



Information for  
patients and  
carers

# Operation for Lymph Gland Removal

## Introduction

This leaflet is for anyone having an operation to remove lymph glands. It should help you to understand the operation and to know what to expect from your admission to hospital. It is important that you read and understand this leaflet before agreeing to have the operation.

Please bring this leaflet into hospital with you to refer to.

## What are lymph glands?

Lymph nodes form part of your body's immune system. They are also known as lymph glands. They are found in your armpits, groins and neck. These sites are known as lymph node basins. They become enlarged and lumpy when your body is fighting infection or if they become affected by disease such as skin cancer.

Skin cancer cells can spread to the lymph glands closest to where your skin cancer is situated; then may cause the lymph glands to become firm and swollen.

The site of your operation will depend on where on your body your original skin cancer was situated.

## What is the operation?

The operation to remove lymph glands is called a lymph node dissection or en bloc dissection and is performed under a general anaesthetic.

During the operation the surgeon cuts through the skin and where appropriate, through underlying muscle to reach your lymph glands. The lymph glands will then be removed and your wound will usually be closed with stitches or staples.

You may be in hospital for several days following this operation.

## What are the possible advantages of having your lymph glands removed?

Removing lymph nodes affected by cancer reduces the risk of the skin cancer returning in the same part of the body.

People who have had a lymph node dissection may be able to take part in clinical trials for new treatment to prevent future melanoma. These trials often cannot accept people who have not had this.

## What are the risks, consequences and complications associated with the operation?

Most operations are straightforward; however as with any surgical procedure there is a small chance of complications. This list of complications is not intended to put you off having the operation, but you need to be aware of any potential risks or complications before you consent to having surgery.

**Bleeding.** There is a risk that you could experience bleeding from the site of the operation, this may result in a collection of blood beneath the stitch line and you may need another operation to remove it. Symptoms of excessive bleeding include pain and swelling around your wound.

**Infection.** There is a risk of wound infection, which can occur at any time following surgery. Symptoms of infection may include increased swelling, redness, fluid leakage and increased pain at the site of the operation. If your wound becomes infected you may need treatment with antibiotics, occasionally this may mean admission to hospital for antibiotics to be given through a drip. After a wound infection, healing may be delayed and you may need dressings for a longer period than normal.

**Wound breakdown.** There is a risk that your wound may break down following surgery. Wound breakdown can happen if the stitch line does not heal properly and the wound gapes, or if the blood supply to the skin becomes interrupted resulting in a superficial wound on the skin. Very rarely the blood supply to the skin is disrupted and becomes inadequate, and some of your skin may die. If this happens you will require dressings for a longer period of time than usual, or you may need further surgery.

**Fluid collection at the wound site.** There is a risk that lymph fluid may pool beneath your stitch line after surgery. This can happen if the wound drains put in during the operation are not working properly, or if your body still produces a lot of lymph fluid after the drains are removed. A collection of lymph fluid can occur at any time after the operation. If this happens a doctor may need to remove the fluid.

**Scarring.** You will have a permanent visible scar on your skin; scars tend to improve over a period of 18 months following surgery. In some patients, for genetic reasons, scars can become raised, red and lumpy; unfortunately this is largely beyond surgical control. The way a scar develops depends as much on how your body heals as it does on your surgeon's skills.

**Swelling of affected limb (lymphoedema).** After an operation to remove lymph nodes you may experience gradual swelling of the limb closest to the site of the operation. The affected area may become stiff, swollen or awkward to move. It is often treated using a combination of exercise, massage and the wearing of an elastic garment on the affected limb. There is a risk that the affected limb may be permanently swollen. This is more likely if the operation is in the groin and least likely in the head and neck.

**After lymph node removal from your neck.** During an operation to remove lymph nodes from your neck there is a risk that the nerve to your shoulder may be affected, in rare cases this may result in long term pain and weakness of the affected shoulder.

**Chest Infection.** A chest infection can occur following any general anaesthetic. You can reduce the risk of this happening by taking deep breaths in and out following surgery and getting up and sitting out of bed as soon as you are well enough. If you smoke you can reduce the risk of a chest infection by stopping smoking for at least a month prior to your surgery.

