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Radical Vulvectomy: Benefits, and Risks

The benefits of the surgery are mainly to remove the cancer from the vulva and any sites of spread and to find out if you need additional therapy to keep the cancer away. Cure is not guaranteed, but when the cancer is limited to the vulva only cure can be achieved in about 90% of cases. If it has spread to the lymph nodes then the cure rate drops to about 60-70% and can be improved with radiation.

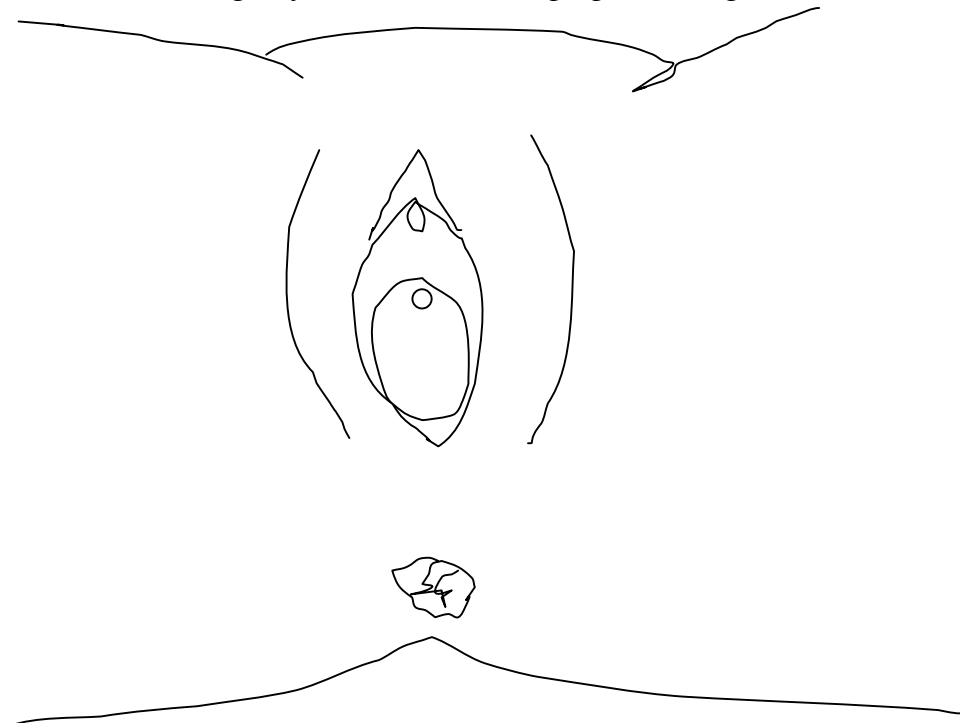
Effects of Surgery

The surgery involves removing the cancerous section of the vulva with a small margin of normal tissue immediately adjacent to the cancer, and removing the groin lymph nodes which drain lymph fluid from the vulva. The goal is to get a nice margin of normal tissue surrounding and containing the cancer to assure that none is left behind, and to confirm that the cancer has not spread to any of the nodes.

Removing at least a half inch margin of normal tissue is essential. The deeper margin of removal must go to the level of the pubic bone. This means that the surgery will leave a dimple or depression in the skin of the vulva after it has healed. The normal folds of the outer hairy and moist inner vulvar skin will be removed.

If the clitoris is near or involved with the cancer, then it will need to be removed. Sexual function and orgasmic potential will be changed. The vagina will still remain in place and be open, so penetration can occur, but without the clitoris, orgasms may be difficult, different or impossible, varying from patient to patient.

Below is a drawing of your cancer and the proposed margins of resection.



If we find out that you have cancer in 2 or more lymph nodes **after the surgery**, then you will be prescribed radiation therapy to the groin nodes and the pelvic nodes on that side.

Risks

1. **Blood loss** ranges from one half to two cups of blood usually (100-500 cc) so we typically reserve two units of blood for possible transfusion. I never give a transfusion unless your healing is diminished by the low level. The risk of AIDS or Hepatitis C is about 1 in 400,000 units of blood, very rare and quite safe.
2. **Blood Clots** are very rare. We give blood thinner and use two types of hose on your legs to prevent this.
3. **Bladder Leakage or change in flow.** Leakage due to the surgery rarely occurs, but can develop if the bladder has to be pulled down to close the skin after a large cancer is removed. Because the folds of the vulva are removed, often the flow of urine is changed after healing has completed. Be sure to always wipe yourself thoroughly clean and dry after each bathing and passage of stool or urine.
4. **Wound infection and “secondary healing.”** This happens to many women because the closure of the skin is in an area that is hard to keep clean and dry. About 50% of women will have some amount of disruption of the vulvar skin closure after the surgery. This will heal on its own and does not compromise the success of the surgery. Keeping the vulva clean and dry is essential. In the hospital, you will be cleaned by the staff twice daily with Hydrogen peroxide, but when you go home you will need to clean twice daily and after every toilet with Betadine, until the healing is complete. The groin incisions usually heal well because they are drained.
5. **Groin Incision Drains** are placed to prevent accumulation of lymph fluid after the nodes are removed. The fluid can be copious at first but usually takes about 2-4 weeks to dry up to permit removal of the drains. Empty to drains daily to keep the bulb empty and record the amount drained.
6. **Swollen legs.** This is extremely rare, occurring in about 1-2% of women, and usually occurs when radiation is combined with a radical, complete lymph removal.

Follow-up.

After your surgery you will be seen every few weeks until your drains are removed and the skin has healed together well. Then visits will be every three months for the first two years, every six months after that until five years. A pap smear (and possibly a biopsy of tissue) on your vulva will be done at any of these visits, but a detailed and gentle vulvar, groin and pelvic exam will be done every visit.

The chance of finding a cancer recurrence goes down with each visit, so each visit brings better and better news. After five years, if your cancer has not come back, you are considered cured! It sounds like a long haul, but we will work together closely to get you through all the procedures and tests and make it as smooth as possible. Please call me with any questions and every worry you might have.

Find a way to get loving/supportive/spiritual support so that you grow and strengthen through the cancer treatment process and maintain not just your usual balance, but an even greater balance of your highest self. Now is the time to garner your strengths and make a great plan for a healthy future. Bless your journey through this life!