University Hospitals Coventry and Warwickshire NHS Trust

Patient Information

Gynaecology

Vulval Cancer

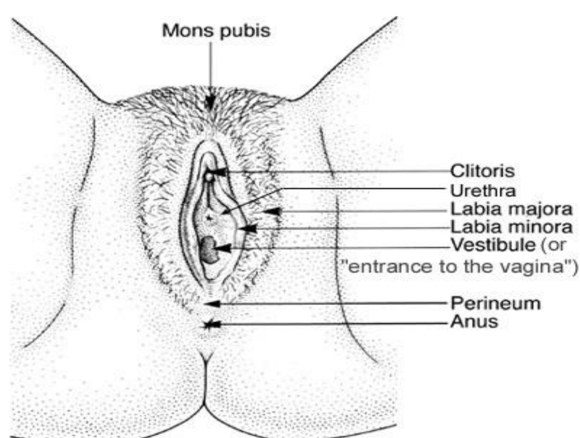
You have recently been diagnosed with cancer of the vulva. It is normal to experience a wide range of emotions. This can be a very frightening and unsettling time. Whatever you may be feeling at present, try talking about it with someone who can help you, such as, your GP, consultant or specialist nurse. They will listen, and answer any questions you may have, and put you in touch with other professionals or support agencies if you wish.

What is the vulva?

The vulva refers to the female genital area. It consists of the labia majoria **two outer lips**, and the more delicate labia minora **inner lips**, the clitoris and the vagina.

Between the labia minora are two openings. One opening is the entrance to the vagina (**birth canal).** The other opening is the urethra – the tube that carries the urine from the bladder to the outside of the body.

At the front of the vulva is a small organ called the clitoris, which helps a woman to have an orgasm during sex. The opening to the back passage is called the anus. This is close to the vulva, but separate from it. The diagram below shows where everything is.



Cancer can occur on any part of the vulva. The most common sites are the labia majoria or the inner edges of the labia minora. Sometimes cancer of the vulva can involve the clitoris.

What causes cancer of the vulva?

As yet, we don't know the exact cause of vulval cancer. We do know that cigarette smoking can increase the risk of developing both vulval abnormalities and vulval cancer.

Sometimes abnormal cells are found in the skin of the vulva. This is called Vulval Intraepithelial Neoplasia (VIN) VIN is linked to the human papilloma viruses – a wart virus infection also associated with cancer of the cervix. The most likely viruses to cause VIN are human papilloma viruses 16, 18 or 31. There are three levels of abnormality: VIN1, VIN 2 and VIN 3.

VIN 3 has the most abnormal cells and may be precancerous. This means that these abnormal cells are not yet cancer; however, in some but not all women, they will become cancer in the future. Finding these abnormal cells early and, if necessary having them treated can prevent vulval cancer.

There is no evidence that cancer of the vulva is infectious or that it can be passed on to other people. It is not caused by a faulty inherited gene; therefore other members of your family are not likely to be at risk of developing it.

What are the symptoms of vulval cancer?

Symptoms of vulval cancer or pre-cancer may include:

- Constant itching, burning or pain in the vulva.
- Changes in colour of the vulva or the way the vulva looks.
- The presence of a wart-like growth, ulcer or lump.

Any of these symptoms needs investigating by a gynaecologist.

How is cancer of the vulva diagnosed?

The gynaecologist will take a full medical history from you and then carry out a physical examination. This will include an examination of your vulva, and a vaginal internal examination to check for any abnormal swellings. It may include an internal examination of your rectum, back passage. He/she will also check both your groins to see if there are any swollen glands.

The gynaecologist may need to examine the vulva with a colposcope. This is an instrument like a small microscope which gives a magnified view of the skin of the vulva, **vulvoscopy**. It does not go inside you.

A biopsy

Sometimes the examination with the colposcope may find an obvious area of abnormality. The gynaecologist may take a small piece of skin, a biopsy**,** from the vulva. You will have a local anaesthetic for this, so you should not feel anything.

If necessary, you can come into hospital and have the biopsy taken under a general anaesthetic. The biopsy will be sent away to the laboratory where the pathologist will carefully look for cancer cells using a microscope. The results should be ready in 2-3 weeks' time and your gynaecologist will get in touch with you to discuss the findings.

