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FEMALE GENITAL TRACT SURGERY
PATIENT INFORMATION GUIDE

Female genital tract surgery encompasses a range of specialist procedures designed to repair damage and restore function and appearance in the vaginal region.

Introduction
Although these procedures are available on the NHS, reconstructive genital tract surgery is not yet well established as a service, and patients may not automatically be offered the treatment options outlined in this section. If you or a family member requires treatment for a genital tract condition, you may need to make enquires and pursue these routes yourself.

What conditions might affect a patient in this area?
Conditions that most commonly require reconstructive female genital tract surgery include:

- Vulval, cervical and anal cancer/pre-cancer
- Congenital problems
- Birth trauma

Who will I see as a patient?
Patients requiring reconstructive genital tract surgery will be seen by a multi-disciplinary team. This team will be made up of specialists working together to make sure that the best possible treatment is given. Depending on the nature of the condition, specialists within a genital tract team may include the following:

- Plastic surgeon
- Nurse
- Gynaecologist
- Oncologist
- Pathologist
- Clinical oncologist (if radiotherapy is needed)
- Psychotherapist

Cancer and pre-cancer
Vulval cancer
Surgeons specialising in female genital tract reconstruction are often called in to treat a precancerous condition known as Vulval Intra-epithelial Neoplasia, or VIN. The term VIN refers to changes that can occur in the skin that covers the vulva. While VIN is not in itself problematic, if left untreated it can develop into full-blown vulval cancer. Around 25% of VIN cases that are not treated become cancerous. VIN can affect women of any age from 20 onwards, although it is more common in women over 50. It is most frequently caused by transmission of a virus known as the HPV virus during sexual intercourse.

What surgery is available and what techniques are involved?
Some cases of VIN do not require surgical intervention. In those cases that do, a plastic surgeon will work alongside a gynaecologist and a cancer surgeon to treat the problem First, a local surgical excision will be carried out to remove the affected area. Occasionally, the entire vulva will need to be removed – but this is only when the affected areas are large or multiple. Once the excision is complete, a plastic surgeon will work to reconstruct the vulva using local skin grafts or flaps. A skin graft involves taking a healthy patch of skin from one area of the body, known as the donor site, and using it to cover another area where skin is missing or damaged. Flap surgery, meanwhile, involves the transfer of living tissue from one part of the body to another, along with the blood vessel that keeps it alive.

What should I expect as a patient?
Before surgery is carried out, a multi-disciplinary treatment team will decide whether or not radiotherapy is also needed. This treatment, along with all surgery, should be carried out in a combined gynaecological oncology clinic.

The aim of VIN treatment procedures is to help restore function and form within the damaged area; to get things looking and working as close to normal as possible. The surgical treatment of VIN has a good success rate, but patients should be aware that the healing process is not always straightforward due to the local urinary and defaecatory functions carried out in this area.

If patients can avoid infection, their post-operative wounds should heal within a couple of weeks, although some people find that certain psycho-sexual problems can arise as a result of surgery in the genital region. There can also be problems relating to postoperative scarring, and patients may need revision surgery to correct or minimise the scarred area. General follow-up appointments will also be needed – sometimes for up to five years, and sometimes for the rest of a patient's life.

Cervical cancer
Cervical cancer, like VIN, is also commonly caused by the transmission of the HPV virus. Sexual intercourse at an early age, and/or having multiple sexual partners can increase the risk of catching the HPV virus. Cervical cancer can take many years to develop. Before it does, changes occur in the cells of the cervix. These abnormal cells are not cancerous, and are called cervical intra-epithelial neoplasia, or CIN. These changes are sometimes referred to as pre-cancerous. This means that the cells might develop into cancer if they are not treated – however, most women with CIN do not go on to develop cancer.

What surgery is available and what techniques are involved?
As with VIN, CIN is treated by excision surgery to remove the affected cells. In cases where cervical cancer has developed, radiotherapy may also be required. In more complex cases , plastic surgeons may be required to carry out vaginal reconstruction to repair the deficit left by the excision procedure, or to tidy up scarring left by radiotherapy. These procedures can be complex, often requiring the transfer of large surgical tissue flaps.

