

Discharge advice following Vulval surgery and/or Groin Lymph Node Dissection

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This advice is intended as a general guide, as everyone is different. You will be given the opportunity to ask your nurse any questions before leaving the ward. You may also receive additional information which is relevant to you and which will help your recovery. If you feel there is information that you would like that you haven't been given please just ask.

How long will it take to recover from my surgery?

Following surgery for vulval cancer especially when groin nodes have been dissected, the rate of recovery depends on each individual and to a large extent on your general state of health before the operation. It is important to resume your normal activities gradually and limit what you do by how tired or uncomfortable you feel. It can take at least two to three months to recover from your operation, sometimes longer. Most women say they start feeling their 'normal' selves after three to six months.

Rest and exercise

Listen to your own body and use your common sense but do not push yourself too hard, accept help from others when it is offered. You can do light household duties such as dusting and making a cup of tea. After two weeks you can gradually start to do more and by six weeks most women are back to their normal levels of activity with the exception of heavy or prolonged lifting or strenuous sports.

You should therefore avoid excessive pushing, pulling or stretching, which includes heavy housework (vacuuming, ironing, mopping floors etc.) for **up to 12 weeks** after your operation. Avoid heavy or prolonged lifting, you shouldn't carry more than a three pint kettle. Allow children to climb onto your lap whilst you are already sitting rather than lifting them up.

You will continue to feel tired so continue to rest when you can and gradually increase the amount of exercise you do. Some exercise is very important because sitting for long periods can cause ankle and foot swelling and can increase your risk of deep vein thrombosis. You should also continue with the advised exercises.

Walking is an excellent form of exercise. Gradually increase the length of your walks but only walk a distance you are comfortable with. You should avoid high impact exercise (e.g. gym, jogging, aerobics) for 12 weeks after your operation. You should not swim until your vaginal bleeding has stopped and your wound(s) have completely healed.

Wound Care/Hygiene

Once at home it is important to continue to shower at least once daily to keep your wound(s) clean and rinse after toileting. If you have a hand held shower head use it on a cool and low setting and let the water run over the vulval area. After washing, gently pat dry your wounds with a clean soft towel (a small flannel may help to reduce the amount of laundry).

Some patients find it easier using a 'Sitz' bath (a type of receiver that fits over the toilet and allows you to soak just your buttocks and genital area). This can help to clean your vulva wound after toileting. Please ask for advice from your specialist Nurse. If you can't buy one locally they can usually be purchased online.

A district nurse will be organised to assess your wounds once you are discharged home and will carry out wound care. It is normal to feel tingling and pulling around the area of surgery as your wound(s) goes through stages of healing. It may take some time for the wounds to heal completely.

Vulval wound- Although vulval stitches are dissolvable they can become tight and can be removed by the district nurse after seven days depending on how well the wound has healed. If you are experiencing discomfort and stinging when passing urine due to the acidity of urine coming into contact with the wound, pouring a warm jug of water over the wound while sitting on the toilet might ease your discomfort.

Groin wounds- If your wounds are closed and clean leave them uncovered to aid healing.

It is common for these wounds to open or leak and frequent dressings changes may be necessary, your district nurse will support you with this.

Due to the location of the wounds it is relatively common that the wound may show signs of infection despite frequent washing, and your best efforts to keep it clean. **If you experience any redness, heat, tenderness or offensive discharge from your wound(s)** when you are at home please ask your district nurse/GP to swab the wound. It is likely that they will prescribe you a course of antibiotics.

If you or your district nurses require any information/support regarding wound care please contact the ward directly and ask to speak to one of the nursing staff on the numbers provided at the end of this booklet. Occasionally patients may need to be re-admitted into hospital if the wounds become difficult to manage.

Medication

You will take home the medicines you brought in with you. We will provide any extra medicines that you may need, such as pain relief, laxatives, anti-sickness medication or antibiotics. Use the medication as directed.

If you are taking pain relief medicine such as morphine or sleeping pills, do not drink any alcohol and do not drive. Contact your GP with any side-effects from your medication.

Diet

Try to eat a healthy balanced variety of foods with plenty of fresh fruit and vegetables. Introducing high fibre food including wholemeal bread, bran flakes, beans and pulses along with plenty of fluids will help prevent constipation. You should drink at least eight glasses of water (or non-sugary drinks) every day. Protein rich foods including fish, eggs, meat, hearty green vegetable and beans and pulses will help with the healing process.

Avoid fatty foods, excessive alcohol, cakes and sweets if you do not want to gain weight. Your operation won't make you put on weight but you must control your calorie intake whilst you are less active.

Some patients have a poor appetite following surgery which can be for many reasons. If this applies to you please consult your GP who can refer you to a dietician or prescribe supplements.

Constipation

Pain relief medication, reduced activity, having an operation and changes in your appetite can all affect your bowel function. If you are constipated following your discharge from hospital it is important that you try to address it as soon as possible. Try to increase your fluid intake and eat a well-balanced diet with foods rich in fibre e.g. wholemeal bread, bran flakes, beans and pulses.

If you have not moved your bowels for three days, please contact your GP or district nurse who may give you some medication to help.