How is cancer of the vulva described?

Knowing the extent of the cancer and the type of cells helps the doctors decide on the most appropriate treatment.

The stage of a cancer is a term used to describe its size and whether it has spread beyond its original site.

Vulval cancer can be divided into four progressive stages:

- **Stage one:** Cancer is found only in the vulva and/or the space between the opening of the rectum and the vagina (perineum). The affected area is 2cm or less, wide.
- **Stage two:** Cancer is found in the vulva and/or the perineum. The affected area is larger than 2 cm wide.

- **Stage three:** Cancer is found in the vulva and/or perineum and has spread to nearby tissues such as the lower part of the urethra (the tube through which urine passes), the vagina, the anus (the opening of the rectum) and/or nearby lymph nodes.
- **Stage four:** The cancer has spread beyond the urethra, vagina and anus into the lining of the bladder or the bowel; or, it may have spread to the lymph nodes in the pelvis or to other parts of the body.

Vulval cancer is also graded. Grading refers to the appearance of the cancer cells under the microscope. The grade gives an idea of how quickly the cancer may develop. There are three grades:

- **Grade one: (low grade)** the cells look very like normal cells. They are usually slow growing and less likely to spread.
- **Grade two:** (**moderate grade)** the cells look more abnormal.
- **Grade three: (high grade)** the cells look very abnormal. They are likely to grow more quickly and are more likely to spread.

How is Vulval cancer treated?

The treatment you receive will follow agreed guidelines for the treatment of vulval cancer. These guidelines are based on the best research available.

Your gynaecologist will take everything about your illness into account and will recommend an individually tailored programme of treatment for you. At each stage he/she will discuss and explain everything, and get your opinion and your consent, to the treatment he/she recommends. Your clinical nurse specialist/support nurse, (key worker) will explain anything you are concerned about and answer your questions. At appropriate times she will offer you more written information for you to read. If you would like to know anything or would like more information, just ask her. Her telephone number is on **the useful contact names and telephone numbers sheet.**

This booklet is not meant to replace any discussion you may want to have with clinical staff.

Surgery

The main treatment for cancer of the vulva is surgery.

Radiotherapy or chemotherapy

Radiotherapy or chemotherapy can be used alone or together. They may be used before surgery to shrink the cancer, or after your operation to make sure that any remaining cells are destroyed.

Surgery for cancer of the vulva

You will have a general anaesthetic, or a spinal/epidural anaesthetic, for any surgery.

All operations for cancer of the vulva will remove the area of the skin where the cancer is. The operation can range from removing the cancer and a small surrounding area of healthy tissue, to an operation in which the labia, groin lymph nodes and sometimes the clitoris are removed.

The cancer will be removed using one of the following operations:

- **Wide local excision:** if you have a small cancer it may be possible for your surgeon to take out the cancer and a margin (usually at least 1cm) of normal skin.
- **Radical local excision:** This involves taking out the cancer and a larger area of the normal tissue all around the cancer. The lymph nodes in your groin may also be removed (lymph node dissection).
- **Partial vulvectomy:** removing part of the vulva.
- **Radical vulvectomy:** This involves taking out the entire vulva including the inner and outer labia and sometimes the clitoris. The lymph nodes will also be removed in both groins, bilateral lymph node dissection.

Usually only a small amount of unaffected skin is removed with the cancer, so often your surgeon can stitch the remaining skin back together. However, if it is necessary to remove quite a lot of skin, you made need to have a skin graft. To do this the surgeon will take a thin piece of skin from another part of the body, usually the thigh, and stitch it on to the operation site.

Sometimes plastic surgery is needed in order to close the surgical wounds. If plastic surgery is needed, skin and fat is often moved from the crease of

the buttocks where it meets the top back of your thigh, to close the vulval wound.

Lymph nodes

The lymphatic system is made up of a network of vessels which carry a clear fluid called lymph around the body. Along the course of the vessels are groups of lymph nodes or glands which filter the lymph and trap any bacteria, cancer cells or other harmful substances which may be carried in it. Lymph nodes may be found in the neck, axilla (armpit), chest, abdomen and groin. Each group of nodes tend to receive lymph from a specific area of the body and it is the lymph nodes in the groin which receive lymph from the vulva.

