

Cold Knife Cone and Skinning Vulvectomy

PREOPERATIVE DIAGNOSES:

1. Cervical dysplasia, rule out invasive cancer.
2. Vulvar intraepithelial neoplasia - III.

POSTOPERATIVE DIAGNOSES:

1. Cervical dysplasia, rule out invasive cancer.
2. Vulvar intraepithelial neoplasia - III.

PROCEDURES:

1. Cold knife conization.
2. Endocervical curettage.
3. Partial vulvectomy.

SURGEON:

ASSISTANT::

EBL:

FLUIDS:

FINDINGS

Cervix is grossly normal appearing. Vulva has extensive VIN lesions. There is 1 area on the right labia majora that is concerning for possible invasive cancer. There is also scarring especially perianally from prior surgery.

PROCEDURE:

The patient was taken to the operating room where general anesthesia was obtained without difficulty. The patient was prepped and draped in the normal sterile fashion in the dorsal lithotomy position. Straight catheterization of the bladder was performed with 300 cc of urine obtained. A weighted speculum was placed in the vagina. The anterior lip of the cervix was grasped using a single-tooth tenaculum. Lugol's solution was applied to the cervix and minimal non-staining area was seen. Bilateral stay sutures of 0 Vicryl were placed at the cervicovaginal junctions. The cervix was infiltrated with 0.5% lidocaine with epinephrine circumferentially. A cone biopsy was performed sharply. A silk stitch was placed at 12 o'clock on the specimen for orientation. Following removal of the cone biopsy specimen an endocervical curettage was performed. The cone bed was cauterized and made hemostatic. A Surgicel soaked in Monsel's solution was placed into the cone bed and the 0 Vicryl stay sutures were tied over this. Hemostasis was confirmed.

Attention was then turned to the vulva. A bilateral skinning vulvectomy was performed of the most concerning VIN lesions. The bilateral labia majora were removed. The clitoris and clitoral hood were spared. Following vulvectomy the defects were closed using mattress sutures of 2-0 Vicryl and interrupted sutures of the same. The patient tolerated the procedure well. All instrument counts were correct. The patient was taken to the recovery room in good condition.