



**OFFICIAL**

**OBSTETRICS AND GYNAECOLOGY  
CLINICAL PRACTICE GUIDELINE**

# Vulvectomy (Simple / Radical): Care Following

<b>Scope (Staff):</b>	WNHS Obstetrics and Gynaecology Directorate staff
<b>Scope (Area):</b>	Obstetrics and Gynaecology Directorate clinical areas at WNHS
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## 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 (sitting semi-upright), for the initial 24-48 hours post operatively, to decrease tension on the suture line and promote comfort. Use a bed cradle if required.<sup>1</sup>
2. Post-operative observations and general care shall be performed and recorded as per [Obstetrics and Gynaecology Clinical Guideline](#): Preoperative Preparation and Postoperative Care of the Surgical Patient (including sections on 'Care following surgery: gynaecology, oncology or urogynaecology' and 'Postoperative observations')
3. Encourage two hourly changes of position. Ensure standard VTE prophylaxis<sup>1, 2</sup> including Flowtron boots<sup>3</sup>, graduated compression stockings,<sup>4</sup> heparin, early mobilisation and appropriate chest physiotherapy, and pressure injury prevention<sup>1</sup>.
4. Ensure groin drains are secured appropriately to prevent dislodgement as extensive lymphatic drainage is usual, this may not occur for several days. There may also be a Yates drain in the perineum (usually sutured), which drains into a gauze pad.



5. Ensure the in-dwelling catheter (IDC) is secured to promote drainage and comfort.
6. Strict fluid balance charting of drainage output.
7. Remove drains and the IDC as ordered.
8. Groin dressings are changed as required (PRN).
9. Report any swelling, 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.
10. Perineal toilet is performed three times per day and following all bowel actions<sup>1</sup>. A moisturising and disinfectant wound irrigation solution (e.g. Prontosan soak) is applied to the suture line for five minutes after perineal toilet, then removed and area dried with a hairdryer set to cool<sup>1</sup>.
11. Consider the need for aperients to prevent straining.<sup>1</sup>
12. 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.<sup>1</sup>
13. Assist with mobilisation to prevent over extension of the suture line (particularly when getting into/out of bed). Consider the use of a footstool.
14. Provide an opportunity for the patient to express her feelings and concerns regarding the surgery, including the recommencement of sexual activity and body image concerns.<sup>1</sup> Patients may have difficulty discussing personal problems with family or friends.<sup>1</sup> Spending time counselling and providing advice helps reduce the negative impact post-operatively.<sup>1</sup>
15. On discharge, advise the patient to report any:
  - Unusual odour
  - Fresh bleeding
  - Breakdown on the incision
  - Perineal pain.
16. Refer to Physiotherapy for specialist lymphoedema advice and measurement of limbs.









## References

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3. Ho K, Tan JA. Stratified meta-analysis of intermittent pneumatic compression of the lower limbs to prevent venous thromboembolism in hospitalized patients. Circulation [Internet]. 2013;128(9):1003-20. Available from: <http://circ.ahajournals.org/content/128/9/1003>.
4. Kahn SR, Morrison DR, Cohen JM, Emed J, Tagalakis V, Roussin A, et al. Interventions for implementation of thromboprophylaxis in hospitalized medical and surgical patients at risk for venous thromboembolism (Review). Cochrane Database of Systematic Reviews [Internet]. 2013 (7). Available from: <http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD008201.pub2/pdf>.

## Related WNHS policies, guidelines and procedures

[Obstetrics and Gynaecology Clinical Guideline](#): Preoperative Preparation and Postoperative Care of the Surgical Patient

## Useful resources and related forms

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## Version history

Version number	Date	Summary
1	Aug 2025	<p>First version.</p> <p><b>History:</b> In Aug 2025 this guideline was split back into an individual document. Previously: In Sept 2017 amalgamated five individual guidelines (from section Gynaecology), dated from 2001, into one document 'Gynaecology (non-oncological)'. The content in this guideline formed one chapter of that document. Prior to Sept 2017, these chapters were individual guidelines. Contact OGD Guideline Coordinator for previous versions. Original titled as C.13.1.3 'Care Following a Simple / Radical Vulvectomy'.</p> <p><b>Changes in this version:</b></p> <ul style="list-style-type: none"> <li>• Strict fluid balance charting of drainage out put</li> <li>• Groin dressings are changed as required (PRN)</li> <li>• A moisturising and disinfectant wound irrigation solution (e.g. Prontosan soak) is applied to the suture line for five minutes after perineal toilet, then removed and area dried with a hairdryer set to cool</li> <li>• Refer to Physiotherapy for specialist lymphodema advice and measurement of limbs</li> <li>• Language changed to 'patient' throughout</li> </ul>

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