Vulval biopsy the Procedure Explained

Information and Consent

This leaflet tells you what to expect during and after your procedure and who to contact if you have any concerns when you go home.

What is a Vulval Biopsy?

A vulval biopsy is a minor surgical procedure in which a small piece of tissue is removed from the abnormal area of vulva. Sometimes it is not possible to know exactly what is wrong with the skin just from looking at it. If this is the case, then a biopsy can often give useful information that can help to make a diagnosis or to suggest suitable treatment.

A vulval biopsy is carried out under local or general anaesthesia. We do this procedure under local anaesthetic in outpatient settings or in day surgery unit under general anaesthetic. Sample is sent to laboratory and will be examined under microscope by the pathologist.

Pre-procedure:

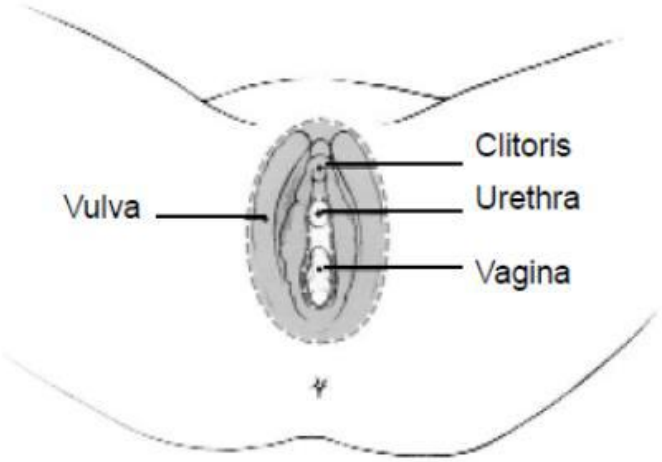
Local anaesthetic - You can eat and drink normally beforehand.
General anaesthetic - Stop eating 6 hours and stop drinking clear fluids 2 hours before procedure.
Continue with your medications and inform us if you are on blood thinners or antiplatelet medications, we will advise you when to discontinue them. You will be asked to sign a consent form.
Please inform us if you have allergies.

How long will the biopsy take?

The overall procedure takes up to 30 minutes, including consent and consultation. You will be asked to lie down on your back with your legs apart. Local anaesthetic will be injected into the vulva to numb the area, this might sting for few seconds, biopsy will not hurt but might be uncomfortable. We will re-schedule procedure under general anaesthetic if it is too uncomfortable under local anaesthetic. A biopsy involves taking a small or larger piece of skin from the vulval area, this usually closed with one or more dissolvable stitches.

Occasionally the biopsy site can be closed without stitches, applying silver nitrate to seal the area. Afterwards you may have a discoloured discharge for a day or two.

Diagram of the vulval area from where the biopsy can be taken



After the biopsy

Will I be able to drive home or go home by myself on the bus? Having a biopsy taken from the skin can be uncomfortable. It may be a good idea to arrange for someone to take you home afterwards. It is a good idea to rest for a couple of hours after the biopsy to minimise the chances of bleeding from the wound.

The stitches tend to dissolve and fall out by themselves. The anaesthetic usually wears off after about half an hour. The biopsy site will feel a little sore. You may feel more comfortable if you take a pain killer such as paracetamol or ibuprofen.

We would advise that you avoid heavy work or prolonged standing for the rest of the day after a vulval biopsy. You can wash the vulval skin with plain water after you pass urine; you will find that soothing. Otherwise, you can just dap the skin gently with toilet paper. When you have your bowels open, make sure that you wipe the skin in a direction away from the vulva. Again, if you rinse the skin fully after going to the toilet, that will help to keep the wound as clean as possible.

Please continue to wash the vulval skin every day as normal. It is best to wash the skin with water alone. This is easiest in a shower, but if you take a bath, make it a quick but thorough rinse and avoid soaking in the bath for the first two to three days after the biopsy to allow the wound to dry out.

After washing, it is important that you dry the area thoroughly. This can be done by gently dabbing the area with a clean towel (do not rub) or by using a hairdryer set on 'cool'.

We advise you to wear loose clothing and cotton underwear post procedure. Do not use flannels or sponges to wash the vulval area.

When can I get back to normal after the biopsy?
It will take a few days for the skin to heal up and you will probably find the area is tender. It may sting when you pass urine, and you may find that loose clothes are more comfortable for a couple of days.

Vigorous exercise such as running, cycling, horse riding etc. should be avoided for a few days after the biopsy as the area is likely to be uncomfortable and the biopsy site will be fragile.

