



Health Facts for You



Vulvectomy surgery

UWHealth

Date of Surgery: _____

Your Surgery: _____

Surgeon: _____

Before your clinic visit, please:

- Read this booklet
- Fill out a Power of Attorney for Health Care form, if you wish.

Bring this booklet, your medicines, vitamins, and herbal supplements, any medical records that have been given to you, recent X-rays and test results to your pre-surgery clinic visit.

First Day Surgery Unit (608) 265-8857

Welcome to University of Wisconsin Hospital and Clinics

Knowing what to expect is part of getting ready for surgery. This booklet helps you to learn about:

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What is First Day Surgery (FDS)?

FDS means that you come in the day of surgery and stay until you are ready to go home. Most often, you do not go home the same day.

Your Pre-Surgery Clinic Visit

Members of the surgery team will meet with you to:

- Talk with you about surgery.
- Learn more about your health history.
- Do a physical exam.
- Complete lab tests, EKG, Chest X-ray, and other tests, if needed.

This clinic visit may last 2 – 4 hours or more. You will learn how to prepare for surgery and what you can do to regain your strength.

By law, we need to ask if you would like to complete an advance medical directive (AMD). This is a Power of Attorney (POA) for Health Care or a Living Will. **This decision is up to you.** A POA allows you to name a health care agent who could speak for you if you were not able to do so. If you choose to complete and AMD, you must be 18 or older and of sound mind. **You have the choice to complete the form or not.**

If you choose to fill one out, complete it and have it signed and witness before coming to surgery. There is not enough time to complete the forms that morning. The two witnesses cannot be family members or UW Hospital staff. Exceptions are chaplains, social workers, and volunteers. The person you name as your health care agent may not be a witness. We suggest you choose a neighbor or friend for a witness. If you need help to complete this form or have questions, call our Patient Relations office at **(608) 263-8009**.

You may wish to have a member of the **Spiritual Care Services** visit while you are in the hospital. We can arrange it for you or you can call **(608) 263-8574**.

What is a vulvectomy?

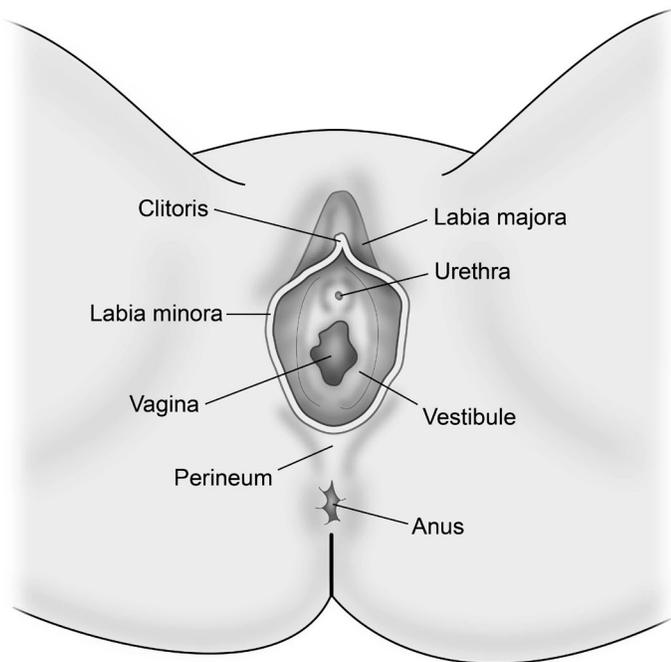
The vulva is the outer part of the female genital area. It can be a site of cancer. Cancer of the vulva can occur in women of any age. It is most common in women over 60. Risk factors for this type of cancer include:

- Smoking, now or in the past.
- Taking steroids or other drugs that weaken the immune system.
- Sexually-transmitted diseases.

Cancer of the vulva is diagnosed by doing a biopsy of the site. Surgery, radiation, and chemotherapy are treatments that may be used. Your doctor will talk with you about what is best for you. Your doctor will help you understand the balance between keeping your sexual function and the need to remove all the cancer.

You are going to have a vulvectomy. Your labia majora and labia minora (vaginal lips) will be removed or partially removed along with the nearby tissue. You may also have lymph nodes removed from one or both of

your groins. The lymph nodes will be tested to see if the cancer has spread. During surgery, drains will be placed near your groins to help drain lymph fluid that may collect after surgery. If these drains are not taken out before you go home, your nurse will teach you how to measure the amount of fluid collected. They will also show you how to care for your drain sites. The drains will be removed when you return to see the doctor in clinic.



