



Oxford University Hospitals
NHS Foundation Trust

Axillary dissection

Information for patients



Introduction

This booklet has been written as a guide to give you information about having surgery to remove the lymph glands in your armpit. It has been compiled by experienced staff, as well as patients, and answers the most frequently asked questions.

This information is only a guide. Your healthcare team will give you more detailed information as you need it. They are also happy to answer any questions and address any concerns you may have. We hope that you and your family will find this information both reassuring and supportive.

What is a lymph node?

A lymph node is part of the body's lymphatic system. The lymphatic system is a network of vessels that carry a clear fluid called lymph around the body. Lymph vessels lead to lymph nodes. Lymph nodes are small, round organs that trap cancer cells, bacteria, or other harmful substances that may be in the lymph. Groups of lymph nodes are found in the neck, armpit (axilla), groin (inguinal), pelvis (iliac), chest and abdomen.

How do cancers spread?

Skin cancers such as melanoma and squamous cell have the ability to spread to other parts of the body; these are called metastases or 'secondaries'. Cancers spread in different ways. The majority of skin cancers spread via the lymph system. If the cancer has been 'caught' by a lymph node it can grow and multiply within the node. In time it can spread to the next node down the chain and so on.

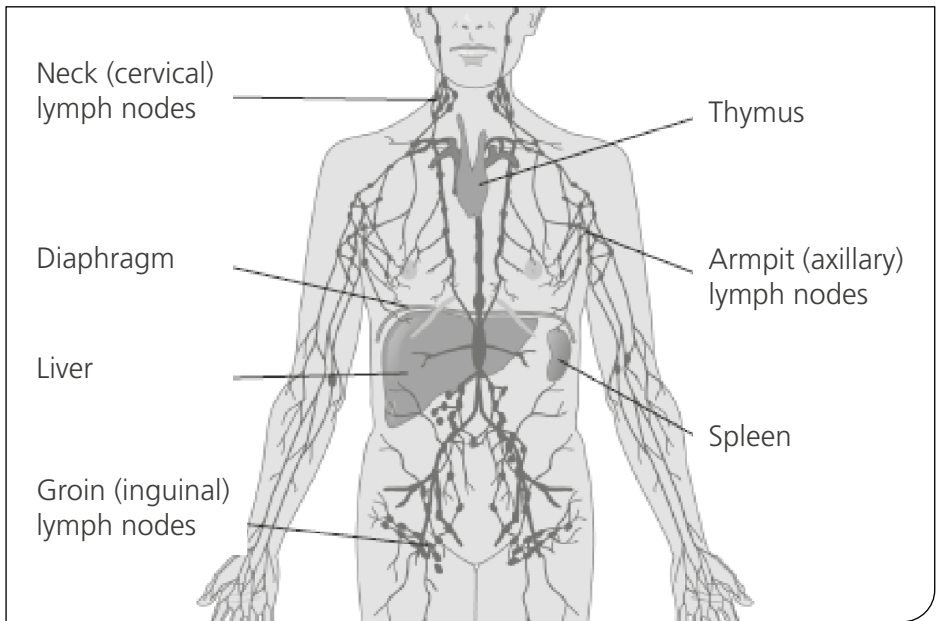


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Cancers can also spread to other parts of the body in the blood stream. These can be detected by CT (Computerised Tomography) scans of your body.

What is an axillary dissection?

Axillary dissection is the name for the operation which removes all the lymph nodes in your armpit, as well as surrounding fatty and connective tissue. The aim of the operation is to prevent the cancer from returning in your armpit and stop it from spreading elsewhere. The operation is performed under general anaesthetic, which means you will be asleep throughout.

All the tissue from the operation is sent to the pathology department where it is analysed under a microscope. The results will be explained to you in an outpatients appointment two weeks after the operation.

What will happen before the operation?

We will ask you to come to the pre-operative assessment clinic. At this appointment, the nurse will check your weight and blood pressure. We will also ask you about your medical history and any medications that you may be taking. You will have blood tests and may also have an ECG (electrocardiogram) to measure the activity of your heart as well as a chest X-ray.

The day of your operation

On the morning of your operation you will need to come to the ward where you will be admitted by the nurse. Please remember to follow any instructions on when to stop eating and drinking. These instructions will have been given to you at your pre-operative assessment appointment.

The anaesthetist (the specialist doctor who gives you the anaesthetic that sends you to sleep) will see you and explain the anaesthetic to you. Your surgeon will also come to see you to go over the details of the operation and the risks and benefits. Your surgeon will then ask you to sign the consent form to say that you are happy for the operation to go ahead. If you have any questions or concerns, please speak to your surgeon before signing the form.

Your surgeon will mark the side of your body where you are having the operation. If you have any questions about this, please ask your surgeon.

What does the operation involve?

The surgeon makes one cut in the skin of your armpit (axilla). The cut will extend from your armpit onto the inside of your upper arm. Any existing scar from a sentinel lymph node biopsy will be removed at the same time. The cut can be up to 15 cm long.

