

This leaflet has been written to help you understand about cancer of the vulva, its diagnosis, treatment and support available. You may wish to discuss some aspects with your doctor or support nurse (named at the back of this leaflet)

What is Cancer?

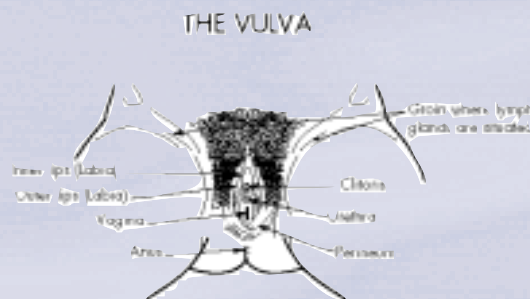
The organs of the body are made up of cells. Cancer is a disease of these cells. The cells normally divide in an orderly manner. Sometimes the cells divide out of control - developing into a lump/tumour. A tumour which is malignant consists of cancer cells which have the ability to spread beyond the original site, destroying surrounding tissue, sometimes they can break away and spread to other parts of the body.

The Vulva

The vulva is the area of skin between a woman's legs and it is made up of all the visible sex organs. The vulva consists of two outer lips (labia majora) and two inner lips (labia minora). The clitoris (a very small structure which can be an area of sexual climax) lies at the top of the vulva. Below this is the urethra (a tube through which urine passes) and just next to this is the vagina (birth canal). The anus (back passage) is separate from the vulva but is in the same area.

Lymph glands are situated in the groin area at the top of each leg.

Lymph glands are part of the lymphatic system which act as the body's natural defence against infection and disease.



How does Cancer of the Vulva develop?

We may not know the exact cause of your cancer, but some wart virus infections (Human Papilloma Virus) have been linked to vulvar cancer. This is an uncommon cancer (approx 900 cases per year in the UK). It usually affects women between the ages of 55 and 75 but it can occur in younger women and the more elderly.

What are the signs and symptoms?

The most common symptoms include soreness or an itchy area on the vulva. Some women have a burning sensation, bleeding or may find a lump on the vulva. A change in colour or the appearance of an ulcer on any part of the vulva should also be investigated by a doctor. All these symptoms can be a sign of many conditions other than cancer of the vulva.

Diagnosing Cancer of the vulva

A full medical history will be undertaken and a number of other tests may be carried out before a definite diagnosis can be made. This may include:

- Examination of the vulva, vagina and rectum.
- Biopsy will be needed - a minor operation done under local or general anaesthetic. The doctor will take a small sample of tissue from the vulva (for further examination under a microscope).

If the biopsy shows you do have cancer, the doctor may wish you to have:

- Further biopsies from the vulva and perineum (known as mapping).
- Blood tests
- Chest X-Ray
- ECG Electrocardiograph (tracing of your heart)
- An MRI scan (see CCO leaflet No21) may be needed to determine if the cancer has spread to other areas.

Stages of Cancer

Staging is a process of investigations which may be used to determine type/size of the tumour and if there is any spread. Staging is important to help decide treatment options.

Stages of cancer of the vulva

Stage 1 Cancer is found only in the

vulva and is less than 2cm in size.

Stage 2 Cancer is found only in the vulva but it is greater than 2cm in size.

Stage 3 Cancer cells have spread outside the vulva and/or the lymph nodes in the groin.

Stage 4 Cancer cells have spread beyond the vulva to the bladder (sac that holds urine) or the bowel or other distant parts of the body.

Recurrent Disease. Means the cancer has come back (recurred) after it has been treated.

Treatment Options

There are three main treatment options for cancer of the vulva:

- Surgery
- Radiotherapy
- Chemotherapy

The type of treatment best for you will be decided by your consultant in discussion with yourself.

Clinical Trials

Clinical trials are research studies involving patients which compare a different type of medical care with the best treatment currently available. You may be approached regarding a clinical trial which your consultant or specialist nurse will be able to discuss with you. Cancer Bacup produce a booklet which may be helpful to you.

Surgery

Surgery is the main treatment. It may be used alone or with radiotherapy. Your doctor will discuss with you the type of surgery required to remove the cancer. This can vary from:

- Removing the cancer tumour and a small amount of surrounding tissue.
- Removing the cancer tumour and a larger area of surrounding tissue.
- Removing the above and the lymph glands in the groin.
- Removing the whole of the vulva and the lymph glands.

