Mersey and West Lancashire Teaching Hospitals NHS Trust

PATIENT INFORMATION

Vulval Intra-Epithelial Neoplasia

VIN

WHAT IS THE VULVA?

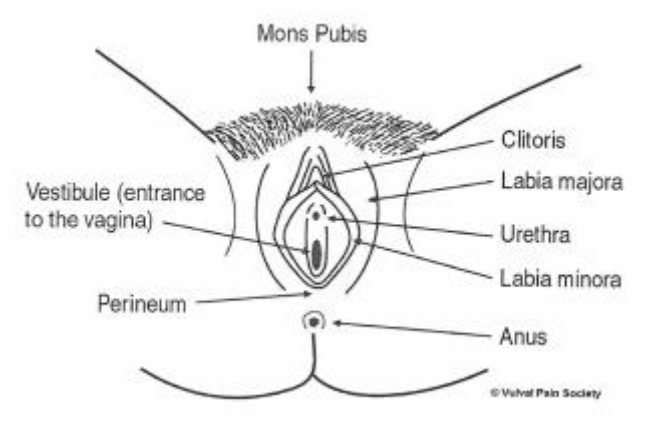
The Vulva is a woman's external genital area.

It includes two large hair-covered folds of skin called the labia majora, which surround two thin and delicate folds called the labia minora.

The labia majora and the labia minora surround the opening of the vagina and the tube urine is passed through (the urethra).

The clitoris is above the vagina and urethra; the anus is separated from the vulva by an area of skin called the perineum.

Diagram of the vulva:



VIN is not cancer and in some women it disappears without treatment. If the changes become more severe, there is a low risk that cancer may develop after many years. Because of this, VIN is often referred to as a pre-cancerous condition.

Although VIN used to be quite rare, it is now being recognized and diagnosed more often and can affect women of any age from their 20s onwards.

There are two types of VIN – one “usual type” is associated with the Human Papilloma Virus (HPV), mainly HPV 16. This is more common in younger women aged 35-55.

There are different ways to grade “usual type” VIN. It may be described as:

- VIN 1, VIN 2 or VIN 3
- Low grade or high grade

The grades VIN 1, VIN 2 and VIN 3 refer to how deeply the abnormal cells go into the surface layer of the skin.

VIN 1 means less than a third of the skin has abnormal cells. VIN 2 means that two thirds of the skin has abnormal cells and VIN 3 means that more than two thirds of the skin has abnormal cells.

A second type – “differentiated type” – is much rarer and is not associated with HPV. It occurs in conjunction with conditions called Lichen Sclerosus or Lichen Planus. The risk of progression to a cancer is greater in the differentiated type (2%-4% lifetime risk).

CAUSES OF VIN

One of the most common causes of VIN is HPV. It is a very common infection – there are over a hundred types and each is known by a number. There are three types commonly associated with VIN, HPV types 16, 18 and 31. These types affect the genital area including the cervix,

vagina and anus.

Genital HPV infection is spread by direct skin-to-skin contact during sex with someone who has the infection. HPV is so common that most people are exposed to it at some time in their life and in most people their immune system will get rid of the virus without them ever knowing they have come into contact with it.

Other factors which reduce the body's immune system may increase the risk of VIN. These include smoking, inherited immunity problems, certain medicines (those used after transplant surgery), rare bone marrow and blood disorders.

SYMPTOMS OF VIN

The signs and symptoms may vary between women. They may include some of the following:

- Itching and soreness of the vulva
- Burning or tingling which may become worse when passing urine
- One or more areas of reddened, white or discoloured skin
- Changes in the appearance of the vulval skin
- Pain or discomfort during sex

DIAGNOSING VIN

Your doctor or nurse will examine your vulva and may use a special microscope (a colposcope) which magnifies the area so that any changes can be clearly seen. She or he may use a weak vinegar solution to help detect any changes. Usually a biopsy is required to make sure of the diagnosis.

Your doctor or nurse will tell you if this is required. Typically your doctor or nurse will give an injection to numb the area (local anaesthetic) before biopsies are taken. Occasionally, if lots of biopsies are needed, then it is better to have a general anaesthetic (drugs to put you off to sleep). The small piece of skin that is removed is then sent to the laboratory for analysis and the results are usually available in approximately two weeks.

TREATMENT FOR VIN

VIN is not cancer but it can cause changes to cells of the vulva. If the cell changes are mild, treatment may not be needed but your doctor or nurse may suggest that you have regular follow up for this condition.

Some women do need treatment – the type of treatment offered will depend on:

- The size of the affected area
- The estimated risk of developing cancer

The most common form of treatment is **surgical excision**. This means cutting away a small area of affected skin. This is usually done under a general anaesthetic (drugs to put you off to sleep).

