Vulvectomy
Disclaimer
This is general information developed by The Ottawa Hospital. It is not intended to replace the advice of a qualified healthcare provider. Please consult your own personal physician who will be able to determine the appropriateness of the information for your specific situation.

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Vulvectomy

Introduction

Your physician has recommended that you have a vulvectomy. Before recommending this surgery, your physician has considered your age, physical condition, diagnosis and physical examination. You probably have many questions about the surgery and about what will happen to you.

This booklet provides you with information on vulvar surgery. It is designed to help answer your questions and to help you and your family learn about the surgery. It will give you information about the types of surgeries, your recovery and the steps needed to care for yourself after the surgery.

As you read this booklet, jot down any questions or concerns you have on the blank pages provided at the end of the booklet. Please do not hesitate, at any time, to ask your physician or nurse for answers to your questions.

We encourage you to read and discuss the information in this booklet with your family before your surgery, to plan for your weeks following surgery.
What is the vulva?

The vulva is the outside part of a woman’s genital organs. It includes the labia minora, labia majora, the clitoris and the vaginal opening.
What is cancer of the vulva?

Cancer of the vulva is the uncontrolled growth of cells on the surface of the vulva. This type of cancer accounts for less than 5% of all female cancers. It develops when pre-malignant cells are left undiagnosed or untreated. Symptoms can include itchiness, discharge, lumps or sores, bleeding and pain on the vulva. Women may also experience painful intercourse and difficulty urinating. Some women do not have symptoms or give little or no warning.

How did I get it?

Well-recognized factors that increase the risk of developing this type of cancer are:

Smoking may cause the cells to change, which may cause cancer of the vulva. Smoking also interacts with HPV and your immune system. Even after surgery, smoking will increase the risk of the cancer coming back. The recurrence (cancer coming back) rate of
cancer of the vulva, with continual smoking is about 30%. (Cancer will come back in 30 out of 100 women). Changes in lifestyle such as stopping smoking and good vulvar care can help prevent cancer recurrence. You can get help to stop smoking. Speak to your family doctor or nurse about this.

**Human Papilloma Virus (HPV)** – Some vulvar cancer or pre-cancerous cells can be associated with HPV. This virus is very common in women and in men. Your nurse or physician can give you a booklet on this virus.

**Why do I need a vulvectomy?**

A vulvectomy is the surgery done to treat cancer or pre-cancerous growths (called VIN) on the vulva.

**What is a vulvectomy?**

A vulvectomy is a surgery to remove the vulva or parts of the vulva. The type of vulvectomy depends on the size and location of the cancer or VIN. This may include your labia, labia minora majora and/or clitoris. Part of the vagina may also need to be removed.
What are lymph nodes?

Lymph nodes are found throughout the body. They produce and store cells that fight infection and filter bacteria and/or cancer cells out of your circulation. The inguinal lymph nodes, are located in the fold between your pelvis and thighs, in the groin.

What is a lymphadenectomy?

A lymphadenectomy is the removal of lymph nodes. This procedure may be done because cancer of the vulva can spread to the lymph nodes in the groin. The surgeon may also remove the lymph nodes to check if the cancer has spread. Lymph nodes can be removed by two methods; either through an incision in the groin or by a sentinel node sample. Surgical removal of the lymph nodes through an incision can result in numbness, scarring, and lymphedema, or swelling.

A sentinel node sampling is the removal of the first node in the groin that cancer strikes. The sentinel node is the first node draining a tumor and whether the node contains cancer cells predicts the likelihood that cancer has spread to other nodes in that region. If your surgeon is planning this you will have an appointment booked in the radiation department before your surgery. The sentinel node will then be identified with blue dye that is injected around the cancer. A nuclear scan is then done to locate the node. There is usually less pain and discomfort with a sentinel node sampling than with the more extensive lymph node removal through an incision. However it is not always
possible to locate the sentinel node, if this is the case, the surgeon will discuss with you whether you will need to have lymph nodes removed via an incision.

**Vulvar reconstruction**

Skin from your vulva and surrounding area will be sutured (sown) at the time of our surgery to recreate the vulva. Vulva reconstruction can also be called vulva flap or graft. Depending on the size and the location of the cancer, skin from other parts of your body (such as your abdomen or inner thighs) may also be used. A plastic surgeon may be involved in your surgery. If so, you will be meeting with the plastic surgeon before your surgery to discuss how your vulva will be reconstructed.

