# Home Care After Your Vulvectomy

You must follow strict instructions after your vulvectomy. Taking care of your surgical site and watching for problems are a vital part of healing.

**Vulvar Care**
Each time you urinate or have a bowel movement, you must rinse your vulvar area very well with warm water. Use the squirt bottle you were given. Gently pat dry with a soft towel to prevent any skin breakdown. Dry this area very well using a blow dryer. We suggest using a hair dryer for at least 5-10 minutes on the cool setting. This is easier to do if you are lying down in bed.

**What to Expect After Surgery**

- You may feel pain or soreness.
- You may have swelling and/or bruising in your vulvar area.
- You may have a fair amount of blood-tinged drainage for 1-2 weeks.
- You will go home with stitches. They will dissolve slowly over time.
- If you have staples in your groin, they will be removed in 12-14 days at your return clinic visit.
- You may have a change in the direction of your urine stream, or it may spray in a way it didn't before. Most often, it will help if you sit further back on the toilet.
- It is not uncommon to have sitting restrictions after this surgery. Please discuss the details of these with your care team before discharge.

**Drain Care**
If you had drains placed, clean the drain sites with mild soap and water daily to prevent any infection. Most drains will not be taken out before you go home. If you go home with drains, your nurse will teach you how to care for them and how to measure the drainage daily.

**Constipation**
You may have trouble with bowel movements after you go home. To prevent constipation:

- Drink plenty of liquids.
- Avoid caffeine drinks as they may dehydrate you.
- Be active.
- If using opioid (narcotic) pain pills, take a stool softener (docusate sodium/Colace®). Take 100 mg twice daily and Miralax® 17 gm once daily. You can buy these without a prescription at the drugstore.

**Treating Constipation**
If you have no bowel movement within 48 hours after leaving the hospital, follow these instructions based on when you had surgery.

**Have you had surgery on your bowels in the last month?**

- **I don't know**: Contact the Gyn/Onc Clinic to review your records.
- **Yes**: Increase Miralax® to twice daily or take milk of magnesia (2-4 tablespoons).
- **No:** Take a rectal suppository, like Dulcolax®. You should have a bowel movement within 4-6 hours.

If you are constipated **and** you are having nausea and vomiting, call the Gyn/Onc Clinic.

**When to Call**

- If you have pain or soreness that is not relieved by pain medicine.
- If you have swelling in your groin.
- If your incision pulls apart or breaks down.
- Redness or increasing tenderness around any of the incisions.
- Pus-like (yellow, green or thick) or foul-smelling drainage from the incisions.
- If you cannot tolerate food or liquid by mouth.
- Pain or burning when urinating.
- Fever (by mouth) greater than 100.4°F.
- Constipation—no bowel movement for 3 days or more.
- Increased shortness of breath.

**Who to Call**

If you have questions, please contact your provider through MyChart or call your provider listed in your After Visit Summary or After Hospital Care Plan. For a list of UW Health Clinics, visit www.uwhealth.org/

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person's health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright © 11/2023. University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#5638