

Vulval Cancer- Patient information leaflet

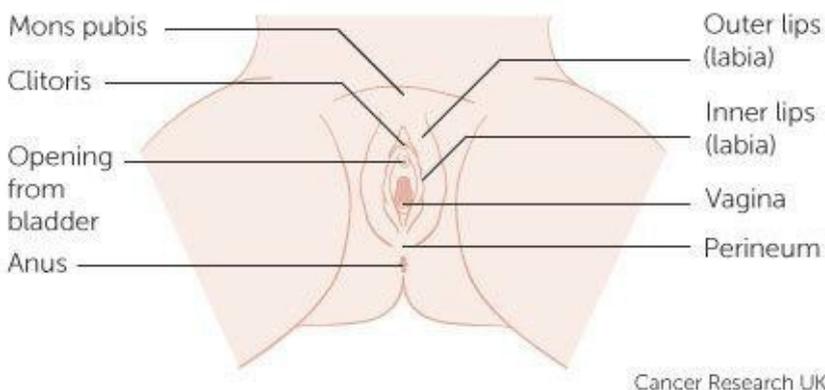
This leaflet contains some basic information for patients about some of the key facts related to vulval cancer. There will be additional supporting information provided which will be relevant to the specific treatment plan your team has arranged. If any information provided is unclear and you would like more details please mention this to your consultant or specialist nurse.

Cancer of the vulva:

You will be looked after by the gynaecology - oncology multidisciplinary team (MDT). The professionals who make up the MDT are experts in gynaecological cancer. They meet weekly to discuss your test results and recommend a treatment plan for you. This plan will be conveyed to you in clinic, unless alternative arrangements have been made, and a written letter of the discussion offered. Please do ask for this letter if for any reason it is not offered.

The vulva:

The vulva is the area of skin between a woman's legs. It consists of two outer lips called the labia majora and two inner lips the labia minora. At the front of the vulva is the clitoris which helps a woman to reach orgasm during intercourse. Just behind the clitoris is the opening through which women pass urine (urethra) and just behind this is the birth canal (vagina). The opening to the back passage (anus) is close to, but separate from, the vulva. The area of skin between the vulva and anus is called the perineum.



What causes cancer of the vulva?

Mucosal Human Papilloma-virus (HPV), chronic inflammatory changes (vulva dystrophy) or autoimmune processes are thought to be the cause of vulva cancer. HPV has been shown to be responsible for 60 percent of vulva cancer. Until recently vulva cancer was predominately a condition effecting older post menopausal women. However due to an increase in HPV the age related incidence is falling. Smoking can also increase the risk of vulva cancer; this may be because smoking makes the immune system less effective and less able to clear the HPV virus from your body.

Symptoms:

The most frequent symptom is a sore or itchy area on the vulva and/ or a lump, swelling or wart-like growth.

Tests for diagnosis:

Biopsy: This procedure is done under local or general anaesthetic. The doctor will take a small sample of tissue from the vulva. This will be examined for cancer cells by histopathologists in the laboratory using a microscope.

CT Scan: In this scan several small x-rays are taken of the area and fed into the computer. This builds up a detailed picture of the size and position of the cancer. Prior to the scan you will be asked to have a drink of contrast (a special liquid) to help produce good images of your internal organs. The scan can take 15 – 30 minutes. You will receive specific information about the scan with your appointment letter.

Blood tests: We may ask you to have blood tests to check your red blood cell count and possibly your kidney and liver function as an indicator of your general health.

Treatment:

Surgery

Surgery is the primary treatment for cancer of the vulva. Your doctor will advise you which area of the vulva needs to be removed. The amount of skin that needs to be removed varies. Generally the more skin that is removed the greater the discomfort and recovery time. Removal of some of the lymph glands in the groin may be recommended. If this is needed small plastic tubes (drains) may be left in the wounds for about one week.

There is a risk of developing lymphoedema post operatively (leg swelling) if lymph glands are removed. If your surgery involves the removal of lymph glands, additional information will be given to you. In many cases the removal of only one or two lymph nodes may be possible using a technique called sentinel lymph node (SLN) assessment. This is performed using small injections and a specialised scan just prior to surgery. SLN allows accurate assessment with reduced risks of lymphoedema and other complications.

