



Queen Victoria Hospital  
NHS Foundation Trust

# Axillary dissection

**Information for patients**



## Introduction

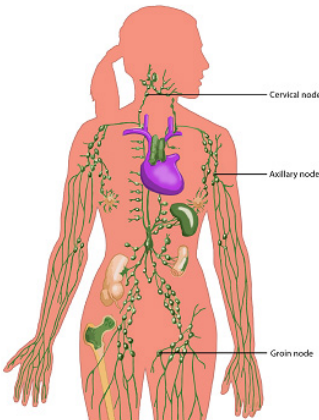
This booklet has been written to give you information about having surgery to remove the lymph glands in your armpit. It has been produced by experienced health care professionals, as well as patients, and answers the most frequently asked questions.

This information is only a guide. Your healthcare team will give you more detailed information as you need it. They are also happy to answer any questions and address any concerns you may have. We hope that you and your family will find this information helpful and informative.

## What is a lymph node?

A lymph node is part of the body's lymphatic system. The lymphatic system is a network of vessels that carry a clear fluid called lymph around the body. Lymph vessels lead to lymph nodes. Lymph nodes are small round structures that trap cancer cells, bacteria or other harmful substances that may be in the lymph. Groups of lymph nodes are found in the neck, armpit (axilla), groin (inguinal), pelvis (iliac), chest and abdomen.

## How do cancers spread?



Skin cancers, such as melanoma, squamous cell and merkle cell, have the ability to spread to other parts of the body; these are called metastases or 'secondaries'. Cancers spread in different ways but the majority of skin cancers spread via the lymph system. When cancer cells are filtered they get caught in the lymph nodes and can grow there. In time they can spread to the next node down the chain and eventually spread to the blood stream and other organs.

Cancers that have spread to other parts of the body through the blood stream can be detected by scans of your body such as CT, MRI or PET CT. Ultrasound can also be useful to look at lymph nodes and organs.

## What if the cancer has spread to the lymph nodes?

If the cancer has spread to your lymph nodes, lymph node dissection is usually recommended. Lymph node clearance is a major operation that aims to stop the cancer from progressing in this region.

## What is an axillary dissection?

Axillary dissection is the name for the operation which removes all the lymph nodes in your armpit, as well as surrounding fatty and connective tissue. The aim of the operation is to prevent the cancer from returning in your armpit and to stop it from spreading elsewhere. The operation is performed under general anaesthetic, which means you will be asleep throughout.

All the tissue from the operation is sent to the pathology department where it is analysed under a microscope. The results will be explained to you when you attend outpatients clinic for a follow-up appointment approximately four weeks after your surgery.

## What are the benefits of the operation?

Surgery will aim to remove all of the lymph nodes in the armpit and help to control the spread of the cancer, and hopefully reduce the chance of spread to other parts of the body.

## Are there any alternatives to having this operation?

Some patients can be treated with drugs and/or radiotherapy, depending on the cancer type. One option is not to operate. However, if left untreated the lymph nodes will grow in size causing pressure on the major blood vessels and nerves supplying the arm. This can affect the function of the arm and may cause pain. As the cancer progresses it can cause the overlying skin to break down.

## What will happen before the operation?

We will ask you to come to the pre-operative assessment clinic to check your general health before your operation. You will need to complete a form which asks about your medical history and any medications that you are taking. You will have blood tests and may also have an ECG (electrocardiogram) to measure the activity of your heart. If an anaesthetist needs to see you before your operation this will be arranged. Additional Covid tests may be required, depending on the current guidance, as we are a Covid protected site.

You will be asked to telephone the hospital the day before surgery to be given a time for admission, and also instructions on when to stop eating and drinking. If you are being admitted to the ward the day before surgery, this will be discussed with you.

## The day of your operation?

If you have been admitted to the ward the day before surgery, the ward nurses will advise you when to stop eating and drinking. If you are being admitted on the day of your operation, please report to Theatre Admissions, Location 59.

Please bring all of your regular medications with you and remember to follow any instructions we may have given you regarding stopping.

Your surgeon will see you and mark the site of the proposed operation with a marker pen. They will also talk through the operation again and you will have the chance to ask questions. If you have not already done so, your surgeon will ask you to sign the consent form to say that you are happy for the operation to go ahead. You will also meet your anaesthetist to talk about the anaesthetic. If you are very anxious please let them know, as it may be possible for them to give you medication to help you relax.

We may give you compression stockings to wear. These help to reduce the risk of developing clots in your legs Deep Vein Thrombosis or (DVT).

## What does the operation involve?

The surgeon will make a cut in the skin of your armpit (axilla), extending from your armpit to the inside of your upper arm. The cut can be up to 20cm in length. Your surgeon does not look for specific lymph nodes during this operation but aims to remove all the tissue (including the lymph nodes) in the axilla area, leaving behind important structures, such as blood vessels and major nerves. The number of lymph nodes found varies a lot, but is usually between 10 and 30.

The wound is stitched up with dissolvable stitches, which do not need to be removed.

