

Plastic Surgery, Dermatology and Oncology Departments

Axillary Lymph Node Dissection (ALND)

Introduction

This is a leaflet to inform you about an operation involving removal of the lymph glands from your armpit. This is called an axillary lymph node dissection (ALND). The side of the body where the lymph nodes are to be removed will be determined by where the primary skin cancer is.

There are normally 2 reasons why this may have been advised:

- Firstly it may be to try to remove any and control the progression of the cancer in the armpit.
- Secondly it may be used to assess the extent of the cancer and will help us to decide the best treatment options for you.

What are lymph nodes?

Lymph nodes are glands that are part of the lymphatic system, which helps us to fight infections and remove excess fluid and waste products from our body. The lymphatic system consists of lymph which is a clear colourless fluid that forms in the body and drains into the blood through a network of vessels and lymph nodes. The lymph nodes filter out anything our body does not need and are situated in various areas of our body including the armpit, groin, neck and or abdomen. Lymph nodes in the armpit (axilla) receive the lymph fluid from the upper limbs, upper back and chest wall.

Cancer cells can sometimes move into the lymph fluid and travel to the lymph nodes. This may be noticeable by a swelling of the lymph node in the axilla. However sometimes this is not noticeable by swelling and you



Patient Information

may need a medical scan/investigation to detect if cancer cells are present in the lymph nodes.

The operation aims to check if any cancerous cells are present or to remove the cancerous cells in the lymph nodes in the axilla before it travels anywhere else in the body. If cancer cells are detected, chemotherapy or radiotherapy may also be required, but your doctor will discuss this with you.

Before the operation

To make sure you are well enough to have a general anaesthetic for the operation, the surgeon will take your medical history, check your general health, review your medication and may order various tests including a blood test, chest X-ray and heart tracing (ECG). The surgeons who are experienced in performing ALND will also discuss the operation, complications and possible side effects with you (see below). When all of these have been discussed and any questions have been answered, the surgeon will mark your skin with a permanent marker to indicate where the operation is to take place. Following this, they will ask you to read and sign a consent form. Please remember the nurse and doctors are here to try and answer your questions, so please ask.

Preoperative Fasting Instructions:

| For MORNING Operations | STOP TAKING AT: |
|---|------------------------|
| Food or milk | 2:30 am |
| Black tea/coffee/ squash (not juice)/ Pre-Op carbohydrate drink | 6:30 am |
| Water | Arrival to hospital |
| *Please do not chew gum on the day of surgery* | |

Patient Information

| For AFTERNOON Operations | STOP TAKING AT: |
|---|------------------------|
| Food or milk | 7:30 am |
| Black tea/coffee/ squash (not juice)/ Pre-Op carbohydrate drink | 11:00 am |
| Water | Arrival to hospital |
| *Please do not chew gum on the day of surgery* | |

Complications and Risks

All operations carry a risk of complications, these are rare, but will still need to be discussed with you.

- **Chest and urine infections:** If they develop, they will normally be treated with antibiotics.
- **Clots:** To prevent clots forming in your legs or lungs, you will be advised to wear surgical stockings during your hospital stay and may also require a daily injection to thin your blood.
- **Haematoma:** This is where bleeding occurs and forms a clot in the wound. If this occurs you may need to have a small operation to remove the clot. In rare circumstances a blood transfusion may be required. Please discuss this with your doctor, before the operation.
- **Seroma:** A collection of fluid may build up around the wound. This is common in people who have had lymph nodes removed and when drains are taken out. Some will heal themselves but others will be required to be aspirated with a needle and syringes. A local anaesthetic will be given so you should feel no pain. This may need to be done weekly for several weeks.
- **Wound Healing:** Wound healing can take as little as 2 weeks. However it can take much longer than this, if you develop complications. Due to the wound being in a closed area, wound healing may take longer than normal.

Patient Information

- **Wound Infection:** Nursing staff and doctors will be checking your wound regularly (at least daily) to look for any signs of infection, which may include increasing redness, swelling, or discharge around the wound. If an infection is present, antibiotics will be given. If you notice any of these symptoms or your pain increases, please let us know.
- **Nerve damage:** You may also feel some numbness/pins and needles in the upper inner arm area because of nerve damage; this may be temporary or permanent.
- **Lymphoedema:** This is an abnormal build up of lymph fluid which can occur when your lymph nodes are removed, as it cannot drain away. You may notice the following symptoms in the arm where the axillary nodes have been removed:
 - Swelling
 - Feeling of fullness and heaviness
 - Tightness and stretching of the arms skin
 - Reduced movement
 - Pain and dryness of the skin

Lymphoedema can develop over weeks or years, so if you notice any of these signs at any time following an ALND please see your G.P as soon as possible. Lymphoedema can be treated with bandages and a special type of massage, however the sooner it is diagnosed; the easier it is to treat. The surgeon may ask you to wear a piece of stockinette on your arm, to encourage lymphatic drainage following the operation.