Getting Ready for Surgery

The time of your surgery will be set the day before surgery. We will call you at the number you gave us, sometime after 9:00 a.m. the day before your surgery (on the Friday before a Monday surgery). We will tell you when to arrive, where to go, and answer questions.

Before this call, please review details your clinic or anesthesia staff gave you during your clinic visit. If you do not hear from us by 3:00 pm, please call (608) 265-8857.

We do need to talk to you before your surgery. Tell us where you will stay the night before surgery.

If you have a cold, fever, or illness before surgery, call your doctor's clinic. After hours or on weekends ask to speak with the anesthesia doctor on call.

Steps for Getting Ready

1. Your doctor may ask you to stop taking pills that "thin" your blood. You may need to stop these anywhere from 24 hours before surgery to 7 days before.

Ask your doctor when you should stop them. Blood thinners include:

- Aspirin, Excedrin[®], Ascriptin[®] and Ecotrin[®]
- Plavix[®]
- Vitamins and herbal supplements
- Coumadin[®] or warfarin
- Ibuprofen, Advil[®], Motrin[®], Nuprin[®], and Aleve[®]

If you take any of the pills listed above or herbs, please let us know.

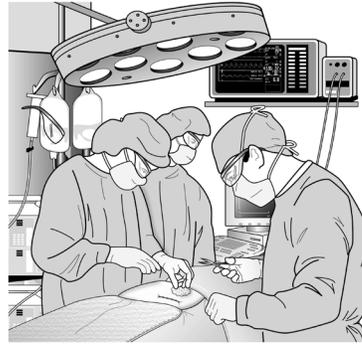
It is alright to use acetaminophen (Tylenol[®]) if you can normally take it.

2. You will need to **stop all eating and drinking at midnight the night before surgery**. This includes no gum, candy, or tobacco. At your clinic visit, we will tell you if you need to take any of your pills the morning before surgery. Be sure to ask about this if you have questions or call the clinic if this was not made clear to you.
3. Your surgeon may want you to take laxatives to empty stool from your bowel before surgery. You will get details on the bowel prep at your clinic visit.

4. Do **not** drink alcohol after 8:00 pm the night before surgery. If mixed with anesthesia, it can cause problems.
5. Try to stop smoking or at least cut back. It takes at least 3 days to rid your body of carbon monoxide from cigarettes. If present in your body, it will delay wound healing. It can also increase the risks from anesthesia. If you'd like help quitting, call the Quit Line: 1-800-QUITNOW (784-8669).
6. Shower before surgery using the Hibiclens[®] soap. Use it the morning of your surgery. You may get this soap during your clinic visit. First, shower with your own soap. Any special beauty treatments you do, you may want to do now as you may not be able to shower for a few days after surgery. Rinse. Pour the Hibiclens[®] soap on a damp, clean washcloth or new shower sponge. This thin soap tends to easily run down the drain. Scrub from your neck to your toes for 10 minutes. Rinse well. Do not use lotions, powder or perfumes. If you do not get Hibiclens[®] at your clinic visit, you can buy it at your local drug store or you may be able to use other soap as instructed by your clinic.
7. Do not wear make-up. Please remove nail polish from at least one finger.
8. Try your best to have a restful night before surgery. If you are coming from out of town, you may wish to stay in Madison. **The Housing Desk, (608) 263-0315**, can provide you with a list of nearby motels and arrange for your stay at a discount rate.
9. The morning of surgery brush your teeth and rinse, but do not swallow.
10. If you are taking pills, we will tell you during your clinic visit whether you should take them the day of surgery. If you take them, swallow with just a sip of water.

If you have diabetes, you will be given details about your insulin or oral pills at your clinic visit.
11. Please leave all jewelry, rings, large sums of money, and credit cards at home. You will be asked to remove all jewelry. Please remove all body piercings.
12. Bring along inhalers, CPAP, glucose meter, eye glasses, eye drops, hearing aids, dentures, prostheses, and other special equipment that you will need. Be sure these items are labeled and in a case. Please do **not** bring bottles of pills with you the morning of surgery unless you have been told to do so. You will be asked to leave your glasses, teeth, and hearing aides with your family before you go to surgery.
13. Please bring non-skid slippers or slip-on shoes and a few personal items. You do not need to bring pajamas or a robe. You may want to bring a book or something to do. TVs are in each room at no charge. Bring a calling card or your cell phone if you wish to make long distance calls. You may bring in your laptop; all of the rooms have patient internet access. **Please have your family member leave your belongings in the trunk of your car the day you check in.** Once your room is ready, they can bring your things to you. The hospital is not responsible for theft of personal items.