**Deep vein thrombosis (DVT).** This is a blood clot that can arise in the deep veins of the leg or pelvis. A DVT can happen if your mobility is restricted or you are inactive for a time following your operation. You can reduce the risk of deep vein thrombosis by wearing the elastic stockings supplied both during and after your operation, and moving your legs about whilst you are in bed.

**Anaesthetic risks and complications.** You will need a general anaesthetic. Your anaesthetist will give you more information about your anaesthetic and will discuss anaesthetic risks and complications with you prior to your surgery.

**There may be other risks specific to your individual case; your surgeon or nurse will discuss any further risks with you.**

If you are concerned about any of these risks, or have any further queries, please speak to your consultant, skin cancer clinical nurse specialist or member of the health care team.

**Is there an alternative to having this operation?**

The alternative is not to have it done; however if there is a lump in your lymph glands which is proven to be skin cancer an operation is currently the only way to remove the cancer.

## What preparation will you need?

You will see a surgeon or specialist nurse in clinic to discuss the reasons why you need this operation; you will be given information to take away about the operation.

You will need to attend a pre-assessment clinic at the Royal Preston Hospital where a nurse will discuss your medical history and arrange any necessary investigations including blood tests. The nurse will also discuss any worries or concerns you may have about coming into hospital.

You may need an up to date CT scan prior to your surgery.

## Your medications

If your GP prescribes aspirin, clopidogrel or other medications that may increase the risk of bruising or bleeding you may be asked to stop taking these before your operation.

If you normally take warfarin tablets you may be asked to stop taking this before your operation. This will be discussed with you at your pre-op assessment visit.

Please bring all your tablets, inhalers or sprays into hospital with you.

## What happens when you arrive in hospital?

A letter will confirm your admission arrangements. You may be asked to attend the Day of Surgery Admissions (DOSA) unit prior to your operation. Following your operation you will be transferred to ward 4.

If you have any questions or concerns about your operation, please ask a member of the nursing staff or your skin cancer clinical nurse specialist for assistance.

Your surgeon or another doctor will make sure that you are informed about the nature of your surgery and the possible complications. He or she will ask you to sign a consent form agreeing to the surgery.

On the day of your operation you will need to stop eating and drinking for a period of time, the nursing staff will advise you of when this will be.

It is advisable to have a bath or shower before your operation.

## What can you expect after the operation?

The operation may take up to 3 hours to complete, however you will be in the operating department for longer than this to allow time for recovery.

After the operation is finished and you are awake and comfortable, you will return to the ward. The nurse looking after you will regularly check your wound, your drains and your blood pressure and pulse after you return.

You may have stitches or staples and are likely to have a dressing over the wound.

You will have one or more drain tubes coming from your wound area; these will allow any excess blood and lymph fluid to drain into a bottle attached to each tube. The drains will be removed when there is only a minimal amount of drainage. This may take longer than a week.

You may have a drip, usually in your hand or arm, to replace any fluid lost during your operation. You may lose blood at your operation; very rarely you may need a blood transfusion to replace this. Alternatively, you may be prescribed iron tablets to correct any associated problems.

There will be some bruising, swelling and discomfort following your operation. You will be offered pain relief to relieve this.

You will generally be encouraged to get up the day after your operation. At first you should limit your activities to routine tasks and walking short distances. You should also take care not to dislodge your drains.

## Going home

It may be possible for you to go home with your drains in place providing you and your doctors are happy with this. In this case the ward nurses will teach you how to look after your drains at home.

Your drains will be removed when there is minimal drainage; this may take longer than a week. Your body can produce large amounts of lymph fluid at the site of the operation. Excessive fluid production may delay the removal of your drains.

You will be asked to attend the plastic surgery dressing clinic when your drains are ready to be removed.

You may be prescribed a week's supply of painkillers to take home. If you need a further supply you should contact your own doctor.

After you are discharged home: If you have had surgery to your armpits (axillae), you can use your arms normally but do not push or pull any heavy objects for 3 weeks; you should also avoid any vigorous arm movements for this time.

If you have had surgery to your groins, you should rest your affected leg when possible and should put your leg up on a footstool or something similar when resting. Try not to stand still for long periods.