Because the groin lymph nodes are the most common place for a vulval cancer to spread, it can be useful to remove some or all of the lymph nodes at the time of your surgery. This allows the doctors to accurately stage your disease and make sure you receive appropriate additional treatment if required.

The lymph nodes are removed through a separate cut, incision, in each groin.

The Vulval skin and lymph nodes that are removed are sent away to the laboratory to be examined under the microscope.

Sentinel Lymph Node surgery (SLN)

For certain types of vulval cancer, particularly if it is a small tumour (< 4cms) and preferably on one side of the vulva, a sentinel node procedure may be possible.

The sentinel lymph nodes are the first node(s) to which the cancer is likely to spread from the primary tumour. There may be one or a few sentinel node(s) within any group of lymph nodes and these can be identified or mapped using a scan technique called a lymphoscintogram.

The lymphoscintogram is usually performed the day before your surgery in the medical physics department. A local anaesthetic cream is applied before a radioactive substance is injected near the tumour site. A series of images are then taken using a CT scanner to identify the groin nodes with the radioactive substance (the sentinel node/s).

Once the sentinel nodes are identified the surgery can aim to remove only these, leaving the majority of lymph nodes intact.

This procedure allows just the one or a few targeted groin nodes to be removed rather than the majority of them, which in turn reduces the risk of lymphocyst formation and lymphoedema in the future.

The procedure is helpful in accurately identifying lymph node/s to which your cancer may have spread to in approx 95% of cases. Your doctor will be able to discuss your case in further depth with you.

Groin or Inguinal Lymph Node Dissection (LND): Removing the lymph nodes through an incision in one or both (bilateral) groins.

What happens when I come into hospital?

If surgery is decided as the most appropriate form of treatment for your vulval cancer then usually you will come to hospital a couple of weeks before your planned surgery for your pre-admission checks. This appointment takes about two hours. This gives you a chance to meet your clinical nurse specialist/support nurse again and to see the lay out of the ward. You will also discuss your planned surgery and what to expect after your surgery whilst you are in hospital. You will have blood tests, and may require swabs, a chest x-ray, ECG (tracing of your heart)and any other investigations necessary before your surgery.

On the morning of your surgery your consultant, or a doctor from the team working with your consultant in theatre, will visit you.

They will again explain the planned operation and make sure that you understand the risks associated with your surgery. Although you will have already signed your consent form at a previous clinic appointment, they will go through the consent form again.

Unless you have any medical problems, you will come into hospital on the morning of your operation.

The anaesthetist will come to see you to make sure that you are fit to have a general anaesthetic. He/she will explain what will be involved when you have your anaesthetic and what pain relief you can have after your operation.

Your clinical nurse specialist/support nurse will see you during your stay in hospital; she will give you further information and support. You will also be able to contact her when you go home. Her details are on the **useful contact names and telephone numbers** sheet.

Are there any risks involved with vulval surgery?

As with all operations there are risks. The main risk for any operation is having a general anaesthetic. The risk is lessened if you are fit and healthy. The other main risks and the efforts to minimise them are:

- **Bleeding during the operation:** We prepare blood for you which will be ready if you need it. Please advise you team before the surgery if you have any objections to a blood transfusion.
- **Blood clots (Deep Vein Thrombosis DVT, Pulmonary Embolism PE):** You will have a 28 day course of Enoxaparin injections to minimise your risk of getting a DVT or PE after your operation. You will be taught how to inject yourself. You will also be fitted with special stockings which help prevent clots. These will be worn for 23 hours per day for 6 weeks. They are to be removed for 1 hour per day for washing and inspection of the skin.
- **Bladder infection:** Initially after the operation your urine will be drained away by a tube (catheter). If you develop a bladder infection, you can have antibiotics to treat it.
- **Chest infection:** You will not be as mobile as usual for a few days after your operation. If you develop a chest infection antibiotics can treat this too. You will be encouraged to perform deep breathing exercises post operatively (please refer to your physiotherapy leaflet.
- **Wound infection/breakdown:** Even with the greatest care the wound may not heal as well as expected, this may be due to a wound infection. If you develop a wound infection it will require treatment with antibiotics.
    - You may need regular dressings for between 2-8 weeks or until the wound is healed.
- **Lymphocyst:** A lymphocyst is a space cyst, with no epithelial lining, filled with lymphatic fluid. They occur mostly in the groin but sometimes in the upper thigh after groin lymph nodes are surgically removed. Most lymphocysts occur within 3-8 weeks after surgery if they are going to occur. If a localised swelling, like a golf ball, does occur in your groin/upper thigh once you have been discharged from