Your surgeon does not look for specific lymph nodes during this operation but aims to remove all the tissue in the axilla area, leaving behind the important structures, such as blood vessels and major nerves. The number of lymph nodes found varies a lot, but is usually between 20 to 50. The lymph nodes and tissue will be sent to the pathologist (a doctor who identifies diseases by studying cells and tissues under a microscope).

The wound is stitched up with dissolvable stitches, which do not need to be removed. You will have two rubbery tubes (wound drains) in place which will help remove fluid from the wound after the operation.

What happens after the operation?

You will return to the ward with a 'drip' in your arm. This is a small tube which gives you fluids into a vein until you can drink. You may be wearing a face mask to give you oxygen and the nurse will check your blood pressure and pulse. The nurse will also check your wound dressings and drains.

Tiredness

On the evening after your general anaesthetic you will feel rather tired and sleepy. You should warn your visitors not to expect you to be very good company! You will be able to eat and drink once you are fully awake.

Wound

You will have a scar across your armpit, extending onto the inside of your upper arm.

Wound drains

The drains are left in place until they stop draining fluid from your wound; this could be for up to two weeks. However, lymph fluid can sometimes continue to drain from the wound, which means the drains need to stay in place longer than expected. While you are on the ward we will teach you how to look after your drains. You may feel that you are happy to go home with the drains in place. In this case we will show you how to measure the quantity of drained fluid and call the ward when it reduces or if there are any problems.

Moving

We will encourage you to get out of bed as soon as you feel able to do so – usually the day after surgery. This helps to minimise the risk of you developing a blood clot or deep vein thrombosis (DVT). The ward staff will be able to help you.

You will usually be in hospital for between 2 to 5 days.

What is the risk of complications and side effects?

By removing all the lymph nodes in one operation, the body has a lot of fluid to deal with. In the early days after your operation your body can't cope with this. This is why the drainage tubes need to stay in place. This extra fluid can also result in a high risk of certain complications. Whilst these problems may cause discomfort, they are not life threatening.

Haematoma

Excessive bleeding can cause blood to collect under the skin and form a clot (haematoma). If this happens you will need to have a further operation to remove the clot and stop the bleeding. This is rare and affects less than 5% of people.

Discomfort

Many people experience discomfort after the operation at the surgical site or in their arm and chest. This can be relieved with painkillers, which the nurses on the ward will give to you. We will also give you some painkillers to take home with you. You may experience small stabbing or shooting pains from time to time around your armpit. This can be helped by gently massaging the area. Be careful not to rub your wounds. These feelings are common and will slowly disappear over time.

Fluid collection

Once the drains have been removed, you may develop a collection of fluid under your skin. This may need to have further drainage. Your surgeon will have discussed this common complication with you before the procedure. We can remove this fluid in the Outpatient clinic by using a needle and syringe or, occasionally, by reinserting a drain. In certain circumstances the fluid may burst from the wound or become infected. In this case you would need to come back into hospital for a further operation.

Infection

If you develop redness and tenderness around the wound and/or down your arm or on your chest, this is a sign that the wound has become infected. This can be treated with antibiotics. In some cases you may need to return to hospital for intravenous antibiotics (injections of medicines directly into your veins) or even an operation to drain the infection.

Weakness

The nerves to the muscles around your armpit run through the armpit itself. Rarely, these nerves are stuck to the lymph nodes or are damaged during the operation (less than 1% of people). If this happens, you may notice weakness of your arm when carrying out certain tasks. There are enough muscles in the area to compensate for any damage, so you should not lose significant movement or strength in your arm.

Numbness

The inside of your upper arm will be permanently numb after the operation, as the nerve that supplies feeling in this area will have been removed. Other patches of numbness in your armpit and on your chest should recover over time.

Lymphoedema

Sometimes having an axillary dissection can cause arm swelling known as 'lymphoedema'. This is due to the lymph fluid not having any nodes to drain into. It may improve with time but if it does not completely settle it may need further treatment. Your Specialist Nurse or medical team will be able to advise you further on how to manage lymphoedema. If necessary, they will refer you to the lymphoedema team. To reduce the risk of complications from the lymphoedema, massage techniques and compression garments may be used. You will be advised to keep your arm raised to help reduce the swelling. We will give you another leaflet on how to manage your lymphoedema, if it develops.

Deep vein thrombosis (DVT)

DVTs are blood clots in the legs. Every precaution is taken to prevent this from happening. We will give you a drug called heparin to thin your blood and special compression stockings to wear. These are sometimes called 'TEDs'. During the operation your feet are mechanically squeezed to help blood circulation. After the operation you are encouraged to move about and to move your feet in bed. Doing this keeps the blood in your veins moving and helps to prevent blood clots from forming.

Wound opening

Haematoma, fluid collection, lymphoedema, and infection can cause the wound to open up. If this happens, the underlying problem will be treated and the wound dressed until it heals. In certain circumstances a further operation may be required and the wound re-stitched.

Scarring

Your operation will leave a scar. This will start off feeling tight and looking red but will settle over the next 12 to 18 months. Once the wound is healed, gently massage the scar with simple moisturising cream, as this helps it to soften and normal sensation to return.

