

# **Lymph Node Removal (block dissection) (page 1 of 3)**

We hope this leaflet will help you to understand your forthcoming treatment. If you have any questions that the leaflet does not answer or would like further explanations please ask your surgeon.

## **What is a lymph node dissection?**

This operation removes the lymph nodes in the neck, axilla (armpit) or groin. This can be done on one or both sides of the body.

## **What are lymph nodes?**

Lymph nodes are glands that are present throughout your body. You may have felt swollen lymph glands in your neck when you have had an infection such as a simple cold. Their job is to filter the liquid that normally leaks out of blood vessels. This liquid (the lymph) travels to the nodes which contain lots of white blood cells designed to trap and fight germs which cause infection. As well as trapping germs, the lymph nodes can also trap cancer cells.

## **Have I got cancer in my lymph nodes?**

It is often not possible to tell until after your glands have been removed and looked at carefully under the microscope, by a specially trained person called a histopathologist. Your doctor will have already felt the affected area to see if there are any lumps and you will also have had a special scan (CT or MRI) to look more closely at the glands.

## **Will I be able to fight infections once my lymph nodes have been removed?**

Yes. There are thousands of lymph nodes throughout your body, which will still be able to fight infections.

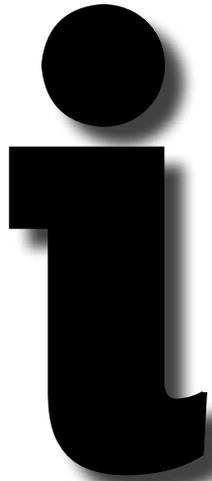
## **Will I need a general anaesthetic?**

Yes. This operation is usually done under a general anaesthetic. You will usually be asked to come to the hospital the day of your operation. You will be in hospital for around 5-10 days.

## **What does the surgery involve?**

A cut is made to reach the lymph nodes. This makes a flap of skin which is then lifted off the tissues to expose the nodes. Once they have been removed the flap of skin is replaced with stitches. If the type of stitches used need to be removed, this will be done 14 days after your operation, usually by the nurses in the Plastic Dressing Clinic.

**Plastics and Burns Unit**  
**01722 336262 ext 3507**



If you need your information in another language or medium (audio, large print, etc) please contact Customer Care on 0800 374 208 or send an email to: [customercare@salisbury.nhs.uk](mailto:customercare@salisbury.nhs.uk)

You are entitled to a copy of any letter we write about you. Please ask if you want one when you come to the hospital.

Please complete The Friends & Family Test to tell us about your experience at: [www.salisbury.nhs.uk/FriendsFamily](http://www.salisbury.nhs.uk/FriendsFamily) or download our App from the Apple App store or Google Play Store.

The evidence used in the preparation of this leaflet is available on request. Please email: [patient.information@salisbury.nhs.uk](mailto:patient.information@salisbury.nhs.uk) if you would like a reference list.

## What are the possible risks and complications?

**Scars.** Leaving you with a scar is inevitable with this type of operation. All scars are red, raised, itchy and tender in the early stages. Scars can take up to a year to mature and settle completely and become fine white lines. In a few cases scarring can remain red, raised and itchy. This is called hypertrophic scarring.

**Bleeding.** To help prevent blood collecting under the skin (this is called a haematoma), drains, which are soft plastic tubes, are placed through the skin to drain away any excess blood. These usually stay in for a few days. If blood does collect in the wound then a small second operation may be necessary.

**Infection** It is essential that the wounds heal without any infection, so you will be given antibiotics either through a vein or in tablet form whilst you are in hospital. These antibiotics often continue after your discharge from hospital. Sometimes, if the wound does become infected, it can be slower to heal and may even come apart. If this happens, dressings applied to the wound are sufficient to let it heal. Every care will be taken to make sure an infection does not develop, but no matter how much care is taken, a wound can still become infected.

**Seroma** Normally straw-coloured fluid flows through the lymph vessels to the lymph glands. When these are removed, the fluid escapes into an area below the skin and gathers there. It can form a soft fluid like swelling. This swelling is called a seroma. Most seromas will absorb themselves over a period of weeks or months. If the swelling becomes large and uncomfortable it may need to be drained off using a syringe and needle. Sometimes, this may need to be done more than once. This may slightly increase the risk of infection.

**Lymphoedema** Because the lymphatic system is not working normally after the lymph glands have been removed, the body tries to manage the problem by diverting some of the lymph fluid along other channels. However, sometimes the body can't cope and the fluid will build up in the tissues causing swelling to occur. Lymphoedema is "managed" rather than "cured" mainly with exercises and elastic compression garments to try to stop the swelling from building up. Sometimes special massage can help.

**Pain and discomfort** Expect to have some discomfort. It is usually worse in the first few days although it may take weeks to disappear completely. You will be given regular painkillers to help with this. If they are not effective then tell the nursing staff.

**Altered sensation** Nerves are often bruised during the operation. Because of this they can stop working for several months afterwards. This may improve after several months, but occasionally you be permanently numb around the area of the operation.

**Deep Vein Thrombosis (Venous Thromboembolism –VTE):** This is caused by a blood clot forming in the leg veins. To help to prevent this patients are encouraged to be up and about as soon as possible. This is a very serious complication and if a clot 'breaks away' it can get into the lungs and cause a Pulmonary Embolism which can be fatal. To help prevent this from happening you may be given a daily injection called Dalteparin. This injection makes your blood take slightly longer than normal to clot which reduces the risk of a blood clot forming.

## Discharge from hospital

If you require any further dressings when you are discharged from hospital, the nurses will organise this for you with the district or practice nurse. You will be given dressings and a letter to take with you. You will be given an appointment to attend the Plastic Dressing Clinic in the Plastic Outpatient Department, for approximately a week after your discharge from hospital to check on your wound and remove any stitches if appropriate.

## Recovery

This is a big operation and it will take you several weeks to recover from it. Whilst there are no specific things that you should not do, be guided by your pain levels during the first few weeks.

## Driving

You will need to be advised by your surgical team when it is safe for you to drive again. Please, also check with your insurance company before you resume driving.

## Follow up

After this operation it is important that you are seen regularly in order to monitor for any further recurrence of swollen lymph nodes. This can either be done by your plastic surgery team or if you are under the care of a dermatologist, this can be shared between both teams.

If you have any worries or questions , please contact :

Plastics and Burns Unit on 01722 336262 ext 3507 evenings and weekends.

Monday to Friday during the day please contact:

Plastic Outpatients 01722 345550

We wish you a speedy recovery and thank you for taking the time to read this leaflet.