

Groin Dissection

Information for patients

Introduction

This booklet has been written to give you information about having surgery to remove the lymph glands in your groin. It has been produced by experienced healthcare professionals as well as patients, and it 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.

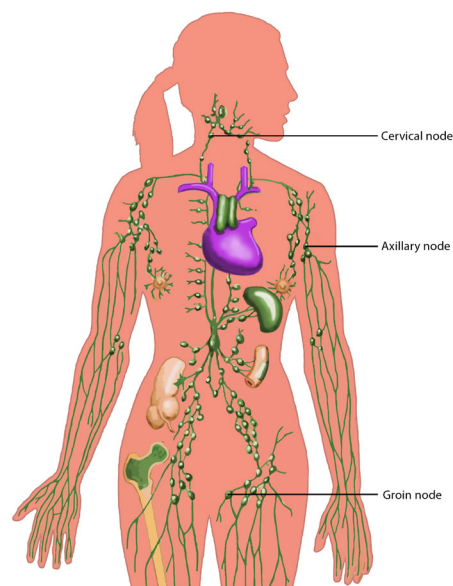
What is a lymph node?

A lymph node is part of the body's lymphatic system. The lymphatic system is a network of vessels that carries 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 region), pelvis, chest and abdomen.

How do cancers spread?

Skin cancers such as melanoma, squamous cell and Merkel 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 bloodstream and other organs.

Cancers that have spread to other parts of the body through the bloodstream 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. This is a major operation that aims to stop the cancer from progressing in this region.

What is a groin dissection?

Groin dissection (also known as a 'block dissection' or lymphadenectomy) is the name for the operation that removes all the lymph nodes in your groin, as well as surrounding fatty and connective tissue. The aim of the operation is to remove the cancerous lymph nodes in the groin and stop the cancer from spreading elsewhere. The aim is also to prevent the cancer from returning in the groin. 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 outpatient clinic for a follow up appointment, approximately four weeks after your surgery.

What are the benefits of the operation?

The operation aims to remove all of the lymph nodes in the groin and help to control the spread of the cancer. This should 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 type of cancer. Another option is not to operate. However, if left untreated the lymph nodes will grow in size and press on the major blood vessels and nerves supplying the leg. This can affect the function of the leg and may produce pain. As the cancer progresses it can cause the overlying skin to break open.

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 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. As QVH is a Covid-protected site, you may be asked to take additional Covid tests.

We will ask you to telephone the hospital on the day before surgery when we will give you a time for admission and instructions on when to stop eating and drinking. If you are being admitted to the ward on the day before surgery, we will discuss this with you.

The day of your operation

If you are admitted to the ward on the day before your operation, 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 certain medications before surgery.

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 blood clots in your legs, also known as deep vein thrombosis (DVT).

What does the operation involve?

The surgeon will make a cut in the skin of your groin, extending from your groin to the inside of your upper leg. The cut can be up to 30cm 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 groin 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 2 and 15.

The wound is closed using dissolvable stitches which will 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. Each tube will drain fluid into a plastic bottle and the ward staff will measure the amount every day.

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 an oxygen mask. Your nurse will carry out regular checks on your blood pressure and pulse rate and will also check the wound dressings and amount of drainage. Once you are fully awake, you will be able to eat and drink. 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 which take the lymph liquid from the groin. The liquid usually looks like blood to start with but becomes clear and straw-coloured over time. The drains normally stay in place for between one and three weeks, depending on the amount of fluid collected 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 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 developing DVT. The ward staff will be able to help you. Your hospital stay is likely to be between three and seven 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 before the surgery.

The main surgical risks are listed below.

Very common problems (affecting approximately 1 in 10 patients)

- Numbness, possibly permanent, around the upper groin area and the scar
- Seroma (a collection of fluid at the site of the operation)
- Delayed wound healing

- Lymphoedema (persistent swelling of the leg which is due to retained lymph fluid)
- Infection of the wound
- Cording (a lymphatic vessel that can appear like a cord under the skin)
- Leg stiffness. You may need physiotherapy to help you mobilise

Common problems (affecting approximately 1 in 100 patients)

- Haematoma (a collection of blood at the site of the operation)
- Neuralgia (pain in the nerves of the leg or groin)
- Poor scarring (lumps and itching at the site of the incision)

Uncommon problems (affecting approximately 1 in 1000 patients)

- DVT (blood clots in the leg veins)
- Pulmonary embolism (blood clots in the veins in the chest/lungs often referred to as PE)
- Haemorrhage (often referred to as heavy bleeding) which requires a return to theatre
- Chest infection

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

- Serious damage to nerves which may affect leg movement
- 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

Initially you may feel rather tired and should spend the first week or so taking it very easy. After this, you will slowly be able to return to your usual activities. It is important to get moving at home from the start, but avoid strenuous activities.

Driving

You will not be able to drive while 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 return to driving.

Working

Going back to work will depend on the type of work you do and how you have recovered, 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 for longer. If you need a fit note please ask the doctor while 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 the plastics dressing clinic. Once the drains have been removed you will be able to have a shower, but we do not advise that you soak in a bath.

What are my follow up arrangements?

Before you leave the ward, arrangements will be made to see you within one to two weeks at the plastics dressing clinic. This will usually continue weekly until your wound drains are removed (if you have gone home with drains in place). We will check your wounds and change your dressings. We will continue to 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). After this, you will have an outpatient appointment to discuss these results and any further treatment that may be required. This may involve the oncology team. The outpatient appointment will take place 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