

Ilioinguinal dissection

(removal of lymph nodes in the groin and pelvis)

This sheet answers common questions about ilio-inguinal 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 what is ilioinguinal?

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 (inguinal) filters the lymphatic fluid from your leg, lower back and abdomen and will therefore catch melanoma cells spread from these areas. The iliac (ilio) area is in your pelvis and will be involved as the disease spreads up the lymphatic drainage system.

Why do these 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 showing melanoma and a scan which shows a suspicious lymph node in your pelvis.

How is an ilioinguinal node dissection performed?

The operation is performed under general anaesthetic and lasts two to three hours. The skin in your groin and in front of the thigh is cut. The cut from your groin is either continued up your abdomen or a separate cut is made in the midline from your belly button to your pubic bone. As many lymph nodes as possible in this area are removed, 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. 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 two to three days after the operation and your team will review you every day before discharging you.

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 couple of nights after the operation in hospital. Five to seven days after your discharge, 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. 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 still 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 after the operation.

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.

Hernia

As so much tissue will be removed during surgery, you may get a hernia in the groin. At operation we repair the area, sometimes using a mesh in the repair, but a hernia is still a possibility.

Urteric and bowel damage

The ureter (which conveys urine from the kidney to the bladder) travels through the area we operate on in the pelvis, as does the bowel. Both these structures can be damaged during the operation. If this happens they will be repaired. The long-term outcome of damage to these structures include urteric narrowing, which may need further surgery and the bowel getting stuck to itself, which can lead to blockages and further surgery. These complications are very rare.

Damage to the major vessels

The major vessels to your body will be visualised and protected during surgery, but can be damaged. Any damage will be repaired immediately.

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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