Your doctor will discuss with you whether remaining skin can be stitched back together or if a skin graft will be needed. For further information about surgery and your hospital stay, see the hospital information leaflets.

Radiotherapy

Radiotherapy is the use of high energy X Rays (like having an X-Ray) to destroy cancer cells. Radiation comes from a machine outside the body (External Beam Radiotherapy). This may be offered preoperatively or postoperatively. The type of radiotherapy and length of time will be planned and decided individually between the doctor and yourself. (see Clatterbridge Centre for Oncology radiotherapy booklet, for more information).

Chemotherapy

Depending on the type and stage of your cancer/tumour, your doctor may suggest chemotherapy treatment. (see Clatterbridge Centre for Oncology booklet & specific information sheets).

Life and Relationships

- Most people feel overwhelmed when they are told they have cancer.
- Many different emotions arise which can cause confusion.
- Reactions differ from one person to another.
- There is no right or wrong way to feel.
- You may experience the whole range of personal emotions and reactions both similar or different from family and friends.
- Support and guidance is available in coping with these feelings.
- Many people find great comfort in their faith and or religious and spiritual beliefs.

Following the diagnosis of cancer and your subsequent treatment, you may experience physical changes. There may be some issues/concerns you wish to raise /explore, i.e..

- Body Image
- Sexual Health
- Menopause Symptoms
- Others

Your support nurse (named at the end of this leaflet) will be able to support you by explaining about the issue /concern and provide advice and information if required. This may help you adjust/cope with these changes. This may include involvement of other members of the Health Care Team (HCT) i.e.

- Dietician
- Lymphoedema Practitioner
- Physiotherapist
- Occupational Therapist and your Primary Health Care Team (PHCT), General Practitioner (GP), District Nurse (DN), Community Macmillan Nurse (CM)

You may not be aware of who can help with changes in social and financial matters, but your support nurse can put you in touch with the relevant people who can provide guidance and advice in these and other aspects, including childcare, how to tell the children and practical day to day issues.

You may wish to explore information and coping methods to help yourself. Therefore the following booklets may be helpful, (there are many others).

- Adjusting to life after cancer - Cancer Bacup
- Close relationships & cancer - Cancerlink
- Life with cancer - Cancerlink

- Sexuality & Cancer - Cancer Bacup
- Body image and sexuality - Cancerlink
- Lymphoedema - hospital information leaflet

Complementary Therapies

Complementary therapies may be helpful to you and your family. There are many different types i.e.

- Reflexology
- Massage
- Relaxation

and many others. Your support nurse can advise you by providing information regarding the appropriateness for you and how to access them.

Your Follow up Care

This will be tailored to your specific needs. The doctors will see you on a regular basis in the outpatient department (OPD). If you develop any further symptoms the doctor will see you promptly and may start further investigations.

Your Gynae Support Nurse/Clinical Nurse Specialist named on this leaflet will also be able to offer you and your family advice, information and support, regarding your cancer, subsequent treatment and associated health issues.

Equal Opportunities

The hospital is committed to promoting an environment, which provides equal opportunities for all patients, visitors and staff. If you have special requirements such as dietary needs, interpreter services, disability needs or a preference for a female doctor, please do not hesitate to discuss this with a member of staff who will try to help you.

Support Networks Available

Further information, advice and support is available for you/partner family from:

Locally

CANCER RESOURCE STORE
Tel: 0151 709 6161
SEFTON CANCER SUPPORT GROUP
Tel: 0151 521 5179
CANCER SUPPORT CENTRE
Tel: 0151 726 8934

Nationally

CANCERBACUP
Tel: 0808 800 1234
CANCERLINK
Tel: 0808 808 0000
MACMILLAN INFORMATION
Tel: 0845 601 6161
GYNAE C
Tel: 01793 338885
RADICAL VULVECTOMY SUPPORT GROUP
Tel: 01977640243

Website information may be obtained from your hospital, local and national support networks above.

Ask your support nurse for a free copy of the Cancer Guide, which can guide, support and inform you through your cancer experience.