hospital please do not be alarmed; however report it to your district nurse and key worker.

- If the lymphocyst is small and not infected the treatment for it is usually monitoring but left to reabsorb by itself with no medical/surgical intervention.
- If the lymphocyst is large or infected causing pain; and a you have a temperature, causing problems moving the affected limb, it may not resolve by itself and medical/surgical intervention may be required. An example of this may be antibiotic treatment and a fine needle aspiration, which involves putting a sterile needle into the lymphocyst and draining the fluid out with a syringe. However should you develop a large or clinically infected lymphocyst your Consultant will discuss this with you and advise on how it should be treated.

- **Lymphoedema:** For women who need their lymph nodes removing, there is a risk of swelling of the legs **lymphoedema**. If the groin lymph nodes are removed during surgery, the lymphatic drainage may be impaired, resulting in a build up of fluid in one or both legs, or in the genital area. The problem can be treated, but you can take preventative measures to reduce the risk of it happening. These are explained briefly later in the leaflet.
  - Lymphoedema will generally resolve over a variable time period between 2-12 months, but in some cases, it may remain as a life long problem. Please do not hesitate to discuss this with your key worker or oncologist.
- **Numb patches to the front of thigh:** You may experience a feeling of numbness/altered sensation in the front of your thighs. Please do not be alarmed or distressed by this, you will still be able to weight bear and walk. This sensation is caused by disruption of the little nerves during your operation to remove the groin lymph nodes. This numbness will improve as you recover and the wounds heal. For a very small proportion of ladies this problem will persist, but to a lesser degree than first noticed following the operation.

What precautions can I make to reduce the risk of lymphoedema?

There are certain precautions that you can take to try and prevent lymphoedema occurring.

Your clinical nurse specialist **Key worker** will explain this to you, and you will be given a booklet to explain lymphoedema in more detail, but here are a few precautions you can take:

- Take care of your skin and use a moisturising cream such as aqueous cream to prevent your skin from becoming dry and cracked.
- Avoid extremes of heat and cold e.g. Saunas/ice packs.
- When sun bathing, use high factor sun protection creams and take care not to burn.
- Use insect repellent cream to prevent bites.
- Avoid having injections to your legs.
- Avoid tight restrictive garments to your legs.
- Take care to prevent scratches and cuts to your legs. If they do occur wash them thoroughly and apply a simple antiseptic cream. If you notice any signs of redness or soreness of the skin inform your GP.

What are the possible long term side effects of this operation?

- **Lymphoedema:** As mentioned previously.
- **Vaginal stenosis:** This may occur after surgery due to scar tissue forming at the vaginal entrance. This may make sexual intercourse increasingly difficult. Regular sexual intercourse or the use of vaginal dilators on a frequent basis will help to maintain the opening of the vagina and the ability of the vaginal tissue to stretch.
- **Urinary incontinence due to pelvic relaxation (cystocle, rectocele, or uterine prolapse):** If this occurs it can be corrected for most patients with further surgery.
- **Urine spray when passing urine:** This is due to dissection, cutting, of the end of the **urethra** the opening where urine passes out of your body. To help overcome this problem the use of a plastic funnel when passing urine is very effective.
- **Decrease in sexual satisfaction:** If you have a significant amount of tissue from the vulva, especially the clitoris removed, it can result in decreased sexual satisfaction. After your surgery a referral to a psychosexual counsellor can be arranged if you wish.

What can I expect after my operation?

You will usually be away from the ward anything from one hour to several hours. It depends on the area of abnormality which needs to be removed, what operation you are having, and if plastic surgery is involved. You will find that you are very sleepy for the first 24hrs.

