



Axillary node clearance

As part of your breast cancer treatment, your surgeon has advised you to undergo an operation on the lymph glands or ‘nodes’. These are small bean-shaped organs that lie along the lymph vessels that run through the body. This surgery is performed under a general anaesthetic and may require you to stay in hospital overnight; however, we can consider this as a day case operation if you are fit and healthy and would like to go home the same day as the operation. This leaflet explains what happens during the surgery and outlines the possible risks of the procedure. If you have any questions or concerns, please speak to your doctor or breast care nurse.

Why am I having this surgery?

Axillary node clearance surgery is the removal of lymph glands in your armpit. This technique is used in a number of situations:

- Where we (the patient and the clinician) have agreed it is best to carry out all your breast surgery during one operation.
- You have chosen to have an axillary node clearance as part of your staging procedure for your breast. The doctor will have discussed this with you beforehand.
- We have found cancer-positive glands and have advised you to undergo clearance to remove the rest of the lymph glands.

The tissue removed is then sent off to the pathology laboratory to be analysed under a microscope.

Is there an alternative to surgery?

You will have discussed various treatment options with your doctor so that you can make the best decision for your individual situation. The aim of the surgery is to remove the problem area so it cannot spread or grow further as well as help determine need for further treatments for your disease as part of staging.

Possible complications of axillary surgery

Your consultant will explain any possible complications so that you are aware of these when asked to sign your consent form. Some possible complications are:

- **Thickened scar:** Scar healing is unpredictable and although the scar usually heals up to a fine line, occasionally, the scar heals in a thickened fashion, called a ‘keloid’ or ‘hypertrophic’ scar.
- **Infection:** Infection occurs in about 1 in 20 patients, following this sort of procedure but if it occurs, it can usually be treated with antibiotics. Occasionally, however, we may need to open the wound, drain out the infected fluid and then it may need to be packed, in which case

it may take some weeks to heal.

- **Haematoma:** Some bruising is inevitable after axillary node clearance. However, very occasionally, blood collects in a lump underneath the wound (known as a haematoma) and this may need to be removed, either in the clinic or by a second operation.
- **Neuralgia / numbness and wound pain:** In some cases patients may experience a condition called neuralgia which occurs when there is irritation or damage to a nerve. Symptoms of this may include increased sensitivity to the skin along the path of the damaged nerve, so that any touch or pressure is felt as pain, numbness along the path of the nerve or a sharp, stabbing or burning pain, which can come and go. Other sensations patients may experience are pain, discomfort, altered sensations or numbness in or around the wound and axilla during or after the healing process. Usually, these sensations will settle with painkillers but if the problem continues, we would recommend that you contact your GP. If necessary, he / she can then refer you back to see us if there is any ongoing problem.
- **Seroma:** Seroma is fluid that collects beneath the wound and may need draining from time to time. This is a very simple procedure that can be done by the breast care nurse in the seroma clinic.
- **Shoulder stiffness:** Shoulder exercises to carry out after your wounds have healed can help your mobility. Your breast care nurses can advise you on these.
- **Lymphoedema:** This is a swelling that occurs in the tissue below the skin, caused by lymph fluid that cannot drain away. The symptoms of this include swelling or puffiness of the arm, hand or chest on the side you had surgery or sometimes feelings of tightness, firmness or heaviness. There are precautions that you need to take to prevent or lessen lymphoedema. These will be discussed with you by one of the breast care nurses. You can also get support from a lymphoedema specialist physiotherapy – ask your breast care nurse for more information.

What happens in theatre?

You will be offered the opportunity to have a discussion with the breast care nurse prior to the date of your operation. To remove the lymph nodes, usually an incision will be made in your armpit; however, depending on the site of any breast incisions needed, it may be possible to perform the operation through these instead. The edges of the incision are brought together to form a scar. A drain may be inserted into the wound at the time of surgery and this will be removed before you are discharged from hospital.

