NURSING CARE

CARE FOLLOWING A SIMPLE / RADICAL VULVECTOMY

Keywords: Vulvectomy, simple vulvectomy, radical vulvectomy, vulval cancer

AIM

- The appropriate management and care of a woman following a simple / radical vulvectomy.

POST OPERATIVE CARE

1. Nurse in the semi recumbent or Fowlers position, only for the initial 24 hours post operatively, to decrease tension on the suture line and promote comfort. Use a bed cradle if required.¹
2. Post operative observations shall be performed and recorded as per Clinical Guideline Care Following Major Gynaecology, Oncology or Urogynaecological Surgery.
3. Encourage 2 hourly change of position. Ensure standard VTE prophylaxis¹, ² including Flowtron boots³, graduated compression stockings⁴, early mobilisation and appropriate chest physiotherapy, and pressure ulcer prevention¹, ⁵ particularly of the heels.
4. Ensure groin drains are secured appropriately to prevent dislodgement as extensive lymphatic drainage is usual. There may also be a Yates drain in the perineum (usually sutured) - this drains into a gauze pad.
5. Ensure the in-dwelling catheter (IDC) is secured to promote drainage and comfort.
6. Drains and the IDC shall be removed as ordered.
7. Groin dressings are usually removed at 24 hours or as ordered. A dressing shall be reapplied as required.
8. Report any discolouration or induration of the suture line as it may indicate lymphoedema or lymphocyst formation. This can often present insidiously and be accompanied by low grade pyrexia.
9. Perineal toilet is performed three times per day and following all bowel actions¹. The area is dried using a hairdryer set to ‘cool’.¹ Paraffin gauze may be ordered for the perineal suture line. Use a combine as the perineal pad - underwear is not normally worn at this stage.
10. Consider the need for aperients to prevent straining.¹
11. Voiding patterns are usually re-established without difficulty however some ‘spraying’ of urinary flow may be noticed post-operatively. Encourage perineal toilets after passing urine or faeces.¹
12. Assist with mobilisation to prevent over extension of the suture line (particularly when getting into / out of bed). Consider the use of a footstool.
13. Provide the woman with opportunities to express her feelings and concerns about the surgery, including the recommencement of sexual activity and body image concerns.¹ Women may have difficulty discussing personal problems with family or friends.¹ Spending time counselling and providing advice helps reduce the negative impact from these concerns.¹
14. On discharge advise the woman to report any:
   - Unusual odour
   - Fresh bleeding
   - Breakdown on the incision
   - Perineal pain.
15. Educate the woman about:
   - The possibility of developing lower limb lymphoedema², and the signs, symptoms and action to be taken.¹
   - Preventative measures including a meticulous skin regime, advice on appropriate rest, exercise and movement,² and the importance of maintaining a healthy body mass index.
   - Wearing elastic stockings for 12 months after surgery to assist development of collateral pathways for lymph drainage.⁶
REFERENCES & STANDARDS


National Standards – 1- Care provided by the clinical workforce is guided by current best practice

Legislation - Nil

Related Policies –


Other related documents –

- Clinical Guideline Pressure Injury Prevention
- Clinical Guideline Care Following Major Gynaecology, Oncology or Urogynaecological Surgery
- Clinical Guideline Anti-embolic therapy
- Clinical Guideline Risk Assessment and Recommended Venous Thromboembolic Prophylaxis in Patients Admitted for Gynaecological Conditions

RESPONSIBILITY

Policy Sponsor Nursing & Midwifery Director OGCCU
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