary doctor, a specialist, and/or an anesthesiologist (the doctor that give anesthesia during the surgery) to make sure you are healthy for surgery.
- The lab work for your surgery must be done at least 3 days before surgery. It is usually done when you have your pre-op appointment at the Dominos Farms Preop Clinic.
- Some medications need to be stopped before the surgery. At your pre-op appointment, you will be given a list of medications you should stop or avoid.
- 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.
- At your pre-op visit you will find out whether you will need a bowel prep before your surgery and what type to 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. You will receive instructions on showering 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 of it with you to the hospital on the day of surgery.
- Plan for your care and recovery before surgery. Most women recover and are back to most activities in 2-3 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?

- Once in the operating room, and before the surgery, you will receive either a spinal or general anesthesia to keep you from feeling pain. Your anesthesiologist will decide which type of anesthesia you will receive based upon your history and your wishes.
- 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.
- Your pubic hair will be removed.
- During the surgery, we may insert a tube into your bladder to monitor the amount of urine coming out. In most cases the tube is removed shortly after surgery. Sometimes, it may need to be left in for up to a week after surgery.

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 blood you must discuss them with your doctor prior to the surgery.
- **A blood clot in the legs or lung:** Swelling or pain, shortness of breath, or chest pain are signs of blood clots. Call your doctor immediately if any of these occur.

- **Death:** All surgeries have a risk of death. Some surgeries have a higher risk than others. There is a less than 1 in 1000 chance of dying from this kind of surgery.

Possible risks that can occur days to weeks after surgery:

- **Infection:** Bladder infection may cause burning pain with urination and a frequent urge to urinate. Surgical site infection may cause fever, redness, swelling or pain.
- **Incision opens:** If your incision becomes infected, or blood pools underneath the incision, re-opening the incision and packing the wound with sterile gauze may be required.
- **Scar tissue and pain:** Tissue thicker than normal skin forms at the site of surgery. Pain may be present where the scar is located.
- **Dyspareunia:** Discomfort during sexual activity due to tightness or dryness of the opening to the vagina.
- **Disease recurrence:** Return of your disease.

What happens after the surgery?

- You will be taken to the recovery room and monitored for a short time before being discharged or moved to a hospital room.
- You will receive medications for pain and nausea.
- If you stay in the hospital, the compression stockings will be left on your legs to improve circulation and prevent blood clots.
- Your routine medications will be restarted.
- You may have some spotting of bright red, brown, or black discharge.
- You may have cramping or feel bloated.
- If you stay in the hospital, you will receive a small plastic device to help you breathe deeply and expand your lungs.
- You will start walking as soon as possible after the surgery to help healing and recovery. (This does not apply to patients that have had skin grafts or skin flaps).

When do I go home after surgery?

How long you stay in the hospital depends on the type of surgery. You may go home the same day or up to a few days after. Some surgeries require a longer hospital stay. Your doctor can help estimate the length of the hospital stay. If you have any problems, you will need to stay longer.

At home after surgery:

Call your doctor right away if you have any of the following signs and symptoms:

- fever over 100.4°F (38°C)
- bleeding that requires you to change a pad every hour
- severe pain that the pain medication is not helping
- heavy vaginal discharge with a bad odor
- nausea and vomiting
- chest pain or difficulty breathing
- fluid or blood that leak from the incision or the incision opens
- swelling, redness, or pain in your legs
- rash
- pain with urination.

Caring for your incision:

- If your incision is closed, it will be closed with dissolvable stitches
- If you have a dressing, follow the instructions for changing and removing it.
- Keep your legs apart.
- After a bowel movement, wipe yourself from front to back.
- Clean the area with plain warm water.
- Keep the vulvar area dry. Dry yourself with a clean, soft cloth.
- Wear loose clothing and cotton underwear.
- Avoid wearing pantyhose or girdles.

Diet: If you are not nauseated, you may eat whatever you'd like.

Medications:

- **Pain:** You will receive a prescription for pain medication after your surgery. Do not take it more frequently than instructed.
- **Stool softener:** Narcotic pain medications may cause constipation. You will need to take a daily stool softener and/or Miralax (polyethylene glycol) while taking these medications.
- **Nausea:** Tell your doctor if you have a history of severe nausea with general anesthesia. You may need a prescription for anti-nausea medication.

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 activity. It is important not to overdo it, 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:** You may shower, bathe or soak in water beginning 24 hours after surgery.
- **Climbing:** Climbing stairs is usually permitted, but you may need some assistance at first.
- **Lifting:** For 2 weeks after your surgery do not lift anything heavier than a gallon of milk, push a heavy vacuum cleaner or exercise.
- **Driving:** The reason you are not allowed to drive after surgery is because you may be taking opioid pain medications that make it unsafe to drive. After you stop taking opioid pain medication, you may drive when you feel you are well-healed and can move as quickly as needed in an emergency without hurting yourself.
- **Exercise:** Exercise is important for a healthy lifestyle. Unless you told not to, 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 2-3 weeks after your surgery. Please talk to your doctor about when you can begin exercising again.
- **Intercourse:** It is recommended that women not resume sexual activity before their follow-up visit with their doctor.
- **Work:** Most patients can return to work between 2-3 weeks after surgery. You may continue to feel tired for a couple of weeks. The amount of time you will need to be off work depends both on the type of surgery and the type of work you do.

Please note: If you have undergone a radical vulvectomy with skin grafts and/or flaps, not all of the above will apply to you. For these patients, please discuss your expected postoperative recovery plans with your doctor.

Follow-up with your doctor:

You should have a post-operative appointment with your doctor 1-8 weeks after surgery. Schedule your post-operative appointment before you leave the hospital.

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