Drips

When you wake up, you will have a plastic tube attached to a needle in a vein in your hand and a bag of fluid on a stand. This is called a drip and it helps to replace fluid lost during or because of your operation. You will have fluids by a drip until you can drink enough to prevent yourself from becoming dehydrated.

Wounds

You may not need any dressing for your vulval wound but this will depend on the type of surgery you have. The wound may be covered by a dressing for around 3-5 days, if you have had plastic surgery.

Your stitches will dissolve themselves and do not need to be taken out. However they may need to be removed after a while to prevent irritation to the skin. If you have had lymph glands removed from your groins, you will have separate, incisions, cuts to your groins, these will either have dissolvable stitches in them, surgical glue or staples. If staples are used, they are usually removed 7-10 days later by the practise nurse.

Drains

There may be a tube from each of your groins if you have had your groin nodes dissected, which leads to a drainage bottle called a **redi-vac**. This allows the nurses to check for any bleeding and will drain lymph fluid away. The drain(s) will stay in place for 5-10 days – sometimes longer. The drain(s) will be removed once the doctor is happy that there is no bleeding and that any fluid, which may have collected, has drained away.

Catheter

When you wake up after your operation, depending on the type of vulval surgery you have had, you may have a catheter. A catheter is a small tube leading from your bladder to a bag, and it drains all your urine away automatically. The catheter may stay in place for up to 5 days, to allow your vulval wound sufficient time to heal, before you pass urine yourself.

Monitoring

Your blood pressure, pulse, temperature, oxygen levels, and respirations will be measured at regular intervals. You will wake up from your anaesthetic wearing an oxygen mask, this is perfectly normal, so please do not think there is something wrong. It is a good idea to warn your family about all this so they do not worry unnecessarily when they visit you for the first time.

Pain

This is a big operation, and at first you might experience pain. The anaesthetist will make sure that you have pain killers for this. If you are in any discomfort, please do not hesitate to tell the nurses looking after you.

Usually pain relief is given by a special drip into your vein. You can control your pain relief yourself through a special 'watch' connected to your drip – this is called Patient Controlled Analgesia **P.C.A.**

Within a couple of days you should be getting up and about eating and drinking. Then, you can have any pain killers you need as tablets by mouth or suppositories into your back passage.

Bathing

The first day after your surgery a nurse will help you to have a wash, bed bath. The second day after your surgery, if you are well enough a nurse will help you to have a shower. You will be able to have a bath or shower every day. If necessary, a nurse will help you for the first few days, until you feel confident enough to manage on your own.

It is very important to keep the vulva and groins as clean as possible. It is a very delicate area, and the wounds can become easily infected by human waste: i.e. when you pass urine or have your bowels open. The vulval and groin need douching with warm water twice daily and then pat dry with a clean towel. Soap should not be used, instead a substitute such as Cetraben should be used as a wash and moisturiser.

If you have had plastic surgery to the vulva, the nursing staff will advise you when you can first shower or bathe.

Moving about

On the day of your operation you will be very sleepy and will remain in bed all day.

From the first day after your surgery you will be encouraged to be up and about as early as possible. The nurses will help you in and out of bed for the first few times, until you are able to manage on your own. Being mobile as soon as possible after the surgery helps to prevent blood clots, chest infections, and, any stiffness caused by being in bed.

Please refer to the physio, clots and stockings booklets given to you at your pre-admission appointment

Blood tests

Two days after your operation we will take a specimen of blood. This is to make sure that your blood count is normal.

Going to the toilet

The nurse will help you to walk to the toilet when you need a bowel movement, you will need help due to the catheter and redi-vacs. Once you are in the bathroom the nurses will leave you in privacy if you are happy about this.

If you find it difficult to have your bowels open you can have a laxative or suppositories to help.

As the area operated on is very delicate, you will need to be patient and take care when going to the toilet, so that your wound can heal. Please don't be embarrassed about needing some help, this is very common and the nurses are used to dealing with this problem.

What about going home?

Most women stay in hospital for seven to ten days depending on the extent of your surgery, but you may be able to go home sooner if your condition and circumstances allow.