**What will my vulva look like after surgery?**

Here is a picture of a vulva reconstruction, three weeks after surgery.
Pathology

All organs and tissue removed during surgery will be sent to the Pathology lab. A pathologist (a specialist) will examine the tissue under a microscope to look for abnormalities. This pathologist then writes a complete description of the specimen and provides a diagnosis (e.g: confirms if cancer is present, the specific type of cancer cells were found, and if the cancer has spread). This process takes at least 10 days.

Will I require additional treatment?

If you are having surgery for vulvar cancer, other treatments such as radiation therapy and or chemotherapy may be recommended. Radiation alone or in combination with chemotherapy is sometimes recommended before surgery to decrease the size of the cancer in the hopes of decreasing the extent of surgery needed. Treatment may be required after surgery if the cancer has spread to the lymph nodes or if it becomes clear that there is a risk that the cancer will spread.

Whether you require more treatment or not you will have regular follow-up appointments to examine the vulva area for signs of recurrence. You should also regularly examine your vulva after surgery to look for changes and new lesions. Refer to the section on self-exam at the end of this booklet.
What will happen to me before surgery?

On your Pre-admission visit

• A nurse will do an assessment and answer your questions.

• You will have:
  – Blood and urine tests
  – Chest x-ray and electrocardiogram
  – A visit with the anesthetist (the physician that will put you to sleep); he or she will talk to you about pain control after your surgery.

• The nurse will tell you how to confirm the time of surgery and the time you need to come to the hospital. These times will be confirmed on the day before the surgery.

• Bring your list of all medications and dosages (including over-the-counter and herbal remedies), or bring your medication(s) with you.

• Hormonal medication such as the birth control pill, hormone replacement therapy or Raloxifene (for osteoporosis) should be stopped one month before your surgery. There is an increased risk of thrombosis (blood clots) with these medications. You will also need to stop taking aspirin 7 days before your surgery. Ask the anesthetist or nurse which of your regular medications you should continue to take, and which ones you should stop.
At home the last two days before surgery

- It is important that the area of surgery be kept as clean as possible after surgery. In order to try to prevent you from having a bowel movement for the first few days (2–3 days) after surgery, you will need to empty your bowels before surgery.
  - Starting two days before surgery you cannot eat any solids. You can only drink clear fluids such as juices, broth, Jello and water.
  - You will need to drink one bottle of oral sodium phosphate solution per day. You can dilute this with water or juice. This medication can be bought at any pharmacy without a prescription. Some people experience nausea and vomiting when taking this solution. You can take an anti-nausea medication such as Gravol 30 min before taking the solution. Drink plenty of fluids to avoid dehydration.
  - Follow the above instructions to empty your bowels, unless otherwise advised by your surgeon. Sodium phosphate may take effect suddenly, sometimes it can also take a few hours to take effect.

- The day before your surgery, you will be called to confirm the time you need to come to the hospital as explained by the pre-admission nurse. If you haven’t received confirmation by 7 p.m., call the admissions department at 737-8200 (General Campus).

- You will not be able to drink after midnight the night
before surgery. You may drink water but must stop 3 hours before your surgery.

- You may brush your teeth or use mouthwash, but do not chew gum, or suck on hard candy or anything else that would stimulate your stomach acids.

**Morning of the surgery**

- Go to the 2nd floor Module P (Surgical Day Care Unit).
- You may be given a medication to help you relax.
- An intravenous may be started.
- Bring this booklet to the hospital with you, and bring a hair dryer with a “cool setting” (see below for details).
- Family or friends who bring you for your surgery may wait with you in the waiting room. Ask your doctor if he or she will be meeting with them after your surgery. If so they should wait in the waiting room or leave a phone number where they can be reached.

**What can I expect after surgery?**

You will have some **pain** around your incision as well as pelvic discomfort and heaviness. Pain medications are necessary after all surgeries and pain medication will be ordered for you. For your pain to be well controlled it is important that you tell your nurses how you are feeling. You will be asked to rate your pain on a scale of 0–10, where 0 equals no pain and 10 equals
the worst pain you have felt in that area. Do not be afraid to ask for pain medication. It is also very safe to take pain medications for a few weeks after surgery. The better your pain control, the better you can move and return to your activities, and the better your emotional state and mood will be.