A newer alternative to surgical excision is **Imiquimod 5%**. This is a cream that you apply to the affected area. Imiquimod is an antiviral drug which stimulates the immune system to get rid of the HPV infection which in turn allows the vulval skin to return to normal. It needs to be applied several times a week over several weeks. The main side effect of this treatment is inflammation.

Rarely, if the affected area is large or there are several areas, the whole vulva may be removed. This is called a vulvectomy.

Your doctor will discuss with you which treatment is better for you.

If you smoke, giving up can help strengthen your immunity, make the treatment more effective and reduce the chance of the VIN coming back after treatment.

It may be possible to delay your treatment for VIN for instance if you are pregnant, in which case the VIN would be closely monitored for changes.

FOLLOW UP FOR VIN

There is a risk that VIN can come back after treatment so you will be seen regularly by your doctor or nurse, typically for 2 years after the treatment.

How long you are followed up will depend on the size of the area that needed treatment and if there are any signs of the VIN coming back.

If there is only a small chance of the VIN returning, your doctor or nurse may discharge you to the care of your GP.

GENERAL CARE OF THE VULVAL SKIN

- Washing with water causes dry skin and makes itching worse. Use a soap substitute to clean the vulva. Use a small amount of cream or ointment to wash your skin.

This will stop the skin becoming dry and irritated.

- Shower rather than bath. If you do bath, it is helpful to add a bath emollient.
- Avoid using sponges or flannels to wash the vulva. Instead, use aqueous cream or another soap substitute on your hand.
- Gently dab the vulval area dry with a soft towel or use a hairdryer on a cool setting.
- Wear loose fitting silk or cotton underwear.
- Avoid tight fitting trousers/jeans, tights, cycling shorts, leggings.
- Sleep without underwear.
- Avoid fabric conditioners and biological washing powders.
- Avoid soaps, shower gel, scrubs, bubble bath, deodorants, baby wipes or douches in the vulval area.
- Avoid over the counter creams including antiseptic, baby or nappy creams, herbal creams and thrush creams, which may contain irritants.
- Avoid wearing sanitary towels or panty liners on a regular basis.
- Avoid coloured toilet paper.

USE OF EMOLLIENTS TO PROTECT YOUR SKIN

- Emollients can be used as moisturisers throughout the day.
- Using one of the moisturisers every day can help relieve symptoms.
- Using the moisturiser daily will help protect the skin and can prevent flare-ups.
- It is important to find the moisturiser that suits you best. If the first one does not work well, try another.
- If your skin is irritated, aqueous cream can be kept in the fridge and dabbed on to soothe and cool the skin as often

as you like.

SUPPORT GROUPS

The Vulval Pain Society www.vulvalpainsociety.org
Manchester Vulval Support Network mvsn@cmft.nhs.uk
The Association of Lichen Sclerosus and Vulval Health
http/lichensclerosus.org

BIBLIOGRAPHY

1. The Management of Vulval Skin Disorders, 2011, RCOG. Green-top Guideline No 58.
2. UK National Guideline on the Management of Vulval Conditions, 2014. British Association for Sexual Health and HIV.
3. Vulval intra-epithelial neoplasia (VIN) 2019. Macmillan Cancer Support.
4. Vulval intra-epithelial neoplasia (VIN) 2016. Cancer Research UK.
5. Vulval Pain Society, 2017. How to perform Vulval self-examination.

During your contact with us, it is important that you are happy with your care and treatment. Please speak to a member of staff and/or the ward/department Sister/Charge Nurse if you have questions or concerns.

MATRON

A Matron is also available during the hours of 9am to 5pm Monday to Friday. During these periods, ward/department staff can contact Matron to arrange to meet with you. Out of hours, a Senior Nurse can be contacted via the ward/department to deal with any concerns you may have.

INFECTION CONTROL REQUEST

Preventing infections is a crucial part of our patients' care. To ensure that our standards remain high our staff have regular infection prevention and control training and their practice is monitored in the workplace. We ask patients and visitors to assist us in preventing infections by cleaning their hands at regular intervals and informing staff of areas within the hospital that appear soiled.

As a patient there may be times that you are unsure whether a staff member has cleaned their hands; if in doubt please ask the staff member and they will be only too happy to put your mind at ease by cleaning their hands so that you can see them.

SPECIAL INSTRUCTIONS

ANY CONDITION SPECIFIC DANGER SIGNALS TO LOOK OUT FOR:

CONTACT INFORMATION IF YOU ARE WORRIED ABOUT YOUR CONDITION

- Your own GP

OTHER USEFUL TELEPHONE NUMBERS/CONTACTS:

NHS 111
Stop Smoking Helpline (Sefton) – 0300 100 1000
Stop Smoking Helpline (West Lancashire) – 0800 328 6297

Please call 01704 704714 if you need this leaflet in an alternative format

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Thank you

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