14. Once you are home, it may take a few days or many weeks for you to get back to your normal routines (work, child care, laundry, shopping). Make plans for these changes. The length of time each person needs to recover varies. Plan to talk about these details with us. You may need to make special plans before surgery.



15. Stop at Admissions the day of your clinic visit. If you cannot to do this, you may call them. Please call them as soon as you can to get your paper work started. Your family will get one parking pass for the length of your stay. It can be picked up the day of your surgery by your family. Admissions is open 7 am to 9 pm. 608-263-8770

The Day of Surgery

The First Day Surgery (FDS) Unit is open 5:30 am to 6:00 pm. The Main Hospital door is open at all times. Please check in at FDS at your scheduled time. Enter using the Main Hospital door the day of your surgery. See map in the back.

After you arrive, a nurse will ask you questions about your health and help you get ready. An anesthesia doctor will meet with you and answer questions. You will have an IV placed in a vein of your hand or arm. An IV is used to give fluids and medicine. You may be given medicine to help you relax. These rooms are small. There may only be space for 2 family members or friends.

In the Operating Room (OR)

Your family may stay with you until you are taken to the OR on a rolling cart. Once you are in the OR, your nurse will answer questions, make sure you are comfortable, and explain what is happening.

The staff wears masks, gowns, and hats. They will help you move onto a narrow, firm bed. The nurse will place a safety belt, like a seat belt, across your legs. They will place ECG (electrocardiogram) patches on your chest, a blood pressure cuff on your arm, and a plastic clip on your finger to check your heartbeat and oxygen level. The anesthesiologist will ask you to breathe oxygen through a soft plastic mask and medicine will be given to you through your IV. After you are asleep, a breathing tube will be placed in your windpipe to breathe for you. Other IVs and monitors will be added after you are asleep.

A Note to Families

The amount of time your loved one spends in the operating room depends on the type of surgery. You can wait in the Surgery Waiting Area (C5/2) on second floor. If you have family that will be calling, please have them call **(608) 263-8590**. You may want to bring along a book or something to do since the time may seem to pass slowly. There is coffee, tea, reading materials, and a TV in this waiting area from 7:00 am until 7:00 pm weekdays. If you wish to leave the waiting area, please pick up a pager at the desk. The nurses will keep you informed during surgery. After surgery, the surgeon will talk with you.

Sometime during the day, take your parking pass to the main hospital information desk to have it stamped and to get one pass to be used during your loved one's stay.

Recovery Room (Post-Anesthesia Care Unit)

After surgery, you will go to the Recovery Room. Here, the nurses check you often. Most patients wear an oxygen mask or tube under the nose. You will have a tape or plastic clip on your finger, toe, or earlobe to check your pulse and oxygen level in your blood. You will have a blood pressure cuff on your arm. It will tighten for a few seconds every 10-15 minutes as it checks your blood pressure. If you feel cold, tell your nurse. A heated blanket or lamp can be used to warm you. You may hear beeps from the equipment.



Nausea and vomiting are common problems after surgery. If you are nauseated, let your nurse know. We can give you medicines to help.

If you need to urinate, do not get out of bed. Call for help and the nurse will help you. Some patients have a tube in the bladder to drain urine.

You may be in the recovery room an hour or longer. Family and friends are not allowed in here. Once you are settled in your room, they may join you. You will have your own room with your own bathroom. Some patients may go to an Intensive Care Unit (ICU) for special care. The staff will tell your family and friends about the visiting hours.

After Surgery

In your hospital room, your nurse will check on you often. You **may** have a few tubes, drains and other equipment such as:

- An **IV (intravenous line)** in your hand or arm to provide fluids and medicine until you can drink fluids well.
- A face mask or tube under your nose to give you **oxygen**.
- A **plastic clip** on your finger to check your oxygen level.
- A **catheter** to drain urine from your bladder. This tube continually drains urine from your bladder. You may still have the urge to pass urine.
- An **NG (nasogastric)** tube in your nose to your stomach helps prevent nausea and vomiting.
- **Wound drains** help you heal.
- **Leg wraps** inflate and deflate or **elastic stockings** to improve blood flow in your legs.

A nurse will help you to understand how these items work and how long they will be in place.

You may not be able to eat right after surgery. At first, you may get only ice chips. As your body allows, your diet will progress from clear liquids (juice and broth) to full liquids (milk or ice cream) to normal foods.