Your physician may request that you stay in bed for a few days after surgery to allow your incision to heal. Move your ankles to prevent blood clots in your legs. Turn often to prevent a lung infection (pneumonia). Changes in body position may be difficult at first. Ask for help if necessary. Moving and turning helps decrease the complications of surgery.

Early walking helps to improve blood circulation, muscle strength, energy level, breathing, and bowel movements. The nurse will assist and teach you how to get out of bed. Within reason, the more you get moving early the better you will feel.

There will be a large dressing over your surgery area for the first day or two after surgery. You must keep the incision area clean and dry. The nurses will teach you how to do vulva care to prevent infection. You should try to keep your legs spread when you are in bed, to keep the surgery area dry. You will need to bring a hair dryer to the hospital. After each time you clean the surgery area you will need to use a hair dryer set on “cool” to dry the area.

On waking from surgery, you will have a catheter to drain the urine from your bladder and to keep the
incision area dry. This will be in place for a few days after surgery.

If lymph nodes are removed, you will have one or two **drains in your incision(s)** to drain away extra lymph fluid resulting from the removal of the lymph nodes.

You will start by **drinking** clear fluids, after surgery. You can start **eating** regular food when you can pass gas by your anus. You may have gas pains on the second or third day after the surgery. This is a sign that your bowels are returning to normal. Walking helps to decrease gas pain. You may also need to loosen any clothing that is constricting around your abdomen. It is important that you eat a well balanced diet before and after your surgery because proper nutrition will help wound healing.

**How do most women who are having this surgery feel?**

Most women feel scared when they are told they need surgery. We encourage women to talk about their feelings with trusted loved ones, as well as with various members of the gynecologic oncology team.

All women who will have this type of surgery meet with the **Advance Practice Nurse**. She will explain the purpose of the surgery, potential alternatives, as well as the possible side effects of each option. She works in close collaboration with other team members to coordinate your care. You can speak to her about
any thing related to your surgery and its impact on everyday life.

You will also meet with the Social Worker. She will ask you about your plans after surgery. You can speak to her about any concerns related to finances (cost of medication, or transportation) or supportive care related to the surgery.

Since many women have pre-existing problems with anxiety and/or depression, or develop some related to their cancer and their treatments, you may request the services of the Psychologist at any time before or after your hospitalization. She will also be available to you and your family after surgery as needed, either on an inpatient or outpatient basis. (These services are covered by your OHIP.)

**What side effects/complications can I expect after surgery?**

After surgery, you may develop some side effects while you are in the hospital. Side effects include infection, development of a lymphocyst, urinary tract infection, pneumonia, thrombosis, and bleeding in the surgical area. Please read on to learn tips on how to prevent these side effects. Make sure you mention side effect/complications to your health care team.

**Infection**

You are at risk for infection at the surgery area or opening of the incision, because of moisture in the
Infection or opening of the incision happens in up to 50% of women (half of women) who have this type of surgery. To prevent infection it is important to keep this **area clean and dry**:

- The signs of infection are redness, bad odour, increased tenderness, increased drainage of the incision, and/or fever (above 38 °C/99.4 °F).

- In order to keep the **area clean**:
  - Clean the area at least 3–4 times per day and after going to the bathroom as instructed by your nurse.
  - As soon as you can stand up you should start taking a shower at least once a day. You will be able to clean your vulvar area much better using the water pressure from the showerhead than any other method.
  - After urinating, wipe yourself from front to back, away from the vulva, then clean the area using a spray bottle. In hospital, the nurse will give you a spray bottle to facilitate cleaning. Various solutions may be used ask your nurse what solution is required for your care. Some women will experience a bit of burning when the urine drips on the new incisions. Urinating in a sitz bath can help prevent burning.

- In order to keep the **area dry**:
  - Sit or lie in a position where air can keep the area dry (e.g.: keeping your legs apart, walking, avoid sitting for long periods of time)
After each cleansing you should use a hair dryer set to “cool air” to dry the area of surgery. You will need to bring a hair dryer to the hospital.

- The nurses and physicians will look at your surgery area every day for signs of infection.

