Treatment for vaginal cancer

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Treatment depends on a number of factors including your general health and the stage, grade and type of cancer you have.

Treatment may involve radiotherapy, surgery and chemotherapy. You may have one of these treatments or a combination.

Radiotherapy

Radiotherapy is the treatment of cancer using high-energy x-rays to kill or destroy cancer cells. It is a common treatment for women with cancer of the vagina. Some women are treated with a combination of radiotherapy and chemotherapy. It can also be used to control symptoms of advanced cancer.

Radiotherapy can be delivered in two ways: externally or internally. Most women with vaginal cancer have both types of radiotherapy. Your radiation oncologist will recommend the type of treatment most suitable for you.

Internal radiotherapy

Internal radiotherapy, also called brachytherapy, is a way of delivering radiotherapy directly to the tumour from the inside of your body. You may have this after finishing a course of external radiotherapy.

A thin, temporary radioactive applicator, shaped like a tampon, will be put into your vagina. Some women are given a general anaesthetic and have other small probes inserted near the cancer. You will have to lie still while this is in place. You will receive treatment through the applicator or probes – either as low-dose or high-dose treatment.

For both types of brachytherapy, the tissue around the applicator will become swollen. This usually settles by the time it is removed but the treated area will feel sore afterwards. The pain should ease over a couple of weeks. Your doctor can prescribe pain-killers to help relieve the discomfort.

Types of internal radiotherapy

Low-dose rate (LDR)

- Treatment is delivered in hospital over 1–5 days.
- The applicator is inserted into the vagina and held in place by gauze or stitches. You will be given pain medication so you are more comfortable.
- A machine delivers the radiation through the applicator.
- You will need to stay in bed during treatment to keep the applicator from moving. A tube (catheter) in
your bladder will drain urine.
• Family and friends can visit you for short periods but children and pregnant women won’t be allowed to see you to avoid the chance of them being exposed to radiation.
• Being alone can be difficult. Ask if you can bring things to do e.g. books, mobile phone. Discuss your feelings with your medical team.

High-dose rate (HDR)

• You can have treatment as an inpatient or outpatient.
• An intense dose can be delivered in a few hours.
• The applicator is inserted into your vagina. You will be given pain medication to help make you more comfortable.
• A machine delivers the radiation through the applicator for 10–15 minutes. The applicator is taken out after the dose of radiation is delivered.
• If several treatment sessions are needed, the applicator will be re-inserted each time but the doctor may use some techniques to make it easier to get the applicator in the right place.
• Once the treatment is completed it will be safe for you to be around other people, including children.

Side effects of radiotherapy

The most common effects occur during or soon after radiotherapy but will vary depending on the dose and length of your treatment:

Narrowing of the vagina – Radiotherapy can shorten and narrow the vagina which may make sex and follow-up pelvic examinations uncomfortable or difficult.

Bleeding and discharge – You may have slight bleeding or discharge from the vagina once the radiotherapy has ended. If this continues or becomes heavy let your doctor or nurse know.

Hair loss – You may lose your pubic hair. For some women, this can be permanent.

Bowel and bladder problems – Radiotherapy can temporarily cause inflammation to the lining of the bladder (cystitis) and loose stools (diarrhoea). A longer-term side effect may be blood in your urine or stools.

Lymphoedema – Radiation to the groin can increase the risk of swelling in the legs.

Menopause – If you have cancer of the vagina and have radiotherapy to the pelvis your ovaries may stop producing hormones and you may go through menopause. During menopause your periods will stop and you may have symptoms such as hot flushes, dry or itchy skin, mood swings or loss of libido (interest in sex).

Surgery

The cancer may need to be removed with an operation.

The surgeon will try to remove all of the cancer along with some surrounding healthy tissue called a margin. This helps reduce the risk of the cancer coming back. Some lymph nodes in your pelvis may also be removed.

