

## Operative procedure (Core)

Wide local excision refers to removal of the full thickness of vulval skin or mucosa with preservation of subcutaneous fat and other deep tissues (older terminologies include partial vulvectomy, superficial vulvectomy, skinning vulvectomy).<sup>1-3</sup> Wide local excision is usually performed for pre-invasive or non-malignant lesions or for diagnostic purposes where cancer has not been ruled out.

Radical vulvectomy (partial or total) is usually performed for biopsy confirmed invasive carcinoma and involves removing the vulval tissue down to the deep fascia. Radical vulvectomy may include removal of the clitoris with prepuce, the labia majora, labia minora, a portion of vagina, urethra, and/or anus.<sup>1-3</sup> It is desirable that orientation of the specimen is provided by the surgeon to enable evaluation of margin status; this may be achieved by the placing of sutures or by provision of a diagram or photograph.

Wide local excision and radical vulvectomy procedures will be tailored depending on the tumour size, pathological diagnosis, patient wishes/expectations, likely impact on psychosexual function and tumour location with respect to proximity to other vital structures.

## References

- 1 de Hullu JA, van der Avoort IA, Oonk MH and van der Zee AG (2006). Management of vulvar cancers. *Eur J Surg Oncol* 32(8):825-831.
- 2 American College of Obstetricians and Gynecologists' Committee on Gynecologic Practice and the American Society for Colposcopy and Cervical Pathology (2016). *Management of Vulvar Intraepithelial Neoplasia*. Available at: <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2016/10/management-of-vulvar-intraepithelial-neoplasia> (Accessed 19th February 2021).
- 3 C. Paul Morrow and John P. Curtin. (1996). *Gynecologic Cancer Surgery*. Churchill Livingstone.