- If you have an infection or if the incision opens, the nurses may need to put a dressing (bandages) on the infected area of the incisions. Dressings may need to be changed a few times per day; this will depend on the amount of drainage/leakage from the incisions. If so, arrangements will be made for a visiting nurse to go to your home to change the dressings. This will be done until the incisions are healed, which may take weeks and even up to a few months, in some cases. You will need to take antibiotics by intravenous or by mouth.

**Lymphocyst**

If lymph nodes are removed from your groin, you may develop a **lymphocyst**. This is an accumulation of lymph fluid under the skin in the area where the lymph nodes were removed.

- Signs of lymphocyst are increased tenderness in the groin area and a new new bump under the skin (that may even look like a small egg under the skin). If you have either of these signs call your surgeon or Advance Practice Nurse to make an appointment for your incision to be examined.

- To prevent a lymphocyst, drainage tubes may be put in place during the surgery. These tubes will be
kept in place until each tube drains less than 30 ml in 24 hours. You may need to go home with the drains in place. If so, you will need to:

– empty the drains at least every 24 hrs and write down the amount drained (in the chart provided below).

– Clean the drain site with soap and water at least twice a day and cover the areas with dry gauze. You may need to do this more often if the gauze is wet or damp.

– The longer the drains are in place, the more you are at risk of infection in that area. Therefore, sometimes they are removed even if lymph fluid is still draining.

• If you develop a lymphocyst, the area will be frozen with a small needle and then drained using a needle and syringe.

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Urinary tract infection

You are also at risk of developing a **urinary tract infection** because of the catheter in your bladder after surgery.

- Signs of such an infection are: urinating often or burning when urinating, foul (bad) smelling urine, blood in urine, pelvic pain, or fever (above 38 °C/99.4 °F).
- To prevent a urinary tract infection, drink 8–10 glasses of water daily.
- If you develop a urinary tract infection, you will receive antibiotics in pill form or by intravenous (in your veins).

Pneumonia

Since you will not be moving and walking after your surgery, you can develop **pneumonia**. Pneumonia is a lung infection. People who smoke are more at risk of pneumonia.

- To decrease the risk of developing pneumonia, do deep breathing and coughing exercises after surgery. You will receive a booklet on these exercises. If you smoke, stop or cut down before your surgery.
- If you have pneumonia, you may receive antibiotics by pills or intravenously.
Thrombosis

Another risk is a **thrombosis**. A thrombosis is a blood clot in your leg which is often caused by not moving your legs or walking. Your risk is higher when you have cancer, and if you are elderly, obese, or if you are having extensive surgery.

- Signs of thrombosis are: sharp pain, redness, swelling and/or hot skin on your legs. The physician or nurse will examine your legs regularly.
- To prevent a thrombosis:
  - Move your legs while you are in bed.
  - The nurses will give you an injection (needle) of Fragmin. Fragmin is a medication to thin your blood; it prevents blood clots. If you receive blood thinners you should be careful when shaving. An electric razor or depilatory is recommended.
  - The nurse will also help you put on TED (support) stockings.
  - Your nurse will tell you when you can start walking.

Bleeding

After any type of surgery, there is a small risk of **bleeding** at the surgical area. If this happens, the nurse will apply dressings to the surgery area. The nurse and the physician will observe you carefully.
**Discharge instructions**

Discharge from the hospital is usually 3–6 days after surgery. Expect to have a follow-up appointment 1–2 weeks after your surgery to monitor healing. The clerk at the desk, on 8 West, will give you the date and time of your next visit with the surgeon before you leave the hospital or will give you the number to call to make an appointment.

Home visits from a nurse can be arranged if your incision has becomes infected or has opened up and you need dressing changes at home.

**Activity**

- It is common to tire easily for 4–6 weeks following your surgery.
- Depending on the extent of surgery, you may not be able to use stairs. You should plan for this prior to surgery, by making arrangements if you live in a two-storey home.
- Do not sit for longer than 30–45 minutes at a time. Get up and move around.
- Increase your activity slowly. Pace yourself. Decrease your activity if you have pain.
- If lymph nodes are removed, do the exercises recommended in the lymphedema section of this booklet daily. These exercises may help prevent lymphedema.
Driving

- Do not drive until you are able to sit comfortably and can slam on the brakes without hesitation. You can test this in your driveway.

