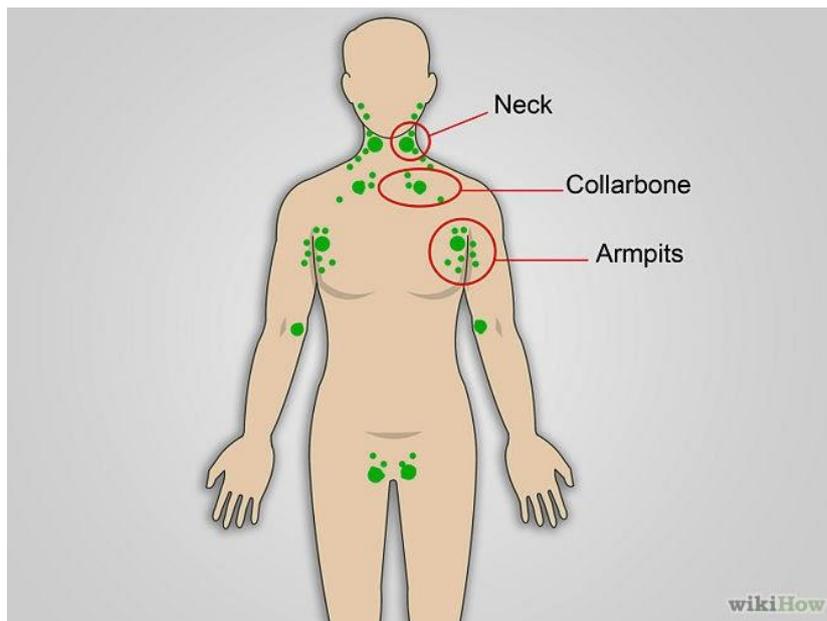


## Axillary lymph node clearance (removal of the lymph nodes in your armpit)

This sheet answers common questions about axillary node dissection. If you would like further information, or have any particular worries, please do not hesitate to ask your nurse or doctor.

In all cases, a doctor will explain the operation to you and answer any of your questions.

In most cases it will be possible for a friend or relative to accompany you for all or part of the operation. Please ask your nurse or doctor.



### What are lymph nodes and where is the axilla?

Lymph nodes filter lymphatic fluid and produce lymphocytes (blood cells). There are thousands of lymph nodes in your body and the collection of lymph nodes in your armpit (axilla) filters the lymphatic fluid from your arm, part of your chest wall and back and will therefore catch melanoma cells spread from these areas.

### Why do the armpit lymph nodes need clearing?

If there is evidence that your cancer has spread to the lymph nodes, we believe that your disease is better controlled by removing the lymph nodes, which drain the

primary area of cancer. Evidence can be in the form of a positive sentinel lymph node, or palpable lump in your armpit, which we have taken a sample from and which shows melanoma.

## How is an axillary node dissection performed?

The operation is performed under general anaesthetic and lasts two to three hours. The skin in your armpit is cut and as many lymph nodes as possible in this area are removed, the skin closed and one or two drains are placed in the operated area.

## Before your procedure

When you are seen in our clinic, your doctor will explain the operation and why we recommend you have the operation. This includes explaining any potential complications. You will be contacted by our admissions team regarding when and where to come for your operation, as well as agreeing a tentative date with your surgeon on the day of the consultation.

You must not eat or drink for six hours before the surgery.

## After your procedure

You are usually able to go home the day after the operation and your team will review you in the morning before discharge.

## When at home

You will be provided with some painkillers to take home with you and it is important that you finish the course of antibiotics you are given. When washing or showering, keep the dressing dry by washing around the dressings. The dressings are waterproof, but not for long showers.

A dressing is a barrier between the wound and the outside world and if it is wet, it does not work as such and will need changing: It is better that you remove a wet plaster completely, clean the area with soap and water and dry it thoroughly with a clean towel or a hairdryer, before applying a clean dressing.

## Follow-up

You will spend the first night after the operation in hospital and can go home the next day, if all is well. After three to five days, you will have an appointment to see the nurses in the plastic dressing clinic. The nurses check the skin wound is healing well and change your dressings, and will then arrange to see you to monitor the wound healing and drainage over the following weeks. If the stitches in the skin are the non-dissolving type, these will be removed two weeks after the operation.

