

# Groin dissection (removal of the lymph nodes in your groin)

**This sheet answers common questions about groin 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?

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 groin filters the lymphatic fluid from your leg, lower back and abdomen and will therefore catch melanoma cells spread from these areas.

## Why do the groin 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 drains the primary area of cancer. This evidence can be in the form of a positive sentinel lymph node or a palpable lump in your groin from which we have taken a sample and which shows melanoma.

## How is a groin node dissection performed?

The operation is performed under general anaesthetic and lasts two to three hours. The skin in your groin and front of the thigh is cut and as many lymph nodes as possible are removed from the area, the skin closed and one or two drains 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, including 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 and it is important that you finish the course of antibiotics. 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. They 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.

## Walking

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

## What is a sartorial switch?

Sometimes after the operation your surgeon will choose to protect the vessels and the nerve to your leg, by moving a muscle in your thigh across them. The function of your leg will not be affected, but you may feel a fullness of the area. This is normal.

## 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 to help prevent 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 groin. 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 leg travel through your groin 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 the front of your thigh cannot usually be preserved if a groin clearance is performed: this produces a numb patch of skin on the upper thigh around the scar. The nerve which supplies the power to the large muscles of the leg is always identified, but again, if travelling through the cancer, it may have to be sacrificed. This happens very rarely.

Some patients may experience a transient weakness of the leg, due to the nerve 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 this procedure vary between 5-25% and you will notice your leg becoming swollen and feeling tight. If you have lymphoedema you will be referred to the specialised lymphoedema clinic at University College London Hospitals.

## **Recurrence**

As it is impossible to remove all the lymph nodes in the area, you may suffer a recurrence of the disease in your groin. 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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