Diet

- Drink 6 to 8 glasses (8 oz.) of fluid daily (water/juice).
- Limit your caffeine intake.
- Follow the Canadian Food Guide. Eat food high in fiber to prevent constipation. A diet rich in protein is also important to promote wound healing.
- You will initially require a stool softener (ex.: Colace) or a gentle laxative such as a glycerin suppository or Metamucil to prevent constipation. Passing hard stool may be painful if your incision is close to the anus.

Vulvar care after surgery

After urinating, wipe yourself from front to back, away from the vulva, then clean the area using a spray bottle. In the hospital, the nurse will give you a spray bottle to facilitate cleaning.

Daily cleaning of your incisions is necessary at home. You will need to continue cleaning the area using a spray bottle or by taking baths at least 3–4 times a day especially after going to the bathroom, until the incision has healed. If you take a bath, you may need to put a few towels in the bottom of the tub for comfort. Taking a shower and using a hand held shower is the best way to clean the vulva after surgery, because
of the gentle pressure from the showerhead. It is recommended that you take at least one shower a day. Drainage from the incisions is expected. It is usually clear yellow. You may also see some blood but this should be minimal. Hot, but not too hot water promotes circulation and healing.

Keep the vulvar area as dry as possible. Dry carefully after each cleansing using a hair dryer on a low setting.

Use clean towels and washcloths each time you clean the vulvar area.

Call your surgeon or Advance Practice Nurse if your incisions is:
- Red
- Warm
- Draining blood, greenish or yellow fluid
- Painful
- Opened

Once the incision is healed good vulvar care is important for all women. Ask your physician or nurse to give you a booklet on vulvar care, if you have not received one yet.

**Vulvar self-exam**

Once your vulva is healed it is important to examine your vulva frequently. You should look for signs of a change. The vulvar exam will help you to be aware of any changes in the vulva area that may need ongoing evaluation. Tell your doctor if you see any changes or
have symptoms that don’t go away, such as itching, bleeding, or discomfort. If a problem does occur, catching it at an early stage is in your best interest. Learning how to do a vulvar self-exam is an excellent strategy.

1. Wash your hands carefully before you begin.

2. Lie or sit up in a comfortable position with good lighting and a hand mirror (a magnifying mirror may work best). It may help to prop up your back with pillows. You can squat or kneel. Finding a comfortable position is important so that you can clearly see the vulvar area, perineum and anus.

3. First just look and learn. Things will appear different from before your surgery, and that does not necessarily mean there is a problem.

4. Gently separate the outer lips of the vulva (if applicable). Look for any redness, swelling, dark or light spots, blisters, bumps, or other unusual colors.

5. Next separate the inner lips (if applicable), and look carefully at the area for the same changes. Also look at the entrance of the vagina.

6. Gently pull back the skin covering the clitoris (if applicable) and examine the area under the hood at the tip of the clitoris.

7. Be sure also to inspect the area around the urethra, the perineum, the anus, the outside of the labia majora, and the mons pubis.
Vaginal dilation after surgery

You will only need to use a vaginal dilator if you have had surgery close to the opening of the vagina or if you receive radiation. This will depend on the tissues that have been removed, and the location of the incisions. Ask your surgeon or Advance Practice Nurse (APN) if this will be needed. It is not always possible to determine but do not hesitate to discuss this if needed with the APN.

Why do I need to do vaginal dilations?

When scar tissue forms it constricts (tightening) the tissue. Scar tissue is less flexible than normal skin and mucous membranes; therefore the opening of the vagina can become tight over time, making vaginal intercourse and vaginal examination difficult. Having sexual intercourse or using a vaginal dilator at least 3 times a week will help the vagina and incisions to heal while minimizing the constriction. Speak to the APN about when to start and for how long you should do this.

How do I use a vaginal dilator?

If you need to use a vaginal dilator, an instruction sheet will be given to you. If you have not received this information sheet, ask your nurse or doctor for this.
What kind of clothing should I wear immediately after surgery?

Avoid wearing underwear at home. Wear loose clothing such as skirts. When you are going out you can wear loose fitting underwear with a sanitary pad to absorb drainage (if present). If the incision is draining allot then you may need to wear something more absorbent such as “Depends”. However, this is rare.