The operation will disrupt the usual lymph drainage and can cause the lymph fluid to collect in the space where the tissue has been removed. For this reason, two plastic tubes (drains) will be inserted to drain the fluid away from the body. The tubes will each drain fluid into a plastic bottle and the amount will be measured daily.

## What happens after the operation?

Once you are stable and awake you will return to the ward. You will have a 'drip' in your arm. This is a small tube which gives you fluids into a vein until you can drink. You may be wearing a face mask to give you oxygen. Your nurse will carry out regular checks on your blood pressure and pulse rate. The wound dressings and amount of drainage will also be checked. You will be able to eat and drink once you are fully awake. You may have a urinary catheter in place until you are able to get up to go to the toilet.

Wound drains – you are likely to have two drains removing the lymph liquid from the armpit. The liquid usually looks like blood to start with but becomes clear and straw-coloured over time. The drains are normally left in place for between one and three weeks, depending on the amount of drainage from them. While you are on the ward we will teach you how to look after the drains. If you go home with drains in place the ward staff will show you how to measure the quantity of drainage fluid. Once the quantity of the drained fluid falls below a certain level, the drains can be removed. The drains will be removed either on the ward, or if you have gone home with drains in place, in the plastics dressing clinic.

Moving – we will encourage you to be up and out of bed as soon as you feel able to do so, usually the day after surgery. This helps to minimise the risk of you developing a blood clot (DVT). The ward staff will be able to help you. Your hospital stay is likely to be between 1 and 7 days depending on your recovery.

## What is the risk of complications and side effects?

The risks of any operation relate in part to the anaesthesia and in part to the operation itself. You will have a general anaesthetic which means you will be asleep for the entire operation. You will be able to discuss this with the anaesthetist (doctor who gives the anaesthetic) before the surgery.

The main surgical risks are listed below-

**Very common problems** (affecting approximately 1 in 10 patients)

- Numbness around the upper arm and the scar, which may be permanent.
- Seroma (collection of fluid at the site of the operation)
- Delayed wound healing
- Lymphoedema (persistent swelling of the arm which is due to retained lymph fluid)
- Infection of the wound
- Cording – lymphatic vessel that can appear like a cord.
- Shoulder stiffness. Physiotherapy may be needed to help you mobilise.

**Common problems** (affecting approximately 1 in 100)

- Haematoma (a collection of blood at the site of the operation)
- Neuralgia ( pain in the nerves of the arm or axilla)
- Poor scarring (lumpy and itchy at the site of the incision)

**Uncommon problems** (affecting approximately 1 in 1000)

- DVT (blood clots in the leg veins)
- Pulmonary embolism (blood clots in the pulmonary veins often referred to as PE)
- Haemorrhage (often referred to as heavy bleeding) and needing a return to theatre
- Chest infection

**Rare or very rare** (affecting 1 in 10,000 or 1 in 100,000)

- Serious damage to nerves in the arm which may affect arm or hand movements
- Further operations, for example to clean away dead tissue at the wound site and apply a skin graft
- Risk of recurrence if not all of the diseased lymph nodes are removed

## How will I feel at home?

### **Tiredness**

At first you will feel rather tired and should spend the first week or so taking it very easy. After this, you will be able slowly to return to your usual activities. It is important to get moving at home from the start, but avoid strenuous activities. Please continue to follow the exercises that the physiotherapist gave you when you were an inpatient. You can also refer to the leaflet for arm and shoulder exercises to prevent your arm and shoulder from becoming stiff.

### **Driving**

You will not be able to drive whilst you have the drains in place. For most people it can take around four weeks before they feel well enough to drive. Do not drive until you are able to carry out an emergency stop and please check with your insurance company before you restart driving.

### **Working**

Going back to work will depend on the type of work you do and how you have recovered postoperatively, but most people find they need around four weeks off work. If your job involves a lot of lifting or heavy work you will need to stay off work for longer. If you need a fit note please ask the doctor whilst you are in hospital. If you need a further fit note, your GP will be able to issue this.

### **Everyday activities**

You are likely to need help at home, for about four weeks, with everyday activities such as washing, shopping, laundry, lifting children and housework.



## How should I care for my wound?

Aim to keep the wound dressings clean and dry. They will be replaced when you attend dressings clinic. Once the drains have been removed you will be able to have a shower, but soaking in a bath is not advised.

## What are my follow-up arrangements?

Before you leave the ward arrangements will be made to see you in 1 to 2 weeks at the plastics dressings clinic. This will usually continue weekly until your wound drains are removed (if you have gone home with drains in place). Your wounds will be checked and your dressings changed. We will then see you regularly in this clinic until your wound has healed.

The results of your surgery will be discussed at the multi-disciplinary team meeting "MDT". You will then have an outpatients appointment to discuss these results and any further treatment that may be required, for example with the oncology team. The outpatients appointment will be approximately four weeks after your surgery.

## Useful information and telephone numbers

Your Consultant is:.....

Queen Victoria Hospital:	01342 414000
Ross Tilley Ward:	01342 414451
Margaret Duncombe Ward:	01342 414450

Skin Cancer Clinical Nurse Specialists:	01342 306660
Plastics Dressings Clinic:	01342 414442





Please ask if you would like this leaflet  
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