Fatigue

It is common to feel tired and sometimes irritable and frustrated after surgery. Even simple everyday tasks that we usually take for granted, such as having a shower, might make you feel exhausted. This is very common and is usually temporary; it will improve with your recovery. In the meantime a good diet, exercises, relaxation and help from your family and friends can all ease the fatigue and its impact on your everyday life.

Your sleeping patterns may change due to a change in routine however it will return to normal along with your strength and stamina.

Sex and intimacy

Following vulval surgery, some patients worry about sexual intercourse being painful and are concerned about resuming sexual relationships. We would usually recommend no sex for at least the first six weeks after surgery to allow healing. However it can take several months for the vulval area to heal completely.

It can also take time for energy levels and sexual desire to improve. During this time it may feel important for you and your partner to maintain intimacy, despite not having sexual intercourse. Once you feel ready gentle penetration is advised, sometimes lubrication jelly can be used which can be prescribed by your G.P or bought over the counter.

You may also find that you feel a little numb during penetration however this should improve with time. It can still be possible to have an orgasm, although this is less likely if the clitoris is removed. After some surgery intercourse can become difficult due to tightness and scarring.

Having vulva surgery can have an impact not only on your physical relationship with your partner but can also affect you both emotionally. If you feel that you or your partner are struggling or have any questions related to your surgery, please contact your key worker.

Work

The right time to return to work will depend on your physical as well as your emotional recovery. When you return to work will also depend on the type of job you do. Remember that you have had a major operation and time is needed to allow the healing of your wounds. Any job requiring heavy lifting may take a bit longer to return to, but you are the best judge as to how you feel. It is advisable to take a minimum of six weeks off work to adjust to your diagnosis and treatment, although it may be longer if you have any complications. It may be helpful to talk to your employer for advice and support. Macmillan can also provide booklets on returning to work and support with any money worries.

Driving

It is acceptable to go anywhere as a passenger in a car but if you are travelling long distances, ensure you stretch your legs regularly. It is important to consider the safety of yourself and others before driving - ensure you have stopped medication that may affect your driving ability. From a surgical point of view we recommend you don't drive for at least six weeks after your operation. You need to be sure that you are able to fully concentrate, move without pain and be able to perform an emergency stop before resuming driving. You will also need to check with your own insurance company that you have insurance cover before you start driving again, you can also contact the DVLA for further information.

Getting Emotional Support

Patients have often reported feeling isolated, scared and lonely when they were first discharged home. It is common to feel frustrated at not being able to do the things you want to do. It is sometimes difficult for family and friends to understand how you are feeling.

It may be useful to refer back to the MacMillan booklet on vulval cancer as there are strategies within the booklet that may be helpful. It is very important to talk about your feelings, if you find this difficult you could join an on-line support group. If these feelings persist you should seek help or support from your local Gynaecology Clinical Nurse Specialist /key worker.

Follow up

You will usually be given a follow up appointment before your discharge from the hospital, if the histology (tissue) results from your surgery are not available before you are discharged home you will be given the results when you return to clinic. All results are discussed at our once weekly Multi-disciplinary Team Meeting (MDT). MDT members include: Gynae-oncology Surgeons, Histopathologists, Radiologists, Medical Oncologists, Clinical Oncologists and Clinical Nurse Specialists. The health care specialists will talk about the treatment they feel is best for your individual situation. This will then be discussed with you to decide and appropriate follow up arranged.

When to call a Doctor

Seek medical attention if any of the following occur:

- Severe pain not controlled by pain relief medication
- Fever, shaking or chills or other signs of fever
- Signs of wound infection including increased redness, swelling, tenderness, warmth or drainage from the wound
- Offensive smelling discharge
- Excess bleeding
- Persistent vomiting with the inability to tolerate food and fluids
- Constipation for more than three days
- Severe pain in either calf or leg or sudden onset shortness of breath or chest pain
- Problems passing urine and/or urinary problems

What symptoms should I look out for?

If you have any of the following symptoms, please contact your GP, Gynaecology Nurse Specialist or hospital and request a review appointment:

- Persistent itching and/or soreness of the vulva skin
- A new change in colour of the vulva skin
- A noticeable lump or swelling on the vulva
- A noticeable lump in either groin.

Advice after discharge

If you have any questions or concerns once you are discharged then please contact us on the numbers provided for advice.

- Gynaecology Clinical Nurse Specialist Monday-Friday 8.30-4.30pm-telephone 0191 4452123/3104.
- Ward 21 at the Queen Elizabeth Hospital –Anytime including bank holidays and weekends-telephone 0191 4452021.

Hopefully we will be able to deal with this over the telephone. If your problems require a physical assessment the nurse will arrange for you to be reviewed as soon as possible, we may advise you to attend your GP or local hospital.

If you are admitted to another hospital before or after your operation could you or a family member please inform the Queen Elizabeth Hospital by contacting your consultant's secretary.

Data Protection

Any personal information is kept confidential. There may be occasions where your information needs to be shared with other care professionals to ensure you receive the best care possible. In order to assist us to improve the services available your information may be used for clinical audit, research, teaching and anonymised for National NHS Reviews. Further information is available in the leaflet Disclosure of Confidential Information IL137, via Gateshead Health NHS Foundation Trust website or the PALS Service.

This leaflet can be made available in other languages and formats upon request