What long-term side effects can I expect with this surgery?

After your surgery, you may develop some side effects that may last for many months. If you have any of these side effects, please notify your doctor or APN at your next visit. Remember that this is not unusual and try not to let your spirits get too low as a result.

Lymphedema is a chronic condition in which protein-rich fluid accumulates in the tissues, causing swelling in parts of the body (mainly the arm(s) and/or leg(s)). You are at an increased risk of developing lymphedema in the leg(s) after surgery especially with the removal of lymph nodes, radiation therapy, chemotherapy, infection(s), or trauma. It is important to note that lymphedema may occur immediately after surgery, within a few months, or even years after cancer therapy. Therefore, it is important to observe for signs or symptoms of lymphedema.
What are the signs or symptoms of lymphedema?
The signs and symptoms may include:

- Swelling in your leg(s)
- A full sensation in the leg(s)
- A feeling of tightness in the skin of the affected leg(s)
- Difficulty fitting into clothes in certain areas
- Decreased flexibility in your ankle or foot

To prevent lymphedema:

- Elevate your legs for several hours during the day.
- Wear special compression bandages and support hose that will need to be specially made for you. You may ask your surgeon for a referral for a compression garment. A certified lymphedema therapist can make recommendations on the garment that is best suited for you. It is especially important that you wear a compression garment when traveling by airplane even if you do not have lymphedema.
- Prevent cellulitis (skin infection) in your legs. If you notice any signs or symptoms of infection, contact your oncologist or surgeon.
  - Signs and Symptoms of infection: heat, pain, redness, swelling, fever, chills, and/or perspiration.
- Avoid or limit raising the temperature of your legs and pelvis by avoiding heating blankets/pads, prolonged hot showers/baths, hot tubs, prolonged exposure to the sun, or any situation that could
cause burns and infection in your legs.

- Wear loose fitting clothes, avoid restrictive bands around your ankles, knees, and groin.
- Maintain a normal body weight. Women who are overweight are more at risk of developing lymphedema.
- Do range of motion exercises or low impact exercise to maintain muscle tone. Speak to your surgeon or APN first to make sure the incision has healed enough to begin exercising. Initially, there may be some types of exercises that you will not be able to do initially. Exercises are listed at the end of this booklet.
- You may want to ask your doctor for a referral to see a certified lymphedema therapist if you develop signs or symptoms of lymphedema. These therapists are specially trained to assess and treat lymphedema.

It is important that you seek treatment for your lymphedema. When lymphedema is left untreated, the protein-rich fluid continues to accumulate, leading to hardening of the tissues. When this occurs, the swollen leg(s)/arm(s) becomes an avenue for bacteria, leading to recurrent infections.

You may experience **numbness** or **tenderness** of your vulva. Sitting on a pillow may be more comfortable. (The skin that was removed during surgery served as padding.) Avoid wearing a girdle or tight clothing because the scar may be sensitive.
You may also notice changes when you empty your bladder. There may be changes in the direction of the stream of urine or spraying of urine. You may need to sit further back on the toilet seat. You may also have problems with urine incontinence. Incontinence is quite rare.

The types and degree of side effects depend on the type of surgery and the amount of skin removed. Your advance practice nurse and physician can help you understand the changes that are happening with your body.

**Changes in sexual activity**

Sexual activity can resume 6–8 weeks after the surgery, once the incision has healed, unless otherwise instructed by your physician. Ask your surgeon or APN to describe the changes to your vulva and vagina.

