

Treatment for vulvar cancer

Last reviewed October 2014

Contents

- [Surgery](#)
- [Radiotherapy](#)
- [Chemotherapy](#)
- [Information reviewed by](#)

Cancer of the vulva usually takes many years to develop but, like other types of cancer, it is easier to treat and cure at an early stage.

Treatment may involve surgery, radiotherapy and chemotherapy.

You may have one of these treatments or a combination.

Surgery

Surgery is the main treatment for cancer of the vulva. The type of operation you have depends on the stage of the cancer.

Laser surgery—this operation uses a narrow beam of intense light (laser) as a knife to remove a small tumour. This is not used to treat invasive cancer.

Wide local excision—in this operation the surgeon removes the cancerous part of your vulva and about a one centimetre border of healthy tissue around the cancer (called the margin).

Radical local excision—the surgeon cuts out the cancer and a larger area of normal tissue all around the cancer. The groin lymph nodes may also be removed (known as lymph node dissection).

Partial vulvectomy—the affected part of the vulva is removed. The surgeon may also take out some healthy tissue around the cancerous tissue. This may mean that a significant portion of the vulva is removed.

Radical vulvectomy—the surgeon removes the entire vulva including the clitoris. Usually surrounding lymph nodes are also removed.

If it is necessary to remove a large area of skin you may need a skin graft or skin flap. To do this the surgeon may take a thin piece of skin from another part of your body (usually your thigh or abdomen) and stitch it on to the operation site. It may be possible to move flaps of skin in the vulva area to cover the wound. The graft or flap will be done as part of the same operation.

Pelvic exenteration— This operation is very rarely done and only if the cancer has spread well beyond the vulva. The surgeon takes out the affected organs such as the lower bowel, bladder, uterus or vagina. The surgeon will aim to remove all of the cancer while preserving as much normal tissue as possible. However it is important that a margin of healthy tissue around the cancer is removed to reduce the risk of the cancer coming back (recurring) in this area.

Lymph nodes

The lymph nodes in the groin are usually the first place to which vulvar cancer spreads. Lymph nodes are part of the lymphatic system and are found mainly in the groin, neck and armpits.

Lymph node surgery is usually not needed if the cancer is less than one millimetre deep. Women with deeper cancers will probably have nodes, from one or both sides of the groin, removed.

If the cancer is small the surgeon may perform a sentinel node biopsy. You will have an anaesthetic and an injection of radioactive dye near the site of the cancer. This dye will identify the lymph node most likely to be the first to have cancer spread to it. The surgeon can remove this node and send it to the laboratory to be analysed to decide if further treatment is necessary.

Sometimes removing several nodes in the groin can stop or slow the natural flow of lymphatic fluid. When this flow is blocked it can cause your leg to swell. This can happen soon after surgery or some years later. This is called lymphoedema.

Recovery after surgery

Your recovery time after the operation will depend on the type of surgery you have. If a small amount of skin is removed the wound will probably heal quickly. If your lymph nodes are removed or your surgery is more extensive recovery will take longer.

Painkillers

You will have medication to reduce any pain. Some women have an injection into a space around their spinal cord called an epidural. This numbs the body from the waist down.

Catheter

A tube called a catheter will drain urine and keep your wound clean and dry. This will be removed within a few days.

Wound care

If you have stitches they will usually dissolve as the wound heals. If not they will be removed within a couple weeks of surgery. It is important to try to keep your wound clean. Some women have a dressing that is changed regularly. The surgical site will be regularly cleansed. Try to keep your vulva as dry as possible. If your vulva is numb be careful patting it dry because you won't realise how much pressure you are using. Some women prefer to use a hair dryer on a low heat setting to dry the area.

Exercise and movement

You should start gently moving around as soon as possible after your operation. If you have skin grafts or flaps you may need bed rest for a few days. Women with stitches should try to keep their knees together when getting out of bed so the stitches do not tear. The nurse or physiotherapist can help you do regular leg and breathing exercises.

When you return home, you will need to take it easy. You may not be able to lift anything heavy or drive for six to eight weeks.

Using the toilet

You may find that going to the toilet is different. The urine stream may spray in different directions. This can be messy and frustrating. Sometimes it helps to sit further back on the toilet seat. You can also buy a reusable, silicone funnel to direct the flow of urine. Overtime the urine stream should become more manageable.

The emotional impact of having cancer and surgery is significant.

You may wonder how it could affect your sexuality. This is covered in a separate article.