You can resume sexual intercourse after three or four weeks if the area is fully comfortable.

If you are a regular swimmer, you can start swimming again after the stitches have dissolved or after the biopsy site has healed fully.

What are the risks of having a Vulval Biopsy?
There are some small risks from vulval biopsy. The biopsy may leave a small scar on the skin. There will be some bleeding at the time of the biopsy, but the operator will aim to stop this before you leave the couch.

Occasionally, the bleeding starts up again later on in the day. If this happens, you should press on the skin with a piece of cotton wool or towel for 15 minutes whilst resting, lying down. If the bleeding does not stop then, you should contact the clinic or the accident and emergency unit at the local hospital.

The small wound in the skin can allow infection to get into the body. This is rare. If this happens, the site of the biopsy will feel more uncomfortable and hotter as the days go by and may start to ooze. If this happens, you should contact your doctor as you may need antibiotic treatment.

Very rarely will the scar be painful in the long term. This depends on the underlying skin condition and if you have had vulval pain in the background.

When will I get the result?
Your doctor or nurse will arrange to contact you or see you again when the result is back and to talk about any treatment that might be advised.

This will be either:

- In a letter sent to you through the post
- Discussed with you during your next outpatient appointment.
- By telephone if the results need to be discussed urgently

Your GP will also be sent a letter explaining the results of your biopsy.

If you have not heard anything by eight weeks after the biopsy, please contact the clinic in case we have had difficulty in contacting you.

Useful Contact numbers

EGAU, Grange University Hospital - 01633493557

AMBU and Colposcopy Unit, Nevill Hall Hospital – 01873733239

References:

North Lincolnshire and Goole NHS Trust: Advice following vulval biopsy North Tees and Hartlepool NHS Foundation Trust leaflet
Vulval biopsy. Cancer research UK
Vulval biopsy. MACMILLAN Cancer support

"This document is available in Welsh /
Mae'r ddogfen hon ar gael yn Gymraeg".

Patient identifier/label

Patient agreement to Gynaecology investigation or treatment:

Name of proposed procedure or course of treatment: **Vulval punch biopsy (single or multiple) or vulval excision biopsy**

Statement of health professional *(to be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy, and preferably capable of performing procedure themselves)*

This procedure involves taking small sample(s) from the vulvar skin. First a local anaesthetic, sometimes mixed with a medication to help control bleeding, is injected into the vulvar lesion. Next an instrument is used to obtain the sample. Pressure will be applied to the biopsy site in addition to silver nitrate or stitches to control bleeding. The vulvar biopsy will be sent to pathology for examination. The procedure may be used to diagnose infections, inflammatory, pre-cancer, cancer or other conditions affecting the genital skin. Sometimes it may involve removal of entire lesion with a margin of normal tissue (excision biopsy).
Risks: bleeding, hematoma, infection, mild/moderate discomfort, scarring, and failure to diagnose or cure the underlying condition, persistence or recurrence of the condition, need for repeat procedure.
Benefits: achieving a diagnosis and/or alleviating symptoms.
Alternatives: not doing the procedure, trial of medical treatment.
I have been advised of the nature and purpose of the proposed surgical procedure(s), the nature of my condition, alternative types of treatment and the prognosis with vs. without treatment.
Any extra procedures which may become necessary during the procedure

Other procedure *(please specify)* ……
This procedure will involve
General and/or regional anaesthesia Local anaesthesia Sedation

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.
This patient information leaflet has been provided

Signed …… Date ……

Name *(print)* …….. .. Position ……

Contact details *(if patient wishes to discuss options later)*
……

1. Statement of patient/parent

You have the right to change your mind at any time, even after you have signed this form)

I have read and understand the information the information in the attached booklet, including the benefits and any risks

I agree to the procedure described in this booklet and on the form. **I understand** that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience. When a trainee performs the examination it will be undertaken under the supervision of a fully qualified practitioner.

Signature…….…… Name(print):……....
Date…….

Statement of interpreter *(where appropriate)*

I have interpreted the information above to the patient to the best of my ability and in a way in which I believe they can understand.

Signed …… Date ……

Name *(print)* ……

Top copy accepted by patient Yes / No *(please circle as*

Confirmation of consent (to be completed by a health professional when the patient is admitted for the procedure, if the patient/parent has signed the form in advance)

I have confirmed that the patient/parent understands what the procedure involves, including the benefits and any risks. The patient has no further questions and wishes the procedure to go ahead.

Signed…….
Date…….

Name (PRINT)…… Job title…….....

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