For a woman to have to undergo surgery, and perhaps other treatment is a significant event is a couple’s sexual relationship. Open communication, mutual reassurance and a willingness to go slowly and be creative are excellent strategies for coming to terms with the changes requiring adaptation. Keep in mind that we make love with our minds as well as with our bodies. Pleasure from touching is very important. Keep an open mind as to what gives pleasure (i.e. cuddling, touching and stroking). The psychologist is available to the patient and the couple for help at this important and sensitive time.
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<tr>
<th>Sexual difficulties</th>
<th>What should you do</th>
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<tr>
<td>Numbness or tenderness</td>
<td>When you make love, a light touch and a water-soluble lubricant can make caresses more comfortable. (i.e. K-Y Jelly or Astro-Glide)</td>
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<td>Shortened vagina</td>
<td>Try different positions to find the one most comfortable for you. Examples of different positions are illustrated in the booklet called Sexuality and Cancer (see last page reference)</td>
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<td>Tightening of the opening of your vagina</td>
<td>Encourage your partner to caress you with his/her fingers. Foreplay is important and can help with the anxiety and related tension. Engaging in sexual intercourse 2–3 times a week, and/or using a vaginal dilator for a 10-minute period 3 times a week can help keep the vagina opening more flexible. Ask your physician or advance practice nurse for a vaginal dilator.</td>
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<td>Dryness of your vagina</td>
<td>Use a water soluble lubricant (i.e. K-Y Jelly or Astro-Glide) Use a vaginal moisturizer (i.e. Replens)</td>
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Decrease in sensation in the perineum due to the removal of the clitoris and labia Try caressing other sensitive areas such as lips, ear lobes, breasts, inner thighs. Try different positions.

The types of sexual difficulties you and your partner may experience depend on the amount and the location of skin removed. The length of time for couples to overcome some of the sexual changes that result from surgery varies but improved sexual functioning is possible with patience and care. Both you and your partner have to adjust to these changes. Good communication with your partner is important. If you need additional support speak with you physician or the APN. He/ she can provide you with additional practical information and support and/or make arrangements for you to speak with a psychologist or sexologist.

**Resources**

**OncoLink**

It was founded in 1994 by Penn cancer specialists with a mission to help patients with cancer, families, health care professionals and the general public access accurate cancer-related information at no charge.

http://www.oncolink.org
Booklet: *Sexuality and Cancer, for the woman who has cancer and her partner* published by the American Cancer Society. This booklet can be obtained from the Canadian Cancer Society and at the Ottawa Hospital Cancer Center.

**Ottawa Hospital booklets on related topics:**
- VIN (vulvar intraepithelial lesion)
- Vulvar Care
- HPV (human papilloma virus)
- The gynecologic oncology program

**Time for Ourselves**

Support group for women with gynecological cancer (ovary, endometrial, cervical, vulvar other)

Meets weekly on Thursday Am from 10:30 to 12:00 in the lounge on the 8th floor room 8230.

For more information contact Hilary Graham, social worker at (613) 737-8600.

**Ninon Bourque Library or Beattie Library**

Provides access to information about cancer and its implications.

Ottawa Regional Cancer Center – General Campus (613) 737-7700

**National Lymphedema Network**

Latham Square, 1611 Telegraph Avenue, Suite 1111
Oakland, CA 94612-2138
Hotline: 1-800-541-3259 or 510-208-3200
Fax: 510-208-3110
http://www.lymphnet.org/

Haley Rehab

The Ottawa Hospital Civic Campus
Maurice Grimes Lodge Level S (Sublevel)
200 Melrose Avenue
Ottawa, Ontario, Canada K1Y 4K7
Tel: 613-761-4062
Fax: 613-761-5094
Website: www.haleyrehab.ca
Exercises

Deep Breathing

In lying or sitting, take a deep breath in through your nose (for a count of 2 seconds) and then slowly release the breath through your mouth (for a count of 4 seconds). Relax. Repeat 3 times. Do this every hour.

Walking

Walking is a good exercise for managing lymphedema. The pumping action of the muscles helps push the fluid out. You do not have to walk long distances to gain the benefits of the exercise. Get out of bed and move around your room.

Foot and Ankle Exercises

In lying, move your foot up and down. Make circles with your ankle. Repeat in other direction.
Abduction

In lying, move your right leg away from the left leg. Slowly return it back toward your left leg. Repeat _____ times. Repeat on other side.

Hip and Knee Flexion

In lying, slide the heel of your foot along the bed bringing the heel of your foot towards your buttocks. Bend the knee as far as possible without pain. Now slide your foot down the bed until your leg is straight. Repeat ______ times on each leg.
Static Quads

In lying, tighten the muscles of your thigh making the knee straight. Hold for 5 seconds. Relax and repeat _____ times.

Knee Extension (Quads over Roll)

Place a roll under your knee. Gently push the back of your knee against the roll and straighten the leg by lifting your heel off the bed. Hold for 5 seconds. Repeat _____ times.
Questions/Notes