The histopathology (microscopic examination of tissue) result may take four weeks or more to be processed and you will have an appointment to see your doctor when the results are ready.

## Using your hand and shoulder

Straight after your operation it is important to continue moving the arm and the rest of the hand to prevent any of the joints becoming stiff, but please do so gently.

## Main risks and side effects

### Pain

Your surgeon will inject long-lasting local anaesthetic in the wound to diminish your discomfort when you wake up. You will have regular painkillers prescribed and the option of further pain relief, if you need it. Please ask the nurse looking after you for more painkillers if you are in pain. When discharged it is important to take your painkillers regularly in the first couple of days to minimise the discomfort. Most patients manage with simple painkillers on discharge.

### Bleeding

A small amount of bleeding into the dressing after the operation is normal. If this happens the dressing will be changed before your discharge. A bigger bleed will be identified by the nurses and doctors looking after you and may require you going back to the operating theatre for this bleeding to be stopped and the blood removed under a general anaesthetic.

Although very uncommon, if bleeding appears after discharge and the dressing becomes soaked with blood, please return to the Royal Free Hospital's A&E department, inform the staff that you are a patient of the plastic surgery team and we will come to help you.

### Infection

At the time of the operation you will be given a prophylactic antibiotic which prevents infection. Usually you will also be given five days of antibiotics to take away on discharge.

If you notice increasing pain, fever, an unpleasant odour or yellow/green fluid coming through the dressing, you may have developed an infection. Please contact the plastic dressing clinic to be seen as soon as possible if this happens.

### Wound breakdown

The wound can open again after the operation and we may treat this with dressings or, very occasionally, we may need to operate again.

## **Prolonged drainage**

At operation usually two plastic drains are placed in your armpit. One of them is usually removed before discharge, but almost always patients go home with at least one drain. This is managed by clipping the drain bottle to your waistband, so you can freely move around. You will be given instructions on how to measure how much you have drained on a daily basis and given a contact number to ring to inform us of the amount. When you drain less than 30mls over a 24 hour period, we will advise you to come in, so we can remove the bottle and drain. You will always be reviewed on a regular basis anyway.

Some people will drain over six weeks. At this point we may advise you to have another operation, so we can identify the lymphatic leak and deal with it, but it is usual to have a drain for a minimum of two weeks post-operatively.

## **Nerve damage**

Nerves to your hand and to some of the muscles in your back travel through your armpit and will be visible to your surgeon during surgery. The surgery may damage some nerves, especially if your cancer encases the nerves and they have to be removed with the lymph nodes.

The nerves supplying the skin on your upper inner arm cannot usually be preserved if an axillary clearance is performed: this produces a small numb patch of skin on the upper inner arm. The nerves which supply the power to the large back muscle (latissimus dorsi) and the muscle which keeps your shoulder blade to your chest wall (serratus anterior) are always looked for, but again, if travelling through the cancer, may have to be sacrificed. This happens very rarely and whilst it makes your shoulder blade stand out if you push against the wall, neither nerve is paramount for your shoulder function.

The nerves to the hand are very rarely affected.

Some patients may experience a transient weakness of the hand and arm, due to the nerves having been manipulated during surgery, but usually the strength returns within three months.

## **Lymphoedema**

The rates of lymphoedema (a long-term condition that causes swelling in the body's tissue) after a full axillary node clearance vary between 5-25% and you will notice your arm becoming swollen and feel tight. If you have lymphoedema you will be referred to the specialised lymphoedema clinic at University College London Hospitals.

## Recurrence

Because it is impossible to remove all the lymph nodes in the area, you may suffer a recurrence of the disease in your armpit. This is why it is important you keep your follow-up appointments so we can detect it early and treat it.

## Do you have any further questions?

If you have any further questions or concerns regarding your injury or operation, you can contact the skin clinical nurse specialists in dermatology via our switchboard 020 3758 2000.

## Other useful contacts:

Day surgery – 020 7794 0500 ext 38586

Plastic surgery dressing clinic – 020 7794 0500 ext 31312

**If you would like a large print or audio version of this information, please ask a member of staff.**

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[review date: January 2016]  
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