Coughing and Deep Breathing

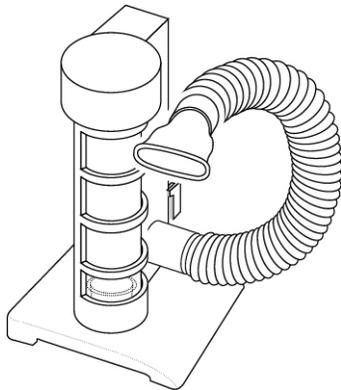
Once the breathing tube is out, nurses will ask you to breathe deeply, cough, and use a breathing tool (incentive spirometer). Good breathing helps you to get rid of the anesthesia and prevent pneumonia.

To cough and deep breathe:

1. Place a pillow over your chest to lessen the pain while coughing.
2. Breathe in deeply and slowly through your nose. Hold it.
3. Exhale slowly through the mouth.
4. Repeat twice more.
5. Breathe in again; hold it, and then cough.

To use the incentive spirometer:

1. Exhale and place your lips tightly around the mouthpiece.



2. Take a deep breath. Slowly raise the Flow Rate Guide between the arrows.
3. Hold it. Continue to inhale, keeping the guide as high as you can for as long as you can, or as directed by your nurse or respiratory therapist.

4. Exhale and relax. Remove the mouthpiece and breathe out as usual.
5. Slowly, repeat 10-15 times each hour while you are awake.

Pain Control

People used to believe that you had to put up with severe pain. This is not true. We will work with you to prevent and relieve pain.

Good pain control helps you:

- Heal faster
- Leave the hospital sooner
- Prevent problems

Drug and non-drug treatments can help prevent and control pain. Do not worry about getting “hooked” or “addicted” to pain pills. This is rare unless you already have a problem with drug abuse.

For best results:

1. Talk with your doctor and nurses about the choices you have. You and your doctor can decide which is best for you.
2. Take (or ask for) pain medicine when pain **first begins**. Do not wait. Pain pills take 20-30 minutes to work.
3. You will be asked to rate your pain using this scale.

0-10 Number Pain Scale

0	1	2	3	4	5	6	7	8	9	10
No Pain			Mild			Moderate		Severe		Worst Pain Possible

The goal should be a level that will allow you to do your deep breathing exercise, walk, and sleep with little pain. Rating your pain helps us to know how well your pain medicines are working.

4. Tell the nurse or doctor about any pain that won't go away. Don't worry about being a "bother." Pain can sometimes be a sign of problems.

Pain medicine may cause you to become drowsy, dizzy, or lightheaded. Do **not** drive, use machines, or drink alcohol while taking pain pills.

Narcotics can cause constipation. When you go home, be sure to increase your daily water or juice intake to 6-8 (8-ounce) glasses. Increase the fiber in your diet as well.

Home Care After Vulvectomy

You must follow strict discharge instructions when you go home. Taking care of your surgical site and watching for problems are vital to healing well.

A friend or family member should be present the day of discharge to hear instructions. You will receive prescriptions for medicines. Please bring your insurance card if you plan to fill these at the UWHC pharmacy.

Plan to leave by noon. A responsible person needs to drive you home and stay with you for 24 hours. It may be helpful to have someone stay with you for the first week or two after you go home. A case manager can help arrange for Home Health, a nursing home stay, or Meals on Wheels, if needed.

Care of Your Surgical Site

Each time you urinate or have a bowel movement, you must rinse with warm water. Use the squirt bottle or sitz bath you were given in the hospital. It is vital to wipe the site with caution to prevent any skin breakdown. After you have rinsed well, you need to dry this area fully using a blow dryer.

We suggest using a hair dryer for at least 5-10 minutes on the cool setting. This is easiest to do if you are lying down in bed. Your doctor may give you a white cream to use at home. Put this cream on your perineum after each bladder or bowel movement. It is best to put this cream on after the site is cleaned and dried well.

What to Expect After Surgery

- You may feel some pain at the surgical site.
- You may have some light, blood-tinged drainage for 1-2 weeks.
- If you were given a white cream to put on at home, this will create a light tan discharge and may contain some sloughed skin.
- If you have staples in your groin, these will be removed in 12-14 days. This will be done at your return to clinic visit.
- If you had drains placed, you may clean the drain sites with mild soap and water. Do this daily to prevent any infection. Most drains will be taken out before you go home. If you go home with drains, your nurse will teach you how to care for the drains. They will also show you how to measure the drainage each day.
- You may have some mild swelling at the site.
- There will be sutures at the site. These will not be taken out before you go home. They will dissolve slowly over time.

When to Call the Doctor

- If you have a fever of 100.4° F or higher.
- If you have swelling in your groin.
- If you have pain that does not go away with Tylenol®, Advil®, or the pain medicine you were given when you left the hospital.
- If your incision pulls apart or breaks down.
- If your groin incisions become red or warm to the touch.
- If you have foul-smelling drainage.

