

# Advice for patients having minor outpatient gynaecological vulval skin and vaginal procedures

## Introduction

A minor skin procedure has been arranged for you. This leaflet gives you some information about what to expect during and after the procedure.

Please let the staff know if:

- you are taking any blood thinning medication (such as warfarin, clopidogrel, aspirin, rivaroxaban or apixaban). It is not normally necessary to stop these medications before the procedure, your gynaecologist will advise you if this is required.
- you have had any allergic reactions to previous local anaesthetic procedures.
- you suffer from needle phobia.
- you are pregnant.

## About the procedure

- You can eat and drink as normal before and after the procedure.
- A local anaesthetic will be used to numb the area to be operated on. This will sting briefly while the anaesthetic is injected into the skin.
- After the procedure you may have skin stitches. These stitches will be dissolvable and will not need removal. The stitches are likely to dissolve and come away within 2 weeks. At times it can take as long as 4 weeks.

## Will I have any pain after the procedure?

Once the local anaesthetic wears off, you will experience pain in the area where the procedure was performed. Simple pain relief such as paracetamol or ibuprofen (if not allergic) will help to relieve any discomfort.

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Department

Gynaecology

Review due

July 2026

## Patient Information

### After your procedure

- The nurse or healthcare assistant in clinic, assisting the doctor, will go through a checklist with you and give you wound care advice. They will then discharge you from the clinic.
- Due to the position and area of the wound, the stitches will not be covered with a dressing. This is normal for procedures carried out in the vulva area.
- You can wash the area while taking a shower.
- Avoid taking a bath for 2 weeks.
- Pat the area dry with a clean soft towel after washing.
- Avoid using soap or shower gel in the vulva area for 2 weeks.
- Avoid using tampons for 2 weeks after the procedure. This will help to reduce the risk of infection.
- Avoid sexual intercourse for 2 weeks, until the wound has healed and is less sore.
- Likely problems after the procedure include bleeding, infection and scarring.
- Minimal bleeding is normal and will settle within a week.
- If you develop a strong smelling discharge and redness, you may have an infection. Please contact your GP for advice.
- Skin procedures might leave scars; these will be permanent but may fade over time. Vulval skin scars usually heal well. If you have any problems or are concerned, please contact the hospital using the number provided at the end of this leaflet.
- If a skin lesion is removed, it would often be sent for laboratory testing (biopsy). If this is the case, you will be informed and the doctor will communicate the results by letter within 6 to 8 weeks.
- If a face to face follow up appointment is required, the nurse or doctor will inform you of the arrangements before you leave the hospital on the day of the procedure.
- If you wish to speak to the doctor after the procedure and before discharge, please let the nurse know so that they can inform the doctor and take you to the consultation room.

If you have any questions, please ask the nurse or doctor.

## Patient Information

### Contact information

#### Gynaecology Outpatients Department

Gloucestershire Royal Hospital

Tel: 0300 422 2385 (answerphone)

Please listen to the message, then leave your name, hospital number, date of birth and your contact details. A member of the team will call you back. Messages will be picked up during office hours, Monday to Friday, 8:30am to 4:30pm

If your concern is urgent, please contact your GP or NHS 111 for advice.

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## 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



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