Personal contact

Name

Tel No

Support Nurse

Hospital Macmillan Nurse

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District Nurse

Other

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Questions you may wish to ask

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2

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References

CancerBacup 1998

Understanding Cancer of the Vulva.

Office for National Statistics (1998)

Cancer Statistics Registration 1992.

MBI No 25 London, The Stationary Office.

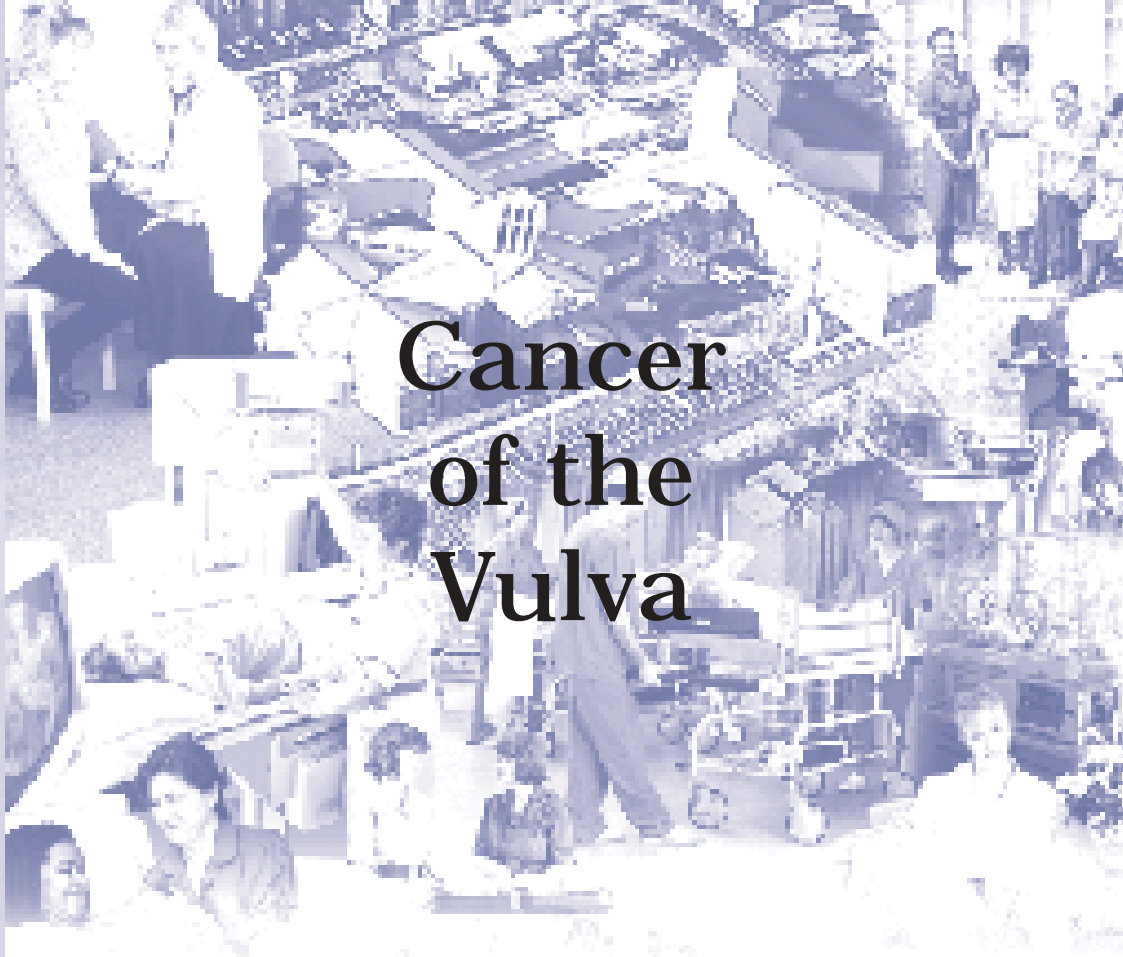
RCN Gynaecological Cancer 1999

BBC / Macmillan Cancer Relief

The Cancer Guide (1997).

CancerBacup (1996).

Understanding Clinical trials.



Cancer of the Vulva

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NHS Trust

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LWH/42/02.02

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