Who to Call

To talk to a nurse, 8:00 am to 4:30 pm,
Monday – Friday: **(608) 263-7010**.

After 4:30 pm, nights, weekends, and holidays, the above number will be answered by the paging operator. Ask for the gynecology resident on call. Give them your name and phone number with the area code. The doctor will call you back.

If you live out of the area, call:
1-800-323-8942.

Glossary

Biopsy: The removal of piece of tissue that is examined under a microscope to check for cancer cells.

Chemotherapy: Treatment with anti-cancer drugs.

Labia Majora: The outer lips of the vulva.

Labia Minora: The inner lips of the vulva.

Lymph Fluid: The fluid that bathes the lymph nodes and may collect in spaces where nodes have been removed.

Lymph Nodes: Small bean-shaped glands located throughout the body that filter out and destroy bacteria and can collect cancer cells.

Perineum: The area between the anus and the vulva.

Radiation: High energy x-rays to pinpoint and destroy cancer cells in your body.

Vulva: The skin and tissue around the opening of the vagina, including outer and inner lips and the clitoris.

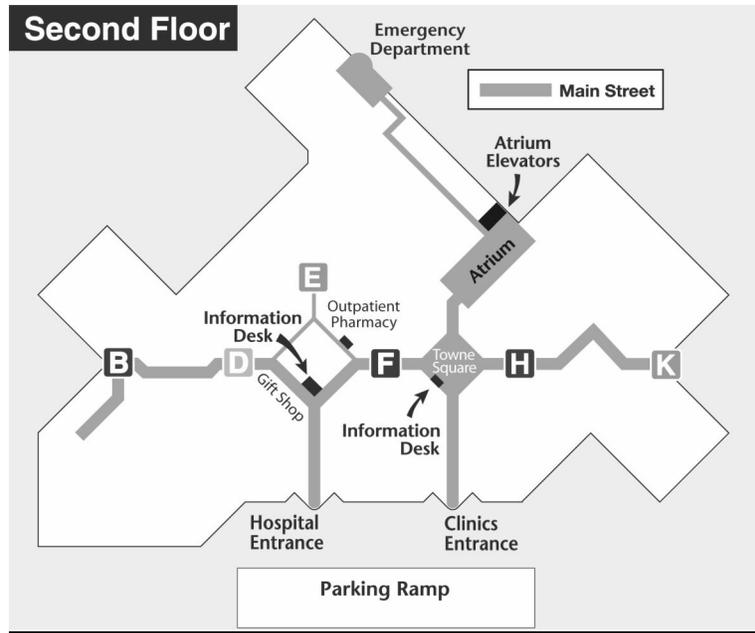
Vulvectomy: Surgery that removes cancer by removing all or part of the vulva.

Important Phone Numbers

Admissions and Insurance Advisors (Financial Counselors) E5/213	(608) 263-8770
Admissions Office (Insurance Verification)	(608) 263-9172
Business Office	(608) 263-4466
General Billing Office	(608) 262-2221
General Information	(608) 263-6400
Gynecologic Oncology Clinic Daytime hours 8:00 am to 5:00 pm	(608) 263-7010
After hours, weekends and holidays (ask for gynecological resident on call)	(608) 262-0486 1-800-323-8942
Hospital Paging Operator	(608) 262-0486
Housing Accommodations	(608) 263-0315
Pastoral Care	(608) 263-8574
Patient Information (for room number and location)	(608) 263-8590
Patient Relations Office	(608) 263-8009
Pharmacy	(608) 263-7025

If you are a patient receiving care at UnityPoint – Meriter, Swedish American or a health system outside of UW Health, please use the phone numbers provided in your discharge instructions for any questions or concerns.

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 © 7/2019 University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#5927



Valet Parking is open 7:00 am to 7:00 pm. It is located between the clinic and hospital doors.

To go to the **Outpatient Surgery Center**, enter at the clinic entrance. Once inside the lobby, it's the 1st door on your left

To go to the **Ambulatory Procedure Center**, enter at the hospital entrance. Follow the gray path past the D elevator. Turn left when you see the APC sign.

To go to the **First Day Surgery Unit**, enter at the hospital entrance. Follow the gray path to the D elevator. Take the D elevator to the 3rd floor and turn left to the First Day Surgery Unit entrance.

This is the 2nd floor...

To get to the ...

Cafeteria: H4/1 – H elevator to the 1st floor

ECG: F6/354 – F elevator to the 3rd floor

Pulmonary Function: E5/520 – E elevators to the 5th floor

Inpatient X-Ray: E3/3 – E elevators to the 3rd floor

Admissions – Behind the information desk