



# Nursing Care Guidelines for patients following vulval surgery

The aim of this document is to provide nursing staff with guidelines and their rationale for the care of women following vulval surgery. The greatest potential complication following surgery is infection and much of the nursing care is directed at reducing the risk of this occurring.

Care Need	Instruction	Rationale
Diet	Pt to commence clear fluids as tolerated post-operatively and be upgraded to a low residue diet as directed by MO.	To reduce the risk of infection to the wound by preventing contamination from stools.
Bed Rest	Pt is to remain on bed rest. The amount of time will vary depending on the extent of the surgery - usually 48 hours for simple excision and up to 10 days for vulval flaps.	To reduce wound breakdown by reducing pressure on the wound.
Sequential compression devices	Are to remain insitu while the pt is on bed rest.	To reduce the risk of deep vein thrombosis.
IDC	The indwelling catheter is to remain insitu while the pt is on bed rest or as directed by MO.	Allow wound healing and reduce the risk of infection from contamination.
Bed Cradle	The bed cradle should be placed in the middle of the bed, over the vulval area.	This is to prevent pressure on the vulval area and allow air flow for wound healing.
No plastic/blueys	No plastic or blueys are to be placed under the patient.	This is to reduce the risk of infection caused by moisture.
Peri Care	Day 1 post op pt's are to commence tds peri washes which includes the following: <ul style="list-style-type: none"><li>• Place the patient on a bed pan</li><li>• Irrigate the vulva with normal saline</li><li>• Dry the area using a hair dryer</li><li>• Apply Chlorsig 1% ointment</li></ul>	This is required to keep the area clean and dry.
Hygiene	Pt's need to be educated to wipe from front to back following urination and bowel motions.	This is to reduce the risk of infection through contamination.
Pain relief	Oxycodone 5 – 10mg every 3hrs prn Paracetamol 1g qid	To relieve pain from surgical wound.
IVAB's	First dose given intra-operatively and day 1 & 2 post op or as directed by MO.	To reduce the risk of infection.