The tissue will be sent to pathology for examination and a report will be produced which will give your surgeon all the pathological (tissue analysis) information. This information will help guide any further treatment you may require.

What happens after my operation?

- **Pain:** It is normal to experience some mild to moderate pain and discomfort after your operation and whilst the wound is healing. You will also find some moderate bruising around the area. You will be offered painkillers to help reduce the pain and should continue to use these as required once home.
- **Time off work:** At home you should allow up to 4 weeks off work, although you may require longer than this, depending on the healing process and your job. Please ask staff if you

require a sickness certificate for work and this will be given to you before you leave hospital. If you require a longer time off work than is indicated on the certificate your GP can provide you with an additional certificate.

- **Resuming normal activities:** You should rest for 7 days post-surgery limiting your arm movement on the side of your surgery to reading, eating, drinking and getting dressed. You should not start the exercises until after the first week. Once the exercises are started you can stretch frequently at first to recover and maintain strength and mobility in your arm and to soften scar tissue. You should also allow up to 4 weeks before driving and only when you can safely perform an emergency stop. You should be able to gradually resume normal household activity between 2-4 weeks after surgery when you feel well enough. Avoid heavy lifting, including hoovering and carrying shopping. You will be given an exercise sheet and encouraged to perform the exercises at least 3 times per day. If you have ongoing problems with shoulder or arm stiffness we will refer you to the physiotherapist.
- **Wound care:** When you come back from the operating theatre your wound will be covered with a dressing to keep it clean. The ward nurse will give you instructions on when you are able to shower. If there is any swelling or discharge from the wound when you are at home, please contact your breast care nurse for advice or attend the Seroma Clinic. Your stitches are dissolvable. If you have any emergency concerns out of hours please telephone the Surgical Assessment Unit (SAU).

When will I be discharged?

If day case, later the same day as surgery. Some patients will remain in hospital for one night. Very occasionally, you may need to stay an extra night if we need to monitor the drainage from your wound for longer. It is essential that you have someone who can collect you and drive you home. You will need someone at home with you for at least the first 24 hours if a day case operation. It is advisable that you have someone with you at home who can offer support for a minimum of 1 or 2 days post-surgery.

Follow-up treatment

You will be given an outpatient appointment to see your consultant 14-28 days after surgery. You may need to attend an appointment before this to have the dressing removed and wound checked. The results from your operation will be discussed together with any concerns you may have. This appointment may be in the Berkshire Cancer Centre on a Tuesday morning or your surgeon's clinic elsewhere. The appointments will be arranged and communicated to you beforehand. It may be helpful to bring a relative or friend with you to discuss the results and any additional treatment you may require.

You will be seen by a member of the surgical team to check your wound and explain the surgical findings to you and other treatments that may be needed. If other treatments are needed it will then be necessary for you to see a member of the oncology (cancer specialist) team to discuss whether you require any further treatments. An appointment will be made for you at a later date.

A WRVS tea bar is accessible nearby and you are welcome to eat and drink normally while you wait.

More information

If you have any questions about the procedure or this information, please speak to your doctor or nurse.

Visit the Breast Cancer Now website for a comprehensive guide to breast cancer
www.breastcancer.org

Useful contact details

If you have any problems regarding your care or treatment at this hospital, please *Talk to us*. Please speak to a member of staff in the clinic or on the ward or if you would rather talk to a senior member of staff, ask to speak to the ward/departmental manager or matron. Or speak to the PALS Team or ask a member of staff, the receptionists or the switchboard to contact them.

Hopkins Ward 0118 322 7771

Sonning Ward 0118 322 8458

Pre-operative Assessment Clinic 0118 322 8532

Breast Care Nurses 0118 322 7420 breastcarenurses@royalberkshire.nhs.uk

Surgical Assessment Unit 0118 322 7541 or 7542

Patient Advice and Liaison Service 0118 322 8338 PALS@royalberkshire.nhs.uk

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

RBFT Breast Unit, July 2024

Next review due: July 2026