

This handout explains what vulva surgery is, what to do before and after surgery, and when to get help.

What is vulva surgery?

Vulva surgery removes tissue around the vulva (the outer part of the female genitals). This may include the opening to the vagina (the inner part of the female genitals). The types of vulva surgery include:

- **Laser surgery:** When a laser is used to burn off the top layer of unhealthy skin
- **Wide local excision:** When the unhealthy or cancerous skin is cut out of your body
- **Vulvectomy:** When part or all of your vulva is removed

Before your surgery

Carefully read the About Your Surgery Experience section in the **Guide to Your Surgery** your care team gave you. You can also find the guide by scanning the QR code or visiting FredHutch.org/guide-to-your-surgery.



During your surgery

Vulva surgery is done using general anesthesia which means you will be fully asleep during the procedure. If you are having a wide local excision or vulvectomy, the surgeon will make an incision (surgical cut) in your skin to remove any unhealthy or cancerous tissue and then close the incision.

After surgery instructions

Incision care (for wide local excision and vulvectomy only)

- The incision will be closed with stitches that will dissolve as the incision area heals. It is normal to have some spotting (light bleeding) after surgery.
- Take a sitz bath 5-6 times a day and after every time you poop. Sitz baths help your healing skin stay clean and prevent infection.

Incision care, continued

- You take a sitz bath by sitting in warm, shallow water for 15 to 20 minutes or as directed by your discharge instructions. Gently pat the vulvar area dry after each sitz bath. You may also use a hair dryer on the cool setting to help dry the area.
- You will be given a tub (basin) to use for sitz baths when you go home from the hospital. Thoroughly clean and dry the basin after each use to prevent any bacteria from growing.
- After you pee, use the squirt bottle that you got after surgery to gently rinse the area that was cut.

Pain management

- Take pain-relieving medication (acetaminophen) and/or anti-inflammatory medication (such as ibuprofen) as prescribed to ease your pain. Your doctor may prescribe opioid pain medication. Take only as needed for severe pain.
- Pain medication may cause constipation. Make sure to take medication to prevent constipation as directed by your discharge instructions. Please see the Constipation After Surgery section in the “Guide to Your Surgery” manual for more information on how to treat and prevent constipation.

Diet

- Drink plenty of fluids, such as water, non-caffeinated tea, juice, soup, and smoothies. It is important to stay hydrated after surgery.
- You may return to your regular diet after surgery. Try to eat soft, bland foods for the first few days after surgery. Avoid foods that upset your stomach.
- Eat small, frequent meals during the first week after surgery.

Personal care

- **Do not** put anything into your vagina for 2 weeks after surgery, or as directed by your surgeon. This means you cannot use **tampons, douche, have sexual intercourse, or put medication into your vagina.**

Activity and work

To lower your risk of infection after surgery, **for at least 2 weeks:**

- If you had a wide local excision or vulvectomy, **do not** lift anything that weighs more than 10 pounds. For reference, a gallon of milk weighs 10 pounds.
- **Do not** do any activities that make your body work hard.
- **Do not** take a bath (other than a sitz bath), soak in a hot tub, go swimming, or dip your incision area until it is fully healed.

Activity and work, continued

- You may start doing your normal activities again when you feel well enough to do so. You should be doing all your normal activities by 3 to 4 weeks after surgery
- Walk every day after surgery. Walking is healthy and helps you to heal. You can walk up and down stairs.
- You may need to take time off work to recover. Talk to your team if you're unsure about how much time to take off.

When to get help

Call the clinic if you experience:

- Heavy vaginal bleeding (needing to change a pad more than once an hour), a foul (bad) smell coming from your vagina, or if vaginal bleeding continues 4 weeks after surgery
- Fever and/or chills
 - **Temperature taken by mouth at or above 100.4°F (38°C)**
 - Temperature taken under the arm at or above 99.5°F (37.5°C)
- Any sign of infection in your incision:
 - Redness
 - Increasing pain
 - Swelling
 - Foul-smelling drainage
- A change in the type or amount of drainage
- Pain that is new or uncontrolled by pain medications
- Nausea and/or vomiting
- Difficulty passing gas, pooping, or peeing
- Pain or swelling in your legs
- Difficulty breathing or shortness of breath
- Concerns that can't wait until your follow-up visit

Adapted with permission from After Your Wide Local Excision, Vulvectomy or CO2 Laser Procedure, 11/2024, University of Washington Medical Center, Seattle, Washington