Preparing for your Surgery:

Information for patients having a:

- Vulvectomy
- Possible removal of groin lymph nodes

This pamphlet explains:

- what kind of surgery you will have
- how to prepare for your surgery
- what to expect after your surgery

What kind of surgery will I be having?

Your doctor has arranged for you to have a vulvectomy. This surgery removes a portion of the vulva. Another term for this is wide local excision of the vulva. This may be performed for vulvar cancer, pre-cancerous lesions or other skin conditions of the vulva. Depending on your diagnosis and what you and your doctor decide, you may also have some lymph nodes from your groin removed.

The vulva is the external (outside) part of the female genitals. The vulva includes the outer and inner lip, the clitoris, and the openings to the urethra and the vagina.
Female anatomy

There are different types of surgery for the vulva:

1. **Wide local excision of vulva:** This involves removing the lesion on the vulva with some normal skin and tissue around the lesion. Other names for this procedure are partial or simple vulvectomy.

2. **Radical wide local excision of vulva:** This involves removing the lesion on the vulva with a larger area of skin (1 to 2 cm) and deeper tissue. Other names for this procedure include radical vulvectomy.

If you have a diagnosis of vulvar cancer some of the lymph nodes in your groin may be removed. This will have been discussed with your doctor. There are different types of surgery for removal of lymph nodes from the groin:

1. **Inguinofemoral lymphadenectomy:** Lymph nodes that lie close to skin surface and possibly the deep lymph nodes of the groin are removed through small cuts at the groin.

2. **Sentinel lymph node biopsy of the inguinal nodes:** Removal of the first lymph node in the groin that drains the vulva. This lymph node is found by injecting either blue dye or radioactive material into the cancer on the vulva the morning of your surgery. This may require a visit to the Radiology Department on the day of your surgery.
About 2 weeks before your surgery
Your pre-admission visit

What is a pre-admission visit?

Before your surgery, you will be given an appointment to visit the Pre-Admission Clinic on the ground floor of the Toronto General Hospital (TGH). The visit will be within 2 weeks of your surgery.

Your pre-admission visit will help prepare you for your surgery. A nurse will ask you questions and do tests ordered for you by your doctor. This could include blood tests, an electrocardiogram (ECG) for your heart, or a chest X-ray. You may need to see a doctor who specializes in anaesthesia (medicine that puts you to sleep), or other medical specialist to get you ready for surgery.

The Toronto General Hospital (200 Elizabeth Street) is across University Avenue from PMH.

To get to the Pre-Admission Clinic from the Elizabeth St. entrance:
• Enter TGH through the Elizabeth St. entrance
• Follow the signs to the Pre-Admission Clinic on the ground floor

To get to the Pre-Admission Clinic from PMH:
• Enter TGH through the main entrance on University Avenue
• Use the elevators straight ahead (West Elevators) to go down to the Ground (G) floor
• Follow the signs to arrive at the Pre-Admission Clinic

Who can I speak to if I think I will need help at home after my surgery?

If you think you will need help when you are home, let your health care team know before you are admitted for your surgery.
Preparing 1 Day before your surgery

It is important to follow these instructions 1 day before your surgery.

- Drink only clear (see-through with no solids) fluids. Fluids that are OK to drink include:
  - Apple juice
  - Orange juice (without pulp)
  - Grape juice
  - Cranberry juice
  - Lemonade
  - Beef or chicken broth (no noodles or vegetables)
  - Jell-o
  - Popsicles
  - Pop (such as, Ginger ale, 7-up, coke)
  - Water
  - Coffee and tea (with no milk or cream)

- Do not have any solid foods (like meat, vegetables, bread) or milk products.
- You may be asked to use an enema to clear your bowels before surgery.
- Do not eat or drink anything after midnight (12 am) the night before your surgery. Your stomach must be empty when you are given the anesthetic (the medicine that puts you to sleep).
- If your doctor has told you to take certain medications before surgery, take them with sips of water.