Sometimes ladies go home with a wound drainage bottle (redi-vac) still in place. This occurs when the wound is still actively draining and the patient feels well enough to go home. If you go home with a redi-vac bottle, we will arrange for a district nurse to check on your progress at home, and your

clinical nurse specialist will contact you at home by telephone to check on your progress and ask how much drainage is occurring.

When the clinical nurse specialist is happy that the wound has stopped draining, she will ask you to come back into hospital to have it removed.

It is normal to have a blood stained discharge from the vulval wound for around two weeks, but if you begin to bleed heavily or develop a smelly discharge, or the wound becomes red and inflamed, please arrange an appointment with your G/P.

If you need a medical certificate to cover the length of illness and the post operative recovery period, please ask the ward doctor/ ANP who discharges you for this.

Recovery from surgery

Getting back to normal varies from person to person. It is a good idea to be as active as possible, but you do need to take it easy for a while. Listen to your body and do what is best for you.

Depending on the extent of your surgery, but in general, for the first 4 weeks after your operation, we recommend that you restrict your physical activities. In terms of house work you shouldn't do any vacuuming, cleaning windows, mowing the lawns etc. you should not lift anything heavier than a kettle half full of water. Stick to light house work for the first few weeks i.e. dusting.

We advise that personal intimate relations with your partner do not resume for three months after your radical surgery. This is to minimise the chance of infection, but some women feel they need longer before they feel confident and comfortable enough. Take things at your own pace.

We advise you not to drive until you can sit comfortably without your Vulval wound causing pain which may distract you.

Some women return back to work after three months, whereas others take longer before they feel that they are able to resume all their previous

activities. Remember the return to normal life takes time, it is a slow process and involves a period of readjustment and will be individual to you.

If you have no one at home to take care of you, and no relatives or friends that are able to stay with you for a short time or check in on you, the social work department can organise a 'home care package'. Please let the nursing staff know as soon as possible if you would like referring to the social work department.

You will probably find that you are tired at first, but this is only natural after a big operation and with the extra worry of having cancer, and you will feel better as time goes on.

Some tips

- Try to keep the wound clean and dry. Bath/shower daily and pat the wound dry with a clean towel. Spend time lying on your bed airing the wound(s), to make sure they do not become moist and sticky (moist and sticky wounds are a breeding ground for bacteria).
- Take the pain killers that have been prescribed for you regularly.
- Do not allow yourself to become constipated. If you have not been to the toilet to have your bowels open for more than three days take some gentle laxatives.
- Try to eat a healthy diet, including fresh fruit, vegetables and fibre.
- It is important to continue doing the exercises shown to you by the physiotherapist/ explained in the physio booklet for at least six weeks after your operation.

Follow-up

It may be that the operation is the only treatment you need. This can only be confirmed when the pathologist has examined all the tissue samples and if removed, the lymph nodes, under the microscope.

It may be 4-6 weeks before the results are available so you will go home without knowing the results. The specialist nurse/doctor will arrange an appointment for you to receive your results. This may be a virtual appointment over the telephone or a face to face appointment. You will be advised of the date and time. At this appointment if further treatment is required this will be discussed with you and plans made to refer you on to

a specialist doctor called an oncologist. An oncologist is a doctor who treats cancer with either chemotherapy or radiotherapy.

Regardless of whether further treatment is recommended, you will need to be followed up in clinic for at least 3 years after your surgery. The follow-up will take place at a hospital which is most convenient for you and your consultant. Your follow up appointments may be alternated between the joint Gynae-oncology clinic (if you required post-operative radiotherapy and the vulvoscopy clinic.