Types of vaginal surgery

There are a number of different operations for cancer of the vagina. The type of surgery you have depends on the size and position of the cancer.

Removing part of the vagina (partial vaginectomy) – The affected part of the vagina is removed.

Removing the whole vagina (radical vaginectomy) – The entire vagina is removed. In some cases, a plastic (reconstructive) surgeon can make a new vagina using skin and muscle from other parts of your body. This is called vaginoplasty or vaginal reconstruction and it may be done to improve the appearance of your genitals.

Some women also need to have a radical hysterectomy. This means the uterus and cervix are removed. Your gynaecological oncologist will let you know whether it is also necessary to remove your ovaries and fallopian tubes (salpingo oophorectomy). If you have this type of surgery it will cause menopause.
Chemotherapy

Chemotherapy uses anti-cancer drugs to kill or slow the growth of cancer cells. Treatment is usually given if the cancer is advanced or if it returns after treatment.

Drugs are sometimes given as tablets or, more commonly, by injection into a vein (intravenously). You will usually have a treatment session, followed by a break.

Treatment can often be given to you during visits to a hospital or clinic as an outpatient, but sometimes you may spend a few days in hospital.

Side effects

Most people have some side effects from chemotherapy. However, these can usually be controlled with medication.

Common problems include feeling sick (nausea), fatigue and a reduced resistance to infections. Chemotherapy for vaginal cancer may also increase any skin soreness caused by radiotherapy.

There are many different types of chemotherapy drugs and the side effects vary. Some people find they are able to lead a fairly normal life during their treatment, while others become very tired and need to take things much more slowly. Do as much as you feel like and try not to overdo it.

For more information, call Cancer Council 13 11 20 for a free copy of Understanding Radiotherapy, Understanding Surgery or Understanding Chemotherapy.

Treatment side effects

It will take some time to recover from your treatment for vulva or vaginal cancer. As well as physical changes, you may have to cope with the emotional impact of treatment.

Treatment side effects will vary. Some women will have a few side effects; others will have more. Side effects can last from a few weeks to a few months or, in some cases, years or permanently. There are ways to reduce or manage the discomfort that physical side effects cause.

Shortening and narrowing of the vagina

Radiotherapy to the pelvic area can affect the vagina, which will become tender during the course of radiotherapy and for a few weeks after it ends. In the long term this irritation can leave scarring which makes the vagina narrower and less flexible.

Surgery may cause scar tissue to form around the outside of the vulva, narrowing the entrance to the vagina. This can make intercourse painful.

You may be advised to use a vaginal dilator to help keep the vaginal walls open and supple. A dilator is shaped like a tampon and is made from plastic or rubber. Used with a lubricant, it is usually inserted into the vagina for up to five minutes daily or every second day.

Using the dilator may keep the vagina from narrowing and allow your doctor to do a vaginal examination at follow-up visits to check for recurrence. If you are told to use a dilator your nurse or doctor can give you more detailed instructions about how long to use it.

Ask your doctor if applying a hormone cream to your vagina will help. Creams are available on prescription.

Although shortening and narrowing of the vagina can make sexual intercourse uncomfortable or difficult having sexual intercourse regularly, if you are able, may help to prevent the vagina from narrowing. Using a water or silicone-based lubricant may help.

Some women do not have a sexual partner or do not feel emotionally or physically ready to have penetrative sex. If you do not want to have sex you should talk to your doctor about ways to keep your vagina healthy and supple.
Changes to your body

Women who have had surgery to their genital region have different feelings about looking at their body.

Some women don’t want to look at the area. Others want a nurse to be with them when they look for the first time. A nurse can explain what has happened to the vulva area and can offer professional support and advice. Others choose to be alone or with their partner.

If you decide to look at your vulva it is natural to feel shocked by any changes. If the labia have been removed you will be able to see the opening to the vagina much more clearly. Scar tissue can form around the outside of the vagina narrowing the entrance to it. If the clitoris has been removed there will now be an area of flat skin without the usual folds of the vulva.