Anal cancer

For patients with pre-cancerous cells in the anal region, surgical procedures are often carried out to remove abnormal skin growth – known as anal intraepithelial neoplasia (AIN) – in and around the anus. Following these pre-cancerous excisions, plastic surgeons are then required to replace skin and tissue in the affected area using graft or flap reconstruction. Patients with full-blown colorectal cancer require major surgical and non-surgical treatment. Firstly, the surgical excision or removal of the rectum may be carried out, often accompanied by radiotherapy to shrink the tumour. Reconstructive surgery is then needed to fill the large space that has been created by these interventions and to facilitate wound healing. For women, these procedures may also include vaginal reconstruction.

What should I expect as a patient?

Surgery to repair damage sustained during colorectal cancer treatment is generally very successful, although the procedures involved can be complex. Wounds in this area can be left to heal on their own, but often flap reconstruction is appropriate. Patients may sometimes need to have a temporary colostomy bag

Congenital problems

Some female babies are born with rare vaginal abnormalities. In some cases, these abnormalities are relatively minor, requiring only small-scale surgical interventions. For example, in cases where a patient's hymen has not opened properly, there are straightforward surgical procedures to correct the problem. Likewise, congenital vaginal stenosis (constriction or blockage) is usually quite simple to resolve. In other cases, the extent of the congenital abnormality can be severe – as with female babies who are born without a vagina. In this instance, a vaginal dilator is often used to create the missing vagina in the pit of the perineum, with a view to enabling the patient to achieve full sexual function and fertility in later life. Sometimes a more complex reconstruction is needed.

Birth trauma

About a third of all gynaecological reconstructive work carried out by plastic surgeons involves the treatment of birth trauma. There can be a great deal of cutting and tearing during childbirth. These tears can involve the labia, which sometimes split in two; they can also reach as far as the rectum and often affect the sphincter. The surgical procedure to repair birth-related tears, known as an episiotomy, can often leave scarring at the entrance of the vagina, and is sometimes done too tightly. These conditions can cause acute discomfort and pain during sexual intercourse. In these cases, plastic surgeons will be required to unpick the episiotomy stitches and repair the damage that has been done. Surgeons will also work to tidy up the perineum following tear-related sphincter surgery.

What should I expect as a patient?

Birth trauma surgery can be complex and risky, often requiring more than one procedure. Once surgery is complete, however, the recovery period can be quite quick, with patients resuming normal sexual and other functions within about six weeks One of the main problems is getting patients referred to the appropriate specialist units. GPs and midwives can be slow to make the right referrals, so if patients are experiencing problems in this area they should seek a second opinion.

Cosmetic procedures

Cosmetic surgery is also available to reduce, enlarge and tighten certain parts of the vagina. While these operations are often requested on purely aesthetic grounds, they may also relate to sexual dysfunction and general discomfort and can, on this basis, be requested on the NHS. However, vaginal surgery carried out for no other reason than to enhance appearance is only available privately.

Labiaplasty

A labiaplasty is a surgical procedure to reduce the size of the inner lips of the vagina, known as the labia minora. This operation is often requested on cosmetic grounds, but also for functional reasons. Some women find that oversized or elongated labia can prolapse into the vagina during sexual intercourse, while others report discomfort in certain articles of clothing. During the operation, a surgeon will remove a wedge from the labia minora and use a local tissue flap to repair the wound that is created. It is a relatively straightforward procedure that usually yields good results. Most patients find that the area is well healed after two weeks, and is fully back to normal after six weeks.

Vaginal tightening

Following childbirth some women find that their vagina has loosened, in some cases becoming so lax and splayed as to cause major sexual dysfunction. Women may request vaginal tightening with the aim of restoring their genital area to functional and visual normality. In such cases, surgeons carry out a procedure known as posterior repair, whereby the vagina is separated from the rectum and the muscles pulled together to tighten the vaginal structures.

Augmentation of the labia majora

In cases where the outer lips of the vagina (labia majora) are considered to be too small, surgeons can augment this area using fat transfers, grafts and injections into the labia.

Hitching and recontouring of the mons pubis

In women of a certain age, the mons pubis (the mound about the vagina) can drop, causing what some patients find to be an aesthetically unappealing bulge. This can be treated by a surgical hitching up of the loose abdominal skin around the mons pubis.

Where should I go for more information and support?

RCOG - Royal College of Obstetricians and Gynaecologists
NCT - National Childbirth Trust
NMC - Nursing and Midwifery Council