

Plastic Surgery, Dermatology and Oncology Departments

Inguinal Lymph Node Dissection (ILND)

Introduction

This is a leaflet to inform you about an operation involving removal of the lymph glands from your groin. This is called an inguinal lymph node dissection (ILND)

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

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

What are lymph nodes?

Lymph nodes (glands) 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 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 abdomen. Lymph nodes in the groin (inguinal) receive the lymph fluid from the lower half of the body.

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 nodes in the groin. However sometimes this is not noticeable by swelling and you may need a medical scan/investigation to detect if cancer cells are present in the lymph node. The operation aims to check if any cancerous cells are present or to remove the cancerous cells in the lymph nodes.



Patient Information

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 ILND will also discuss the operation, complications and possible side effects with you (see below). The groin area may need to be shaved before the operation so the surgeon can mark your skin with a permanent marker to indicate where the operation is to take place. A nurse can help with this if needed. When all of the above have been discussed and any questions have been answered, 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	

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 the risk of complications. These are rare, and will still need to be discussed with you.

- **Chest and urine infections:** can occur with most operations and if they develop will normally need treating 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 syringe. A local anaesthetic will be given so you should feel no pain.
- **Wound healing:** Due to the wound being in a closed area wound healing may take longer than normal. Wound healing can take place in as little as 2 weeks. However there is also a risk that the wound may open up and take time to heal. Due to the possibility of fluid collection and the risk of infection in this area, it can take longer than this if you develop complications. It may also help to avoid long walks and long periods of standing for the first 3 weeks after the operation.
- **Wound Infection:** Nursing staff and doctors will be checking your wound regularly to look for any signs of infection. This may include increasing redness, pain, swelling, or discharge around the wound. If an infection is present, antibiotics will be given. Please let us know if you notice any of these symptoms.

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- **Nerve Damage:** You may also feel some numbness/pins and needles in the area of the operation 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. The following symptoms may be an indication of Lymphoedema in the leg where the groin nodes have been removed:
 - Swelling
 - Feeling of fullness and heaviness
 - Tightness and stretching of the legs 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 ILND please see your GP speak to your skin cancer nurse if still under follow up or your GP if you have been discharged as soon as possible. Lymphoedema can be treated with bandages and a special type of massage, however the sooner this is diagnosed; the easier it is to treat.

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

- Use Tubigrip or compression stockings during the first three months, as the risk is highest in this period.
- Avoid infection of the affected leg 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.
- Avoid sunburn, hot baths, sauna and spas.
- Only use an electric shaver for the affected leg.
- Do not walk around barefooted.

The operation

Once you have had your general anaesthetic and are asleep, the lymph nodes in the groin are removed. This is done by the surgeon making a cut

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in the groin, which may be between 5 and 15cm long. This wound is then closed with dissolvable stitches and a drain 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 should 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 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 when you are fully awake, you will be taken back to the ward to be cared for.

There are various care needs that will be monitored including your temperature, blood pressure, breathing rate and pulse.

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 wake 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.

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 this type of dressing. The wound should gradually heal over a period of approximately two weeks and may form a scab that will eventually fall off.

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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.

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.

Movement/stiffness: You may be advised to limit moving around to begin with. The physiotherapist will see you, if necessary, following your operation to give you advice.

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 area until it has healed.
- **Do not drive** for a minimum of two 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.

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.

Patient Information

If you do not receive an appointment please contact the plastic surgery secretaries on 024 7696 5289 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 Specialists

via switchboard 024 7696 4000 and ask for bleep 1676

Macmillan Skin Cancer Nurse Specialist

On 024 7696 6085 or via switchboard on 024 7696 4000 and ask for bleep 4316

Macmillan Cancer Information Centre 024 7696 6052

Patient Information

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

The Trust operates a smoke free policy.

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

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