Sentinel node assessment

Sentinel lymph nodes are the first lymph nodes that a cancer will drain to. The sentinel gland operation is quicker than the standard operation with a shorter hospital stay. Much less tissue is removed from the groins and the wounds are therefore stronger with a reduced risk of clots. Importantly swelling of the leg (lymphoedema) is less common.

An injection of a harmless radioactive marker into the skin next to the cancer is performed. Local anaesthetic cream reduces any discomfort from this injection. The injection is done the day prior to or on the same day as your operation. Pictures will then be taken at intervals over the next 2 hours to see which glands the marker has spread to. The marker will also help us find the 'sentinel nodes' during your operation. SPECT-CT scan is performed in nuclear medicine, this scan should pick up the radioactive dye that is injected around the cancer to find the precise location of the sentinel nodes prior to surgery.

During the operation some blue dye is injected around the cancer which will also help us to locate the sentinel glands. We will then identify and remove the sentinel lymph gland(s) from one or both groins. The gland(s) will be sent away for detailed assessment by the pathologist. During the operation we will also remove the cancer from the vulval area. If the glands cannot be identified then it may be necessary to remove all the glands in the groin, which may slow your recovery and increases the risk of leg swelling.

Radiotherapy or chemotherapy may also be recommended either instead of surgery, or in addition to surgery. Additional information will be provided if required.

Complications:

As with all surgical procedures, there are a number of potential risks and complications. Due to the site of surgery wound problems are common this can include infection, wound breakdown, swelling and bruising. Bleeding during and after the procedure can occur and if this is heavy, a blood transfusion may be recommended. Following surgery there is a risk of developing blood clots, this risk is reduced by the use of surgical stockings and blood thinning injections which you may need for one week.

If you require surgery on your lymph nodes, leg swelling (lymphoedema) and groin swelling can occur in up to 1 in 3 patients. These effects can be permanent but the use of sentinel node detection will dramatically reduce these risks. More information regarding lymphoedema is provided separately.

Following surgery, changes in the appearance of the vulva are common and may raise issues regarding sexuality and concerns around intimacy with a partner. Your clinical nurse specialist is available to discuss any concerns you may have.

Recovery:

This will be affected by the amount of surgery that has been performed. Typically patients are in hospital for 1-2 days, with a full recovery within 6-8 weeks. Often patients are fit to drive after a couple of weeks. The recovery may be slower if complications arise or additional treatment is needed.

Specific advice about wound care will be provided by the nursing staff.

Emotions and spirituality:

It is not unusual to feel overwhelmed after being told of a cancer diagnosis. Many different emotions arise which can cause confusion and frequent mood changes. Reactions differ from one person to another – there is no right or wrong way to feel.

Treatment for cancer of the vulva can affect a woman physically, emotionally and sexually. The gynaecology-oncology specialist nurse will support you, provide information and refer you to specialist services if needed.

Spiritual needs are individual and dependent on personal and philosophical beliefs. The gynaecology – oncology team will respect your beliefs and will try to meet your needs through the services available at the hospital, such as the Chaplaincy team and Big C cancer information centre.

Further help:

If you feel you would like further information and/or support please do not hesitate to contact: the Gynaecology Oncology Specialist Nurses on 01603 287742 who are available during office hours, please leave a message if they are unable to accept your call.

The Big C Family Cancer Information and Support Centre is based at the front of the hospital. Open Monday – Friday 09.30 – 16.30 Telephone: 01603 286116
www.thebigccancercentre.co.uk Do call in, no appointment needed.

VACO is a national support group for women affected by a vulval cancer. www.vaco.co.uk

Pandora's Box is a local self help group for anyone affected by a gynaecology cancer.
Telephone: 01603 288115 or 01603 287742

Macmillan Cancer Support can supply helpful booklets free of charge. These are accessible by visiting Macmillan.org.uk or telephone: 08088080000. These can also be accessed for you by your Gynaecology specialist nurse.

Videos about coming into hospital that are available on Youtube -
<https://www.youtube.com/watch?v=2nW8khbB8gA>

