Gloucestershire Hospitals NHS Foundation Trust

Patient Information

Wide Local Excision (WLE) of a vulval lesion

Introduction

This leaflet gives you information about Wide Local Excision (WLE) of a vulval lesion. This is a treatment for pre-cancerous, recurrent and early cancer of the vulva.

What is WLE of a vulval lesion?

This is removal of the vulval area containing pre-cancerous cells or cancer, along with a border of healthy tissue around it. The border of healthy tissue is called the margin. The important thing is that the margin of healthy tissue does not contain cancer cells

Before the operation

You should carry on taking your usual medications, unless told otherwise. We strongly advise that you stop smoking before your operation. If you develop an illness before your surgery date or have any questions, please contact your consultant's secretary.

Pre-operative assessment

You will be invited to the hospital any time before your surgery for a pre-operative assessment. During this assessment we will check your fitness for general anaesthetic and surgery. This will include recording a full medical history, your current medication and arranging any investigations needed. Please tell the nurse practitioner or doctor if you have had problems with any previous operations, anaesthetic or if you have any allergies – this is very important.

At this visit you will have the opportunity to discuss what to expect before, during and after your operation.
We will also tell you what you will be able to do during your recovery time. Your admission details should be confirmed with you at this visit.

Reference No.
GHPI1566_06_23
Department
Gynaecology
Review due
June 2026

Patient Information

Will I have to sign a consent form?

You will be asked to sign a form giving your consent to the surgery. The consent form gives your gynaecologist the right to do only what is written on this form.

If, during the surgery, there is an unforeseen problem, by signing the form you will have consented to have this corrected. Before signing the consent form, please feel free to ask any questions about the surgery that you do not understand.

During surgery

WLE is normally carried out under a general anaesthetic (while you are asleep). A narrow plastic tube called a cannula is inserted into a vein in your arm or hand using a needle. This is used to give you fluids and medications. After you have been given a general anaesthetic and you are asleep, a catheter (a tube for urine drainage) may be inserted into your bladder.

The wound will be closed with dissolvable stitches. The procedure takes about an hour, but you can expect to be in theatre and recovery for 3 to 4 hours.

After the operation

You will normally wake up in the operating theatres recovery area, but you may not remember much until you are back on the day unit or the ward in your own bed.

You will be given medication during your surgery to relieve the pain when you wake up. You may have some discomfort following your surgery but we will try to control this in the best way possible using a variety of pain relief.

Risks

- Bleeding
- Infections
- Breakdown of wound/delay to wound healing
- Deep Vein Thrombosis (DVT), blood clots in your legs. Pulmonary Embolism (PE), blood clots in your lungs
- Injuries to local structures (nerves, blood vessels, anal sphincter, urethra)
- Further surgeries and other treatments
- Risk of general anaesthetic

Patient Information

How long will I be in hospital?

You may be discharged on the same day or within 3 days depending on the surgery you have had.

At home

- You may still have some discomfort when you leave hospital but you will be given a supply of pain relief medication which you should take regularly for the best effect.
- You may feel weak or tired when you go home, this may last for a few days. Shower the area with lukewarm water and dry with a non-shedding cloth or cool hair dryer for a minimum of 3 times a day or every time after going to the toilet. It may be arranged for a district nurse to assess your wound and carry out wound care if needed once you are discharged. It is normal to feel tingling and pulling around the area of the surgery as your wound goes through stages of healing. It may take some time for the wound to heal completely. Although vulval stitches are dissolvable they may become tight and can be removed by the district nurse after 7 days depending on how well the wound has healed. If you are experiencing discomfort and stinging when passing urine, normally 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.
- Due to the location of the wound, it is 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 or offensive discharge** from your wound when you are at home, please ask GP for advice. They may take a swab of the wound to test for infection. It is likely that they will prescribe you a course of antibiotics.
- At first you may have a brownish discharge, this is normal. If the discharge gets heavier, foul smelling or if you have bright red bleeding, contact your GP or specialist nurse for advice.
- If you are still having periods your next period may be early or late as surgery can upset your normal cycle. It can take a while for your cycle to settle back into a normal pattern.
- You may return to work 2 to 6 weeks after the surgery depending on the depth and size of your wound, your general state of health before the operation, wound healing and your job.

Patient Information

- Gradually increase your activity each day. Some exercise is important because sitting for long periods can cause ankle and foot swelling and can increase your risk of deep vein thrombosis. Walking is an excellent way to exercise. Gradually increase the length of your walks but only walk a distance you are comfortable with.
- Do not swim until your vaginal bleeding has stopped and your wound has healed completely.

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 8 glasses of water (or non-sugary drinks) every day. Protein rich foods including fish, eggs, meat, hearty green vegetables and beans and pulses will help with the healing process. Avoiding fatty foods, excessive alcohol, cakes and sweets will help you to avoid putting on weight while you are less active. The operation will not make you put on weight but it is advisable to control your calorie intake.

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. If you have not moved your bowels for 3 days, please contact your GP who may give you some medication to help.

Sexuality

If you are sexually active it may be some months before you really begin to enjoy sex again. Do not be surprised if you feel very unsure about it. Remember that you need to look after yourself and allow yourself time to heal.

Patient Information

Talk to your partner if you have one, and be as honest as you can about what you want and do not want. It is fine to say no to any kind of sexual contact that does not feel right.

We can offer psychological support if you need it.

When to contact your GP

Seek medical attention for any of the following:

- Severe pain not controlled by pain relief medication
- Fever, shaking, chills or other signs of a fever
- Signs of wound infection such as 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 3 days
- Severe pain in either calf or leg, sudden shortness of breath or chest pain
- Problems passing urine and/or other urinary problems.

When can I drive?

You will be able to travel as a passenger, but if you are travelling long distances, please make sure that you stretch your legs regularly.

You should not drive until you feel able to perform an emergency stop comfortably and are not taking regular pain relief medication.

This usually means about 6 weeks before starting to drive again, but it is advisable to discuss this with your insurance company.

Follow-up

Results usually take 3 to 4 weeks to come back. Your results and treatment plan will be discussed at our weekly multi-disciplinary team meeting (MDT). These will then be discussed with you and the appropriate follow up actions arranged.

Gloucestershire Hospitals NHS Foundation Trust

Patient Information

Contact information

If you need any more information, or would like to talk to a member of the team, please telephone one of the numbers listed below.

Gynaecological Cancer Nurse Specialists
Tel: 0300 422 3181 or
Tel: 0300 422 4047

If your call, to either of the numbers listed above, is not answered, please leave a message.

Alternatively, email:
ghn-tr.gynaecologycancernurses@nhs.net

One of the Gynaecological Cancer Nurse Specialists will contact you by the end of the next working day.

Content reviewed: June 2023

Making a choice

Shared Decision Making

If you are asked to make a choice, you may have lots of questions that you want to ask. You may also want to talk over your options with your family or friends. It can help to write a list of the questions you want answered and take it to your appointment.

Ask 3 Questions

To begin with, try to make sure you get the answers to three key questions if you are asked to make a choice about your healthcare.

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?

These resources have been adapted with kind permission from the MAGIC Programme, supported by the Health Foundation

* Ask 3 Questions is based on Shepherd HL, et al. Three questions that patients can ask to improve the quality of information physicians give about treatment options: A cross-over trial. Patient Education and Counselling, 2011;84: 379-85

AQuA Advancing Quality Alliance · Right Care: Shared Decision Making Programme · NHS

https://aqua.nhs.uk/resources/shared-decision-making-case-studies/