

**DR REBECCA AYERS**  
Plastic, Reconstructive and Hand Surgeon

**AXILLARY LYMPH NODE DISSECTION**

**Introduction**

Axillary dissection is a surgical procedure to remove lymph nodes from the axilla (armpit).

**What do lymph nodes do?**

Lymph nodes filter bacteria and cancer cells from tissue fluid. Groups of lymph nodes are found in the neck, axilla (armpit), groin, chest and abdomen.

**Does removing them cause problems?**

Removal of the lymph nodes can cause a build up of fluid at the site of the wound (a seroma) or within the whole limb (lymphoedema). Loss of the lymph nodes and swelling make the arm more susceptible to infection.

**Why do I need an axillary lymph node dissection?**

An axillary dissection is performed to remove all the lymph nodes that may have cancer within them. This prevents the cancer from recurring within the armpit and may stop the cancer from spreading elsewhere.

**What is the technique for groin dissection?**

A general anaesthetic (GA) is required. The operation takes about 3 hours plus time to have the anaesthetic. A long curved incision is made within the armpit; all the lymph nodes and surrounding fatty tissue are removed. All the tissue that is removed is sent for analysis. These results will be available after a few weeks.

The wound is sutured with dissolving sutures and one or two drains are left in place. The drains siphon off excess fluid and may remain for many weeks until the fluid gradually reduces

**Possible complications**

*More than 50% of patients will have problems with infection, wound healing or collection of fluid.*

**Pain**

**Infection** – often seen by redness or increasing tenderness around the wound

**Bleeding**

**Wound breakdown**

**Scar** – after a few months the scar may become tight and red, this usually settles within 12-18 months. After the wound is healed, massage of the wound with a simple hypoallergenic cream will help to soften the scar and regain normal sensation.

**Numbness on the inside of the arm** – this is permanent

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**Damage to nerves and shoulder weakness** – sometimes nerves that supply muscles around the shoulder are damaged during the operation. This may be inadvertent or sometimes the nerves are very close to the cancer and have to be removed. Usually the other muscles will compensate and there will not be a significant loss of shoulder function.

**Shoulder stiffness** – usually resolves with time

**Seroma** (collection of fluid within wound) – a drain will remove fluid initially but if the seroma persists it may require drainage via a small needle

**Lymphoedema** (swelling of the arm)

**DVT** (deep vein thrombosis) or **PE** (pulmonary embolism) – you will have compression stockings to wear and injections into the tummy to thin the blood

**Need for another operation** - often for infection or bleeding

**Recurrence of cancer**

### After surgery & when you go home

**Tiredness** - you will feel rather tired after the operation and for the next few weeks. Gradually return to normal activities over 4-6 weeks.

**Wound care** - you may shower after 48 hours and remove the outer dressing (Nurses will assist with this). Showering is better than bathing. The tape on your wound (Micropore) should be patted dry or dried with a hair dryer on cool (to avoid burns).

**Drains** - are left in place until they drain less than 40 mls per day. Some times you will go home with the drains in place. Nursing staff will teach you how to look after them and district nurses will come to your house to monitor the drainage and change bottles if needed.

**Seroma** - if a collection of fluid (seroma) develops after the drains comes out then please call my secretary for a time to have the fluid drained away. This is done by using a small needle, fortunately this area is usually has reduced sensation and is not especially painful.

**Mobilization** - I encourage you to get out of bed as soon as you feel able to do so – usually the day after surgery. Please allow the nursing staff to help you initially, as you may be unsteady on your feet.

**Shoulder exercises** – you will be given a series of exercises to perform to prevent and treat shoulder stiffness.

**Driving** - you will be able to start driving when you feel that you can safely control a motor vehicle. For most people this is about 4 weeks post surgery. It is advisable to check with your insurance company before driving.

**Everyday activities** - you will need help at home for about 4 weeks with activities such as cooking, laundry and housework.

### Long term care of arm

Take extra care to avoid insect bites, scratches or other trauma to your arm. Clean any wound carefully and watch for any early signs of infection such as swelling, redness and pain. If these occur then please call your GP. Avoid blood tests on that arm.

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**Things to worry about...**

Pain not controlled with painkillers  
Increasing redness of wound  
Profuse oozing or bleeding from wound  
High temperature (unconnected to cold or flu or another cause)  
Offensive odour from the wound dressings

**Avoiding Lymphoedema**

- Lymphoedema is a build up of tissue fluid within the soft tissues of the arm. Symptoms include swelling, a feeling of heaviness or tightness, discomfort, dryness of skin and reduced movement.
- Avoid infection of the arm and treat any bites or scratches immediately
- Treat infection early by seeing your GP promptly for antibiotics
- Keep skin moisturised
- Avoid weight gain
- Avoid sunburn, hot baths and saunas
- Avoid blood tests, injections and blood pressure checks on the affected arm
- Only use an electric saver on the affected arm
- Discuss symptoms with us early so we can institute treatment early.