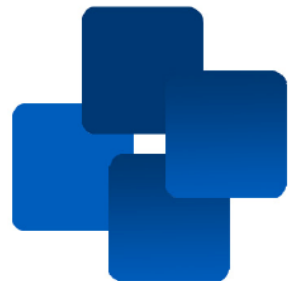


Patient Information

Axillary (armpit) Lymph Node Dissection

Department of Plastic Surgery



What is an axillary (armpit) lymph node dissection?

The operation you are going to have is called an axillary (armpit) lymph node/gland dissection or clearance. This means the removal of the lymph nodes/glands from the affected armpit.

During your operation the surgeon will remove the lymph nodes from the affected armpit along with some surrounding tissue.

The aim is to remove the cancer cells present in your lymph nodes and the surrounding tissue.

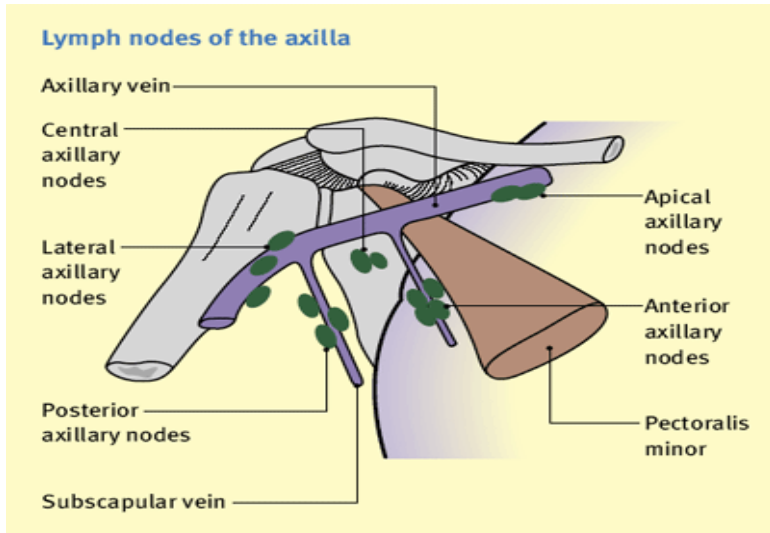
What is the lymphatic system?

The lymphatic system is a part of the body's immune system, which helps to fight infection.

The lymphatic system consists of vessels similar to veins which carry the lymph fluid around the body to the lymph node groups. These groups of lymph nodes or glands are situated in certain parts of the body, such as the neck, armpit and groin.

Each group of lymph nodes receive lymph fluid from a specific area of the body. They act like a filtration system. The nodes in the armpit receive the lymph fluid from all parts of your arm. After passing through these nodes, the lymph fluid enters the bloodstream.

Sometimes cancer cells can break away from the original cancer. These cells are carried in the lymph fluid to the lymph nodes where they can grow which causes swelling of these nodes. This is how some cancers are spread.



Preparation for your surgery

Your surgeon will see you in the outpatient clinic and will discuss the surgery and any possible complications with you.

Your surgeon will introduce you to the skin oncology clinical nurse specialist (CNS) who is your key worker.

Your CNS will assess your needs and give you information about your operation. They will answer any questions you may have and you will be given their contact details so you or your next of kin can speak to them if you have any questions or concerns.

Pre-operative assessment

Before your surgery you will receive a letter asking you to attend for a pre-operative assessment. This will include an electrocardiogram (ECG), blood tests and a blood pressure check.

This letter will also tell you where you will need to go on the day of your operation. It will give you instructions about when to stop eating and drinking prior to your admission.

The operation

This is a major operation and is performed under a general anaesthetic. It will take about 2 to 3 hours.

The lymph nodes and some surrounding tissue is removed through one long cut (incision) in your armpit. There are many important nerves and vessels in this area, so your surgeon will take great care to prevent damage to them. Sometimes however, the cancer is very closely connected with these nerves and vessels, which can lead to some nerve damage.

Your wound will have sutures (stitches) or clips and you will have one or two wound drains (tubing) near your operation site. These drains help to prevent fluid build up under the skin and may be in place for some time if fluid continues to collect.

Post-operative care

You will be carefully monitored on the ward for any side effects of your surgery or the general anaesthetic. You may experience some pain after your surgery. The nurses will give you pain relief as needed. Please tell the nursing team if you have any concerns so we can ensure your comfort and safety.

