

Plastic Surgery

Axillary Lymph Node Dissection (ALND)

This is a leaflet to inform you about an operation involving removal of the lymph glands from your armpit (axilla). 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 tummy (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



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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 they spread to other parts of your body. If cancer cells are detected, your doctor will discuss the possibility of immunotherapy (a type of chemotherapy) or radiotherapy with you.

Before the operation

You will meet with the surgeon in clinic to discuss the operation, as well as the complications and risks associated with this (see below). The surgeon will assess your medical history to ensure you are well enough to have a general anaesthetic. Additionally, you will be referred to the preoperative service for further assessment. Which may include a review of your general health, medication and further tests such as a blood test, lung function tests, x-rays, echocardiograms and heart tracing (ECG).

When you are deemed suitable for the general anaesthetic, your operation will be scheduled. You will receive information about when and where to come. On the day of the operation, you will meet the surgeon or a member of the team, who will mark your skin with a permanent marker to indicate where the operation is to take place. After this, they will ask you to read and sign a consent form.

Remember the nurse and doctors are here to try and answer your questions, so please ask.

Preoperative Fasting Instructions:

Please see below for instructions on when to stop eating and drinking before the operation.

| 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 |

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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 a risk of complications, these are uncommon. These risk will be discussed with you. Complications are more common in people who smoke or use nicotine containing smoking substitutes (such as vapes or gum). If you would like help or advice in quitting smoking, please don't hesitate to ask.

- **Seroma:** A collection of fluid (seroma) may build up under the wound. At the time of the operation, a couple of plastic drains will be placed to protect the wound in the early phase. Typically, patients may go home with a single drain still in place for a number of weeks. Fluid collection can still happen after drain removal. Some seromas will resolve themselves, but others may need to be drained with a needle and syringe if they become problematic. This may need to be done on more than one occasion.
- **Wound Infection:** Nursing staff and doctors will be checking your wound regularly when in the hospital to look for any signs of infection. The infection may include increasing redness, swelling, or discharge around the wound. If an infection is thought to be present, antibiotics may be given. If you notice any of these symptoms or your pain increases, please let us know.
- **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

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the clot. In rare circumstances, a blood transfusion may be required. Please discuss this with your doctor before the operation.

- **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.
- **Other infection such as chest and urine infections:** If they develop, they will normally be treated with antibiotics.
- **Blood Clots:** To prevent clots forming in your legs (deep vein thrombosis; DVT) or lungs (pulmonary embolism; PE) which can happen due to immobility after surgery, you will be advised to wear surgical stockings during your hospital stay. You may also require a daily injection of anticoagulant to thin your blood.
- **Scarring and stiffness:** As scars develop as a normal response to surgery and mature after operations, they can sometimes cause tightness (contracture) or thickening, which may very occasionally require further treatment. Physiotherapy advice can be given to help retain the shoulder movement following your operation.
- **Nerve damage:** You may also feel some numbness or pins and needles in the upper inner arm area due to nerve damage, this may be temporary or permanent. This rarely affects the function of the arm, but sometimes the arm may feel slightly weaker after surgery.
- **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, forearm or hand/fingers in the side 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

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Lymphoedema can develop over weeks or years, so if you notice any of these signs at any time following an ALND and you have been discharged, please see your GP as soon as possible. If you still under the hospital team, please contact the Macmillan skin cancer nursing team. Lymphoedema can be treated with bandages and a special type of massage, however the sooner it is diagnosed, the easier it is to treat.

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.
- 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 around 15cm long. The wound is then closed with dissolvable stitches and plastic tube drains are placed into the wound to drain away any excess blood or fluid and to stop any build-up of fluid around the wound. The wound may be covered with a dressing, or surgical glue may be used to create a waterproof seal instead.

The operation will take around 2 to 4 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 around 4 to 6 weeks and will be discussed with you at your follow up appointment.

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After 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 transferred back to the ward for care.

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 saline drip 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 up and for a short time after the operation. Please let us know so we can give you some regular painkillers to relieve this. You may also feel some numbness or pins and needles in this area due to nerve damage, this may be temporary or permanent.

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

Catheter: Occasionally 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 ward staff will regularly check the drains to monitor the amount of blood or fluid loss. One will be removed after a couple of days. Typically, you will be discharged home with one drain in place and you will be supported by the dressing clinic nursing team, who will be able to advise how this is to be looked after.

Movement/stiffness: The physiotherapist will see you if you have any problems after your operation, to advise you on gentle exercises and what you should do to make sure your shoulder does not become stiff in hospital or at home. We will give advice on simple exercises that can be done, which will hopefully avoid problematic restriction of shoulder movement.

Going Home

It may take some time to get back to normal following this operation.

Drain management will be supported by the nurses in the Plastics dressing clinic (PDC) via a virtual clinic, available Monday to Friday to monitor drain output . You will receive a PDC appointment before discharge for a wound review and drain care within a week. Recovery can vary from person to person. Please take the time to recover and avoid rushing back to normal activities.

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 instead take showers, making sure the wound remains dry afterwards. Showering is acceptable after 48 hours. If dressings get wet or stained, they should be removed.
- Do not use soap or deodorant on the affected armpit until it has healed.
- **Do not drive** until you feel comfortable and safe enough to drive. Make sure that you can comfortably apply your seatbelt, check your surroundings and perform emergency manoeuvres with the steering wheel. Make sure you can perform an emergency stop as well. Please speak to your insurance company about this to make sure you are fully 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.
- If you require a sick note, please ask.

Follow up

You will have a face-to-face appointment in around 4 - 6 weeks after the operation. During this appointment, the surgeon or specialist nurse will discuss the operation with you and assess the healing process of your wound.

If you do not receive an appointment within this timeframe, please contact the plastic surgery secretaries on 024 7696 5287, 024 7696 5223 or 024 7696 5225. If you have any problems before this, please contact the hospital secretaries.

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Free prescriptions

Since April 2009, all cancer patients may be entitled to free prescriptions. Please ask your nurse, doctor or pharmacist about this.

Financial Help

If you believe you may be entitled to additional income, please inform your skin care nurse. They can then refer you to the Macmillan benefits advisors for a review of your income.

Research

As a hospital, we actively invite patients to take part in clinical trials, which may involve medications or questionnaires. Please ask your skin cancer nurse if you are interested in finding out more.

Further Information and Support

Plastic Surgery Nurse Specialist

Contact via switchboard: Contact the Plastic dressing nurses on 024 7696 6474 or Email : PDC@uhcw.nhs.uk

Macmillan Skin Cancer Nurse Specialists

On 024 7696 6085 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 6085 and we will do our best to meet your needs.

The Trust operates a smoke free policy.

Did we get it right?

We would like you to tell us what you think about our services. This helps us make further improvements and recognise members of staff who provide a good service.

Have your say. Scan the QR code or visit:

www.uhcw.nhs.uk/feedback



Document History

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