Cording

After the operation you may feel some temporary tightness in your arm. This is due to scar tissue in the lymph vessels. This will settle over the first three months. You should continue to move your arm as much as you are able.

How will I feel at home?

Tiredness

At first you will feel rather tired and should spend the first week or so taking it very easy. After this you will be able to slowly return to your usual activities. It is important to get moving at home from the start, but avoid strenuous activities. Keep your arm raised as high as you are comfortably able to when resting. Please see our separate leaflet for arm and shoulder exercises that will help keep your arm and shoulder from becoming stiff.

Driving

You will be able to start driving once you feel up to it. For most people this will take about four weeks. Do not drive unless you are well, alert and able to carry out an emergency stop. It is advisable to check with your insurance company before you start driving.

Working

You will be able to start work again once you feel up to it, usually after four weeks.. If you need a sick note, please ask your doctor while you are in hospital. If your job involves a lot of lifting or heavy work, you will need to stay off work for longer. In this case you will need to get a sick note from your GP, which states clearly what tasks you can and cannot carry out when you first return to work.

Everyday activities

You will need help at home for four weeks with activities such as shopping, laundry, lifting children and housework.

What are my follow up arrangements?

Before you leave the ward, arrangements will be made to see you in one to two weeks at the dressing clinic, this will usually continue weekly until your wound drains are removed. Your wounds will be checked and your dressings changed. We will then see you regularly in this clinic until your wound has healed.

How should I care for my wound?

Usually you will go home with dressings on your wound and may also still have wound drains in place. Whilst the drains are in place keep the wound dry. Once the drains are removed, water resistant dressings will be used. When you come to wash, it is better to have a shower rather than a bath. Pat the tape dry with a towel or use a hairdryer on a cool setting. If the tape you have on your wound begins to peel away, simply trim it back with scissors.

What should I look out for?

Before the operation, your surgeon will discuss with you possible complications associated with an axillary dissection. Occasionally you may experience complications after the operation such as:

- pain that is not controlled with painkillers
- inflammation or redness of the skin on or around your wound, which may be hot to touch
- on-going leaking or bleeding from your wound site
- high temperature (not from a head cold or flu)
- offensive odour from wound dressings.

If you do experience any of the above symptoms please contact the following numbers for advice:

SSIP Ward, West Wing, John Radcliffe

Telephone: 01865 231 233

Blenheim Ward, Churchill Hospital

Telephone: 01865 223 537

(If you experience problems getting through to the ward for advice, please contact either your GP or the Hospital Switchboard on 01865 741 166 and ask to speak to the On Call Registrar for Plastic Surgery.)

Exercise programme

After the operation on your armpit (axilla) it is important that you continue to bend and straighten your arm. This is so that the soft tissues around your shoulder do not become tight and cause you pain and difficulty when moving your arm.

A Physiotherapist will see you on the ward before you are discharged from hospital. The Physiotherapist will give you an exercise programme which is designed to restore normal movement of your shoulder without straining your wound. The exercises should be done slowly. You may feel some gentle pulling and discomfort (especially at the site of the wound drains if they are still in place), but this will not cause any damage.

If you find there is excessive leaking of fluid or blood, redness or severe pain, please stop the exercises and speak to your Physiotherapist, Nurse or Doctor as soon as possible.

If you do not get back full movement in your shoulder within 2 to 3 weeks, or if you would like further help after your discharge from hospital, please contact the Physiotherapy Department on 01865 231 181.

Useful information and telephone numbers

Your Consultant is:

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Secretary to your Consultant

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Telephone:

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Your GP details

.....

Telephone:

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SSIP Ward, West Wing, John Radcliffe Hospital: 01865 231 233

Blenheim Ward, Churchill Hospital: 01865 223 537

Physiotherapy Department: 01865 231 181

Clinical Nurse Specialist – skin cancers: 01865 228 233

(If you experience problems getting through to the ward for advice, please contact either your GP or the Hospital Switchboard on 01865 741 166 and ask to speak to the On Call Registrar for Plastic Surgery.)

Further information

If you have any questions about the information that you have read, please contact the Skin Cancer Clinical Nurse Specialist:

Telephone: 01865 228 233

Macmillan Cancer line

Provides support to people affected by cancer.

Telephone: 0808 808 00 00

Website: www.macmillan.org.uk

Maggie's Cancer Information Centre

This Centre is based at the Churchill Hospital and provides information, guidance and support to anyone affected by cancer.

Telephone: 01865 751 882

Website: www.maggiescentre.org.uk

Macmillan /Oxford Citizens Advice Bureau Benefits Advice

This service is based at the Churchill Hospital at the Maggie's Centre and also at the Horton Hospital. They can offer advice and support with benefit issues and money worries to people affected by cancer and their families.

Telephone: 01865 957 828

Website: macmillan.oxcab@gmail.com

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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Oxford University Hospitals NHS Foundation Trust
www.ouh.nhs.uk/information



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