On the day of your surgery, or the day after your surgery, the ward staff will assess you. You will be encouraged to become mobile around the ward. This can help to prevent any post-operative complications.

Your dressings and drains will be checked regularly. The drain will usually be removed when the fluid drainage has significantly decreased. If the fluid drainage continues, the drain will have to be left in for longer. Sometimes you will be allowed home with the drain still in place. The surgical doctors will assess your progress on the daily ward round.

You will be visited by the skin oncology CNS, who will carry out a holistic assessment of your needs, address any concerns you may have and provide support for you and your next of kin.

Some known complications

Bleeding: If you have bleeding, you may need to go back to theatre for a blood clot to be removed or you may need a blood transfusion.

Seroma: Sometimes a pocket of clear fluid can form causing a swelling at the site of your operation under your scar, which is called a seroma. It is caused by a build up of lymph fluid. As a result of this complication your recovery and discharge may be delayed. The treatment for this may include aspiration with a syringe and needle, or drainage.

Infection: As with all operations there can be risk of infection. If you notice your wound becomes red, tender, hot or swollen, or you have a raised temperature, please contact your doctor or the plastic surgery department at the hospital.

Scarring: Initially this may become raised, but should settle with time. Massaging with cream helps once it is healed. The area that is operated on may also feel empty and may have an unnatural appearance.

Lymphoedema: Swelling of the arm will take place. This will improve with an elastic garment. The CNS will organise this for you.

Injury to the nerves and vessels: Whilst every effort is made to minimise damage to the nerves and vessels, there is a possibility that you may experience this. You may experience some numbness/tingling in the area.

Shoulder stiffness: You may experience limited movement in the area where you had your surgery. As your wound heals this should improve. You may need to see a physiotherapist who will give you some exercises to help with your movement.

Wound healing problems and delayed wound healing: You may require repeated dressings until the wound heals.

Deep vein thrombosis (DVT)/pulmonary embolism/stroke: As with any surgical procedures that need an anaesthetic, there is a small risk of a stroke. Every effort will be taken to avoid the risk of a DVT.

Recurrence of disease: This is unpredictable and can occur in the same area or other parts of the body. You will be taught how to examine yourself and you will be also be closely monitored in the outpatient clinic.

Effects of cigarette smoking

Cigarette smoking is known to be associated with poor wound healing and, if you are a smoker, to give you the best chance of healing well you must stop smoking before surgery. If you continue to smoke against our advice, you are at a higher risk of having a poorer outcome from the surgery.

Planning for discharge

When you are ready to leave the hospital, the staff will give you an appointment for the Plastics Dressing Clinic.

When you are at home if you develop any severe or throbbing pain, increased redness and/or swelling in or around the site of your operation, or fever, please contact the Plastics Dressing Clinic (see contact details on the back cover of this leaflet).

What will happen if I do not have treatment?

Without treatment the cancer in the lymph nodes will continue to grow and it may spread to other parts of the body. The skin in the affected area may break down resulting in an open painful wound which may become infected or could bleed.

Follow-up care

Following your operation, all the lymph nodes and tissue are sent to the laboratory for an examination under the microscope. These results are usually ready in 4 weeks.

Your case will be discussed at the specialist skin multidisciplinary team meeting (MDT) where a plan of your care will be decided. You will receive a follow-up appointment with your doctor who will discuss these results and a plan of your care with you.

Contact details

Plastics Dressing Clinic

☎ 01438 284767

Questions

If you have any questions, please telephone the skin oncology clinical nurse specialists/key workers (Monday to Friday, 8am - 4pm):

Joseph Mazivanhanga and Melissa Arnold:

Mobile ☎ 07990 566198

Siobhan O'Brien:

Mobile ☎ 07887 633302

If your call is not answered, please leave a message on the voicemail clearly stating your name and contact number and we will ring you back.

Please note, due to commitments on the wards and outpatient clinics, we cannot always return calls on the same day.

References:

Wu, L., Liu, V., Liu, Y., Wang, N. 2011. *Leukaemia*. [Online]. Available from: <http://www.virtualsciencefair.org/2009/liuv9v2/9833.jpg>. [Accessed: 09/05/11].

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