To prevent Lymphoedema now and in the future please try to:

- Avoid infection of the affected arm and treat any bites, scratches immediately. If you suspect it might be infected or there is swelling or redness, please see your GP.
- Keep skin moisturised and supple to avoid dryness.
- Avoid excess weight gain.
- Take gentle exercise and avoid lifting or carrying heavy bags on the affected side.

Patient Information

- Avoid sunburn, hot baths, saunas and spas.
- Do not have blood pressure checks or injections on the affected arm.
- Only use an electric shaver on the affected arm.

The Operation

Once you have had your general anaesthetic and are asleep, the lymph nodes in the axilla are removed. This is done by the surgeon making a cut in the axilla which may be between 5cm and 15cm long. The wound is then closed with dissolvable stitches and a drain(s) placed into the wound to drain away any excess blood or fluid and stop any build up of fluid around the wound. The wound will then be covered with a dressing.

The operation will take approximately 2 hours

The lymph nodes will then be sent to the histology department who will look at the lymph nodes under a microscope. These results should be ready in approximately 14 days and will be discussed with you at your follow up appointment.

Following the operation

After the operation you will be taken to recovery where you will be closely monitored whilst waking up from the general anaesthetic. You will then be taken back to the ward to be cared for.

You will be closely monitored and your temperature, blood pressure, breathing rate and pulse will be taken at regular intervals.

Hydration: You may have a drip of fluid (saline) attached to you via a needle in the back of your hand to keep you hydrated. This will be removed once you are drinking enough.

Pain: You may feel some pain when you first awake and for a short time following the operation. Please let us know so we can give you some regular painkillers to relieve this. You may also feel some numbness/pins and needles in this area because of nerve damage; this may be temporary or permanent.

Patient Information

Wound: The dressing over your wound will be checked regularly. If you notice any redness or blistering around the dressing please inform the nurses as you may be sensitive to the type of dressing. The wound should gradually heal over a period of approximately 2 weeks (some take longer) and will form a scab that will eventually fall off.

Catheter: You may have a catheter inserted at the time of your operation. This is to drain any urine from your bladder. Once you are able to move about this will be removed.

Drain(s): The drain will be checked regularly by the ward staff to monitor the amount of blood or fluid loss. It will be removed when there is minimal drainage over a 24 hour period. If you are discharged before the drain is removed, you will be referred to the district nursing team who will see you following your discharge home.

Movement/stiffness: The physiotherapist will see you if you have any problems following your operation to advise you on gentle exercises and what you should do to ensure your shoulder does not become stiff in hospital or at home.

Going Home

It may take some time to get back to normal following this operation. The district or Medihome nurse will visit you to check the drain, if this is still in, take care of your wound and to offer support if needed. The Medihome team will give you contact numbers if required.

We advise you **not to do** the following activities in hospital or at home until your wound has completely healed.

- Do not soak the wound in the bath, but have a shower instead; ensuring the wound is dry afterwards.
- Do not use soap or deodorant on the affected armpit until it has healed.
- **Do not drive** for a minimum of 2 weeks or until you feel comfortable and safe enough to drive. Please speak to your insurance company about this to make sure you are insured.
- You may return to work when you feel comfortable to do so. This may depend on your recovery, which can differ for each person, and the type of job you do.

Patient Information

- If you require a sick note please ask.

Follow up

You will have an appointment in approximately 4 weeks following the operation to allow the surgeon or specialist nurse to talk to you about the operation and to see how your wound is healing. This may be face to face or via the telephone dependant on the coronavirus situation. If it is face to face please bring someone with you if you wish.

If you do not receive an appointment please contact the plastic surgery secretaries on 024 7696 5289, 024 7696 5223 or 024 7696 5225. If you have any problems before this, please contact the hospital secretaries or Ward 32 out of hours.

Free prescriptions

All cancer patients since April 2009 may be entitled to free prescriptions, please ask your nurse, doctor or pharmacist about this.

Financial Help

Some patients are entitled to additional income. If you would like a review of your income please make your skin cancer nurse aware and she can refer you to the Macmillan benefits advisors.

Research

As a hospital we actively invite patients to take part in clinical trials, whether these trials involve a medication or a questionnaire. Please ask your skin cancer nurse if you are interested in finding out more.

Further Information and Support

Ward 32

024 7696 8236 or 024 7696 7831

Plastic Surgery Nurse Specialist

Contact via switchboard: 024 7696 4000 bleep 1676

Patient Information

Macmillan Skin Cancer Nurse Specialists

On 024 7696 6058 or via switchboard: 024 7696 4000 bleep 4316

Cancer Information Centre

024 7696 6052

The Trust has access to interpreting and translation services. If you need this information in another language or format, please contact 024 7696 6058 and we will do our best to meet your needs.

The Trust operates a smoke free policy.

To give feedback on this leaflet please email feedback@uhcw.nhs.uk

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