Radiotherapy

Radiotherapy uses high-energy x-rays to destroy or kill cancer cells. Whether you have radiotherapy or not will depend on the stage of the cancer, its size, whether it has spread to the lymph nodes and, if so, how many nodes are affected.

You can have radiotherapy:

- before surgery to shrink the cancer and make it easier to remove (neo-adjuvant treatment)
- after surgery to get rid of any remaining cancer cells and reduce the risk of the cancer coming back (adjuvant treatment)
- instead of surgery
- to control symptoms of advanced cancer.

External radiotherapy

External radiotherapy is the most common type of radiotherapy for cancer of the vulva. You will lie on a treatment table and a machine will direct radiotherapy at the affected area of the vulva. Treatment is normally given daily over a few weeks.

The number of radiotherapy sessions you have will depend on the type and size of the cancer each treatment takes about 10–15 minutes.

Internal radiotherapy

Internal radiotherapy (brachytherapy) is a way of delivering radiotherapy directly to the tumour from the inside of your body.

This is a less common treatment for vulvar cancer.

You will be given a general anaesthetic and a special applicator will be inserted into your vulva. Radioactive pellets will be inserted into the applicator to deliver the treatment.

You can have this treatment as an inpatient in hospital (low-dose treatment) or receive shorter outpatient treatment sessions (high-dose treatment).

Radiotherapy to the vulva and groin is painless, but it can cause side effects. The side effects you experience depend on the radiotherapy dose and the length of your treatment.

Side effects

You may have some of the following side effects:

- **Skin redness, soreness and swelling**– The vulva is sensitive to radiation and the skin may become sore and swollen. Use lukewarm water to wash your vulva and avoid using perfumes, lotions or talcum powder.
- **Hair loss**– You may lose your pubic hair. For some women, this can be permanent.
- **Lymphoedema**– Radiation to the groin can increase the risk of swelling in the legs.
- **Narrowing of the vagina**– Radiotherapy can cause your vagina to shorten and narrow which may make sex uncomfortable or difficult.
- **Cystitis**– This is inflammation to the bladder lining. Cystitis can make you feel like you want to pass urine frequently or give you a burning sensation when you do.
- **Diarrhoea**– Radiotherapy can irritate the bowel and cause you to have loose stools.

If you notice any side effects let your doctor know.

Chemotherapy

Chemotherapy uses anti-cancer drugs to kill or slow the growth of cancer cells.

Treatment is often given:

- during the course of radiotherapy, to make treatment more effective
- to control cancer that has spread to other parts of the body
- as palliative treatment to relieve the symptoms of the cancer.

Chemotherapy may be given as tablets or, more commonly, by injection into a vein (intravenously). You will have several treatment sessions, followed by a break. Treatment can often be given to you during visits to a hospital or clinic as an outpatient but sometimes you may spend a few days in hospital.

Side effects

Most people have some side effects from chemotherapy. However these can usually be controlled with medication.

Common problems include feeling sick (nausea), tiredness and a reduced resistance to infections. Chemotherapy for vulva cancer may also increase any skin soreness caused by radiotherapy.

There are many different types of chemotherapy drugs and the side effects vary. Some people find that they are able to lead a fairly normal life during their treatment while others become very tired and need to take things more slowly. Do as much as you feel like and try not to overdo it.

For more information, call Cancer Council [13 11 20](tel:131120) for a free copy of *Understanding Radiotherapy*, *Understanding Surgery* or *Understanding Chemotherapy*.

Information reviewed by: Prof Jonathan Carter, Head Gynaecologic Oncology, Chris O'Brien Lifehouse, Professor of Gynaecological Oncology, University of Sydney, and Head Gynaecologic Oncology, Royal Prince Alfred Hospital, NSW; Ellen Barlow, Gynaecological Oncology Clinical Nurse Consultant, Gynaecological Cancer Centre, The Royal Hospital for Women, NSW; Jason Bonifacio, Practice Manager/ Chief Radiation Therapist, St Vincent's Clinic, Radiation Oncology Associates and Genesis Cancer Care, NSW; Wendy Cram, Consumer; Kim Hobbs, Social Worker, Gynaecology Oncology, Westmead Hospital, and Chair COSA Social Work Group, NSW; Lyndal Moore, Consumer; Pauline Tanner, Cancer Nurse Coordinator, Gynaecological Cancer, WA Cancer and Palliative Care Network, WA.

Content printed from <https://www.cancersa.org.au/information/a-z-index/treatment-for-vulvar-cancer>

This website is made possible by the generous support of South Australians.
Copyright © 2010-2018 Cancer Council SA