You do not need any special care at home, however if you have small children it may be advisable to arrange for someone to help you to care for them.

Please keep your dressing dry and do not remove it unless instructed to do so. Avoid touching your wound as this could cause an infection. Please do not smoke as smoking can impair wound healing.



## Follow up care

You will normally be given an appointment to return to the plastic surgery dressing clinic for a wound check or removal of any stitches or staples.

You will need dressings until your wound has healed. These may be done at the dressing clinic or you may have a district nurse or practice nurse to re-dress your wound.

After your discharge from hospital your body may still produce lymph fluid and you may continue to experience fluid collection at the wound site. If the area becomes tight and painful you should contact the dressing clinic for an appointment. You may need to have the fluid removed in a minor procedure using a fine needle and syringe; this can be done in the dressing clinic.

If you notice any signs of infection you should contact the dressing clinic or ward 4 for advice. These signs include increasing redness, pain, heat and swelling at the site of the operation.

An appointment in the out patients department will be arranged, usually within 6 weeks of your operation.

At this appointment the plastic surgeon or a member of his medical team will examine your scar, check your remaining lymph nodes and discuss any future treatment.

Your skin cancer specialist nurse may telephone you after your case has been discussed at the skin cancer multidisciplinary team (MDT) meeting to advise of any updates to your care.

## Additional Information

You should not go back to work until instructed by your surgeon. This could be 4 - 6 weeks depending on your job.

You will be given a discharge information leaflet prior to leaving the ward. This leaflet will give you general information and advice about going home from hospital.

## Contact details

If you have any questions or concerns at any time please contact your skin cancer nurse specialist nurses on 01772 522062 or 07525387668.

## Sources of further information

[www.lancsteachinghospitals.nhs.uk](http://www.lancsteachinghospitals.nhs.uk)

[www.nhs.uk](http://www.nhs.uk)

[www.patient.co.uk](http://www.patient.co.uk)

[www.accessable.co.uk](http://www.accessable.co.uk)

All our patient information leaflets are available on our website for patients to access and download:

[www.lancsteachinghospitals.nhs.uk/patient-information-leaflets](http://www.lancsteachinghospitals.nhs.uk/patient-information-leaflets)

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If you want to stop smoking you can also contact the Quit Squad Freephone 0800 328 6297.

Please ask if you would like help in understanding this information. This information can be made available in large print and in other languages.

**Gujarati:**

આ માહિતીને સમજવામાં સહાયતા જોઈતી હોય તો કૃપા કરીને પૂછો. આ માહિતી મોટા છપાણા માં અને અન્ય ભાષામાં ઉપલબ્ધ કરી શકાય છે.

**Romanian:**

Vă rugăm să întrebați dacă aveți nevoie de ajutor pentru înțelegerea acestor informații. Aceste informații pot fi puse la dispoziție în format mare și în alte limbi."

**Polish:**

Poinformuj nas, jeśli potrzebna jest ci pomoc w zrozumieniu tych informacji. Informacje te można również udostępnić dużym drukiem oraz w innych językach

**Punjabi:**

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਸਮਝਣ ਵੱਲ ਮਦਦ ਲੈਣੀ ਚਾਹੋਗੇ ਤਾਂ ਕਰਿਪਾ ਕਰਕੇ ਇਸ ਬਾਰੇ ਪੁੱਛੋ। ਇਹ ਜਾਣਕਾਰੀ ਵੱਡੇ ਪ੍ਰਿੰਟ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵੱਲ ਮੁਹੱਈਆ ਕੀਤੀ ਜਾ ਸਕਦੀ ਹੈ।

**Urdu:**

دوسری زبانوں اور ریڈی اگر آپ کوہی معلومات سمجھنے کے لیے مدد کی ضرورت ہے تو  
یہی چھپا میں یہی ابی دست ہو یسکت ہے براے مہر میان پوے چھہی۔ معلومات

**Arabic:**

مطبوعه بأحر ف كسير ة و بلغات إذا كنت تريد مساعده في فهم هذه المعلومات يُرجى أن تطلب  
أخرى يمكن تو فير هذه المعلومات

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