Tiredness

It is common to feel tired or fatigued during and after treatment. Some women find it takes them several months to feel well again.

While light exercise can help reduce or prevent fatigue you may need to plan your activities so you can rest regularly. It may also help to ask family and friends for help and support.

For more information on managing fatigue call Cancer Council 13 11 20 for information about life after cancer.

Bowel and bladder problems

Radiotherapy can cause bladder and bowel problems. Most side effects are temporary but for some women the changes are permanent. Talk to your doctor for more information.

Cystitis

Inflammation to the lining of the bladder can make you feel like you want to pass urine frequently or give you a burning sensation when you pass urine. This is called cystitis. Try to drink plenty of water to make your urine less concentrated. Your doctor may be able prescribe medication to make you more comfortable.

Bleeding

The blood vessels in the bowel and bladder can become more fragile after radiotherapy treatment and this can cause blood to appear in the urine or stools. This can take many months or years to occur. If you notice any bleeding, let your doctor know so investigations can be done and the appropriate treatment can be given.

Difficulty urinating

After surgery to the genitals your urine stream may spray in different directions. This can be messy and frustrating. If you squat or crouch over the toilet seat it may help to sit down towards the back of the toilet seat. You can also buy a reusable silicone funnel to direct the urine. Over time the urine stream should settle down to a more manageable flow.

Changed bowel movements

Some women have constipation or diarrhoea after treatment. You may also feel some pain in your abdomen. Your doctor may be able to prescribe medication to ease your side effects. Drinking more water may also help. Ask the hospital dietitian or nurse for advice.

Incontinence

Accidental or involuntary loss of urine is called incontinence. After treatment some women find they lose a few drops when they cough, sneeze, strain or lift.

For ways to manage incontinence contact the continence nurse or physiotherapist in your hospital. You can call the Continence Foundation of Australia on 1800 330 066 or visit www.continence.org.au.
**Skin redness and soreness**

Radiotherapy may make your skin dry and itchy in the treatment area. Your skin may temporarily look red, tanned or sunburnt.

Use lukewarm water to wash your genital area and pat it dry gently with a towel. Avoid using any soaps, creams, talcum powder and perfumes on the treatment area without your doctor’s approval.

Your radiotherapy nurse can give you more advice about looking after your sensitive skin.

**Lymphoedema**

Lymphoedema is a swelling of part of the body usually a limb such as the leg. It can occur if your lymph nodes have been removed or damaged by radiotherapy. Lymph fluid may be unable to drain properly which can cause swelling.

Symptoms include redness, swelling, warmth of the skin, pain in the leg and fever. Symptoms can take months or years to develop. Some people who are at risk never develop lymphoedema.

- Reduce your risk of infection by caring for your skin and nails, and keeping the skin moist.
- Avoid cuts, burns, insect bites, sunburn and injections in your legs.
- Exercise your legs or gently massage the swollen leg towards your heart to move the fluid out to other lymph channels.
- If you see any swelling or feel any heat in your legs let your doctor or nurse know as soon as possible. Your hospital may have a lymphoedema specialist who can help you.

Contact the Lymphoedema Association of Australia at [www.lymphoedema.org.au](http://www.lymphoedema.org.au) for more information.

**Menopause**

If you have cancer of the vagina and have radiotherapy to the pelvis, your ovaries may stop producing hormones and you may go through sudden menopause. During menopause your periods will stop and you may have symptoms such as hot flushes, dry or itchy skin, mood swings or loss of libido (interest in sex).

Treatment for vulvar cancer does not usually cause menopause. However if you have your ovaries surgically removed hormone production will stop and you will go through menopause.

**Infertility**

If treatment causes you to go through menopause this will mean you are no longer able to become pregnant. If this is a concern for you talk to your doctor about your fertility and any options available to you before you start treatment. There may be some ways to preserve your fertility.

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