

Management of vulva cancer more than 1mm deep

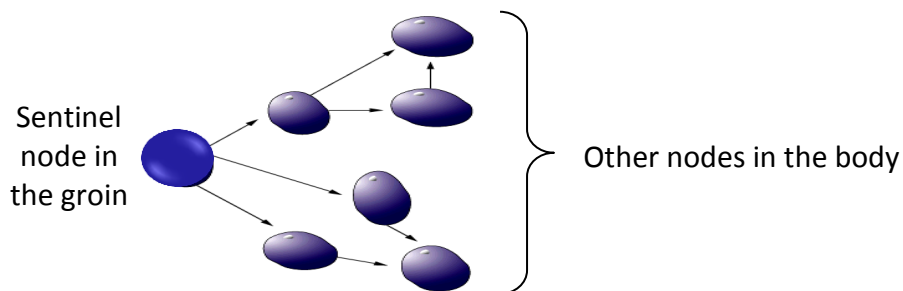
Management of vulva cancer more than 1mm deep

You have been given this leaflet because you have a vulva cancer which is greater than 1mm deep. Please take your time to read the following information carefully. Ask us if there is anything you are not clear about or if you would like further information.

What is the surgical management of vulva cancer more than 1mm deep?

Cancer of the vulva can spread to the rest of the body through a series of connected lymph nodes. These nodes are part of the immune system, and are found all around the body.

The cancer may spread to just one or two nodes first, before spreading further. These first nodes are called the 'sentinel nodes' (see picture below). It is unlikely that cancer of the vulva would spread to lots of lymph nodes, but if it does, the chances of survival are reduced in about one out of four cases. Surgical management of this cancer involves the two treatment options below.



Standard Treatment: Remove all lymph nodes in groin

Standard treatment is to remove all the lymph nodes in the groin, just in case the cancer has spread. The benefit of having all of your nodes removed is that we can be certain whether the cancer has spread. This reduces the risk of your cancer returning. If needed, we can offer you extra treatment in the form of radiotherapy.

Two out of three women having all their lymph glands removed will experience at least one of the following complications:

- 1) Lymphoedema – swollen legs, may resolve over months but might require referral to specialist clinic if persistent;
- 2) Lymphocyst formation – lymph fluid accumulating in the groin, may require antibiotics or drainage;
- 3) Infection or inflammation – may require intravenous antibiotics or readmission to hospital;
- 4) Wound breakdown – may delay discharge from hospital and recovery to normal activities.

Your hospital stay will be at least five days as we wait until we remove the drains from your groins. These complications may not occur immediately and may only present once you have been discharged from hospital. Occasionally you will need to be readmitted to hospital for treatment of the complications.

Alternative Treatment: Remove only the Sentinel Nodes

Recent studies have shown that if the sentinel nodes are clear of cancer then there is little benefit in removing all of the nodes in the groin. In these cases, only the sentinel node is removed. This can also mean a smaller wound and shorter hospital stay. This reduces all of the complications associated with the standard treatment.

You will only be offered this option if:

- a) The vulva cancer is in one location,
- b) The cancer measures less than 4cm size, and
- c) There are no enlarged lymph glands on examination or CT scan.

The techniques to find the sentinel node involve injecting radioactive solution to the vulva the day before surgery. We will apply local anaesthetic cream to the vulva before this injection but it can still be uncomfortable. During your operation, when you are asleep under general anaesthetic, we will also inject blue dye around the vulva. Some patients will have an allergic reaction to the blue dye (about one out of every 200 women). Also, the blue dye can discolour your skin and urine for a few days.

These two techniques (radioactive solution and blue dye) allow us to find the sentinel nodes in 19 out of 20 women. If we are unable to find the sentinel node this way, we will only know this during the operation so you need to decide beforehand how you wish to proceed. If we are unable to find the sentinel nodes would you prefer us to:

- a) Remove all of your lymph glands or
- b) Remove no lymph glands.

If you decide to have the sentinel node operation we need to know your decision two weeks before your date of surgery so we can make appropriate arrangements.

Occasionally we may inject a green dye (called ICG) during the operation to try and help us find the sentinel node. There is a low risk of allergy to this dye. As vulva cancer is rare and this is a new technique it is not established as the standard way to find the sentinel nodes.

The main risk with removing just the sentinel nodes is that there is a risk that we may falsely reassure you that your lymph glands are free from cancer (about three in 100 women). This means that there is a risk the cancer can return within two years (about two out of 100 women). When the cancer returns it may have spread from the vulva or groin to other areas of the body.

Is there an option not to have groin node or sentinel node surgery?

You have the option not to have surgery for your vulval cancer, however if you choose this option there is a chance that your cancer will spread. Without treatment the cancer can continue to spread and become advanced whereby surgery or radiotherapy can no longer be used as a treatment option.

Whom should I contact for further information?

If you require additional information or advice please contact your consultant's secretary on the numbers below. They are available Monday-Friday 9-5pm:

Mr R Naik (0191) 445 2872

Miss N Ratnavelu (0191) 445 6146

Miss A D Fisher (0191) 445 6148/6270

Alternatively, if you wish to speak with one of our Clinical Nurse Specialists please call:
0191 445 2123/3404.

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 and Statistics.

Further information is available via Gateshead Health NHS Foundation Trust website or by contacting the Data Protection Officer by telephone on 0191 445 8418 or by email ghnt.ig.team@nhs.net.

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

NoIL521 Version: 2 First Published: 07/2016 Review Date: 02/2021 Last Reviewed: 02/2019
Author: Nithya Ratnavelu/Robyn Lynch