Useful contacts and telephone numbers

Arden Network - Gynae-Oncology Service

University Hospitals Coventry & Warwickshire (Walsgrave hospital)

Clinical Nurse Specialists

Macmillan Gynae Oncology Advanced Nurse Practitioner: Vikki Jones

Macmillan Gynae Oncology Clinical Nurse Specialists: Lisa Washington & Rachel Hotchkiss **024 7696 7238** (line to office and answer machine)

Macmillan Gynae Oncology Clinical Nurse Specialists: Sandeep Chahal & Catherine Mathews **024 7696 7465**

Macmillan Gynae Oncology Patient navigator:

Stacey Morris **024 7696 7238**

Secretaries

Ms S Shanbhag

Mr J Twigg (Gemma Caves) 02476967382

Mr M Dunderdale 024 7696 7383

Ms S Shanbhag 024 7696 7400

Mr J Twigg 024 7696 7382

Mr S Kumar 024 7696 7410

Dr M Hocking 024 7696 7485

Dr N Walji 024 7696 5500

Dr V sangha **024 7696 7497**

Dr L McAvan **024 7696 7484**

George Eliot hospital

Clinical Nurse Specialist

Kerry Pearson

All available on 07984216109 or **024 7635 1351** and ask for speed dial 1491.

Secretaries

Dr Hocking (Anne-Marie Horton & Kay Gilbert) **024 7686 5371**

Warwick hospital

Clinical Nurse Specialist

Liza Newton & Beth Molyneux **01926 495321** via switchboard extension **8122** or bleep via switchboard on **5127** or direct line to office **01926 608077**

Secretaries

Mr Olah (Sandy)	**01926 495321** Extension **4526**
Dr Walji (Indira Lal)	**01926 495321** Extension **4060**
Patient Liaison Officer (Janet Bosner)	**01926 495321** Extension **8120**

Redditch Alexandra hospital

Clinical nurse specialist

Helen Farnhill (based at Redditch) **01527 503030** ask to radio page **01905 733257**

Nicky Plant (based at Worcester) **01905 733257**

Or Radio page via switch **01905 763333**

Secretaries

Dr Irwin (Mrs D Campbell) **01527 512028**

Dr R Panchal (Anne Hyslop) **01527 503030** ext **44078**

Support Services

Droitwich Cancer Support Group Contact: Joan Summers **01905 773482** or Barbara Wells **01527 577721**

Worcester Cancer Support Contact: Hannah Thake **01905 355642** or Don Faulkner **01905 423295**

Benefit Advice: DIAL South Worcestershire **01905 22191**

Where can I obtain further information and support?

National services

Macmillan Cancer Support **0808 808 0000** www.macmillan.org.uk

Vulva Awareness Campaign Organisation – VACO

For one to one support email vacouk@yahoo.com or telephone **0161 747 5911**

www.vaco.co.uk

Local services

- **Cancer Information Centre 024 7696 6052**

  Information and support based at University Hospitals Coventry and Warwickshire This service provides information about all aspects of cancer.

  Service open Monday – Friday 9.00am – 4.00pm.
- **Cancer United. University Hospitals Coventry & Warwickshire.** Support group for all those affected by cancer. Meetings held on the first Wednesday of the month between 10.30am – 12.00pm. **024 7696 6052**
- **Spiritual and religious support** whilst in hospital. Please ask the nurse looking after you to contact switchboard and they will contact the relevant person according to your faith.
- **Cancer Support Groups** – Supports all cancers including all gynaecological cancers.

Meets – 2nd & 4th Thursday of the month at 7.30 pm

Venue – SIMTA conference centre (behind parkway private hospital) Damsonwood Parkway, Solihull.

Contact: Patricia Hill **0121 711 1966** or Shirley Peck **0121 705 1818**

- **Warwick Cancer Support Group** – supports all cancers including all gynaecological cancers.

  Meets – 1st Friday of every month 2.30-4pm

  Venue – The back room of the restaurant. Warwick Hospital.

  Contact – Deborah Smith, Macmillan information officer

  01926 495321 EXT 8214

  Lesley Gotschy (Clinical Nurse Specialist) **01926 495321** EXT 8231

  Refreshments provided. The group is informal – and is suitable for anyone

  (Including relatives and carers) affected by cancer

- **Macmillan Citizens Advice Bureau (CAB) Tel: 024 7625 2050**

  This appointment only service provides free advice regarding benefits etc. To book an appointment please telephone: **024 7625 2050**

The Trust has access to interpreting and translation services. If you need this information in another language or format please contact 024 7696 7238 and we will do our best to meet your needs.

The Trust operates a smoke free policy.

To give feedback on this leaflet please email feedback@uhcw.nhs.uk

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