IMPORTANT:
Your surgery may be cancelled if you eat or drink after midnight.

What do I need to know the day before my surgery?

It is very important that your doctor or your doctor’s secretary is able to contact you the day before your surgery.

If you are going to be away from home at any time during that day, please give your doctor or your doctor’s secretary a phone number where you can be reached.
The Morning of your Surgery
When to arrive and where to go

Where should I go?

Your surgery will be at the Toronto General Hospital (585 University Avenue), across University Avenue from PMH. Go to the Surgical Admission Unit on the 2nd floor.

To get there:
• Enter TGH through the main entrance on University Avenue
• Use the elevators straight ahead (West Elevators) to go to the 2nd floor
• Follow the signs to arrive at the Surgical Admission Unit

When should I arrive at the hospital?

Please arrive at the Surgical Admission Unit 2 hours before your surgery. The time you are to arrive before surgery will be confirmed by your doctor’s secretary.

Where will I be taken after I am admitted?

A nurse will prepare you for surgery in the Pre-Operative Care Unit. You may receive an injection of a blood thinner under your skin to prevent blood clots from forming during and after your surgery.

After that you will be taken to the operating room for your operation.

Where can my family wait during my surgery?

Your family can wait until your surgery is over in the surgical waiting room on the 3rd floor of the New Clinical Services Building.
After your Surgery
What to expect during your recovery

Where will I be staying at the hospital after my surgery?
After your surgery, you will wake up in the recovery room. When you are fully awake and stable, you will be brought back to the 6A West nursing unit.

How long will I be in the hospital?
Some patients may go home the same day of surgery. If your doctor admits you to hospital after surgery you will be in the hospital for about 1 day.

What can I expect to feel during recovery at the hospital?
After your surgery you will have:
• A cut on your vulva that has been closed with sutures.
• An intravenous (IV) for fluids
• An oxygen mask, if needed to help you breathe

You may also need to have:
• A bladder catheter (tube) to drain urine from your bladder. Your doctor will decide when it can be removed. In some cases you may need to go home with a catheter. If you go home with a catheter, homecare nursing will be organized for you.
• Drain(s) in your groin incision (cut) if you had groin nodes removed. This drains lymph fluid and may be left in place for several weeks. Homecare nursing will be organized to care for these drains.

Breathing
Right after your surgery, your nurse will ask you to breathe deeply and cough. The incentive spirometer will help you to do that. This brings air into your lungs and helps to prevent pneumonia.
**Pain Control**

You will feel pain at the incision sites (vulva or groin). Your pain will be controlled with intravenous (IV) pain medication that is given to you through a vein by your health care team. This is followed by pain medication that you can take by mouth. Side effects of pain medication may include nausea, vomiting, itchiness and constipation.

**Food and drink**

Your bowel will not begin to work again until about 1-2 days after surgery. Your health care team will tell you when you are able to eat or drink. You will begin eating on the first day after surgery.

**Activity**

Most patients go home the day after surgery and therefore are up and walking. The first day after your surgery the nurse will help you get out of bed and walk. Wiggle your toes and move your feet often while you are in bed. This helps to increase circulation in your legs and prevent blood clots.

**Bathing**

You will likely be able to shower in the first couple days after surgery. Check with your doctor before taking a bath. The vulva can be a difficult area to keep clean. Using a Pericare Irrigation bottle after going to the bathroom can help you keep the area clean. This can be purchased from a drug store and your nurse can show you how to use it.

**Constipation**

You may experience constipation because of your surgery, the general anesthetic used to put you to sleep, and/or pain medication. You will be given stool softeners and laxatives to help with constipation. Try to walk as much as you can because walking helps you to pass gas and ease the discomfort.

**When will I see my doctor again?**

Before you leave the hospital, you will be given an appointment for a follow-up visit with your doctor. This visit is usually about 2 to 4 weeks after the surgery. Your doctor will go over the results of your surgery with you at this appointment.