

## Plastic Surgery

# Inguinal Lymph Node Dissection (ILND)

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 are glands that are part of the lymphatic system, which helps us to fight infections, 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 or tummy (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



## Patient Information

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.

### **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 they may order further tests such as blood test, chest x-ray 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. The groin area may need to be shaved before the operation. 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.**

<b>For morning operations</b>	<b>Stop taking at:</b>
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*	

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<b>For afternoon operations</b>	<b>Stop taking at:</b>
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 uncommon. These risks 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.

- **Chest and urine infections:** can occur with most operations and if they develop, you will normally need antibiotics to treat them.
- **Blood Clots:** to prevent clots forming in your legs (deep vein thrombosis; DVT) or lungs (pulmonary embolism; PE) 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.
- **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 (seroma) may build up around the wound. This is common in people who have had lymph nodes removed and when drains are taken out. Some seromas will resolve themselves, but others may need to be drained with a needle and syringe if they become problematic. A local anaesthetic will be given so you should feel no pain.

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- **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.
- **Nerve Damage:** You may also feel some numbness or 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 and you have been discharged, please see your GP as soon as possible. If you are 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 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 in the groin, which may be between 5 and 15cm long. This wound is then closed with dissolvable stitches and a 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 will then be covered with a dressing, or surgical glue may be used to create a waterproof seal instead.

The operation should take around 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 around 14 days and will be discussed with you at your follow up appointment.

### **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.

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**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 the dressings, please inform the nurses as you may be sensitive to this type of dressing. The wound should slowly heal over a period of approximately 2 weeks and may form a scab that will eventually fall off.

**Drain(s):** The ward staff will regularly check the drains to monitor the amount of blood or fluid loss. One will be removed after couple of days. Typically, you will be discharged home with 1 drain in place and you will be supported by the dressing clinic team, who will be able to advice how this is to be looked after.

**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.

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

## 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, on a daily basis (Monday to Friday) for drain output . You will receive a PDC appointment before discharge in a week for a wound review and drain care. Please take the time to recover, don't rush to return to normal activities.

## Patient Information

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; make sure the wound is dry afterwards.
- Do not use soap or deodorant on the affected area until it has healed.
- **Do not drive** until you feel comfortable and safe enough to drive. 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.

## Follow up

You will have a face-to-face appointment in approximately 4-6 weeks' time, after your 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 time frame, 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.

## 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 cancer 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 Specialists

Contact number: 024 7696 6474

Email : [PDC@uhcw.nhs.uk](mailto:PDC@uhcw.nhs.uk)

### Macmillan Skin Cancer Nurse Specialist

On 024 7696 6085 or via switchboard on 024 7696 4000 and ask for 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](http://www.uhcw.nhs.uk/feedback)



#### Document History

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