Lymph Node Dissection

What is a lymph node dissection?

Lymph node dissection is a surgery to remove lymph nodes. This can be done for axillary lymph nodes which are under and around the armpit, inguinal lymph nodes found in the groin, or cervical lymph nodes in the head and neck area. We may suggest this be done if cancer is suspected or found in the lymph nodes.

Our bodies have a network of nodes and vessels that carry a watery clear fluid called lymph. This fluid flows throughout our bodies, similar to the way blood vessels carry blood to all parts of the body. The lymph fluid contains white blood cells, which help us fight infections. Cancer cells can travel to the lymph system. Since the lymph system runs throughout the body, these cancer cells have a chance of spreading to other areas of the body.

If you are having other surgeries for cancer treatment, lymph node dissection may be done at the same time as another cancer surgery, or it may be the only surgery you have on that day.

What are the risks associated with lymph node dissection?

Removal of lymph nodes can change the way the lymph fluid flows in that side of the body. If the remaining lymph vessels do not allow free flow of fluid, the excess fluid builds up and causes swelling or lymphedema.

Swelling of the arm, leg, or neck may be slight, making the skin on the affected area feel tight, or it may be severe, causing your entire hand/arm, leg/foot, or neck to be very swollen. The swelling may appear months to years after surgery. The chances that lymphedema can develop differs based on where in the body the lymph nodes are being removed. If you receive other types of treatments such as radiation you may be more likely to develop swelling or lymphedema. You may not notice swelling on a day to day basis but this does vary. It is hard to predict if someone will develop lymphedema. The reported risk ranges from 2-40%.
Right after surgery, it is normal to have some swelling in the affected area on the side of the surgery. This swelling is most often temporary. If you have swelling, it will be watched by your doctor. You may have a visit with an occupational or physical therapist during your post-operative period to further examine the swelling.

Planning Ahead for Lymph Node Dissection

- After a lymph node dissection, you will most likely stay in the hospital for 1-2 nights. You may go home sooner if your surgeon feels you are ready.
- Plan to stay home from work for at least 1-2 weeks. This will vary based on the type of lymph node surgery, as well as the type of work you do. You may be restricted in your activity after a lymph node surgery. For example, we may suggest that you avoid lifting objects that weight more than 10 pounds with your involved arm. We suggest you keep your leg raised when possible after an inguinal lymph node dissection. You will receive more specific instructions at the time of your discharge from the hospital.
- You may have a home health nurse visit you after surgery; this is often arranged in advance of your surgery. You may also have a friend or family member help you with your care. Please let your doctor know if you would like a home health visit after going home.

At the Hospital

- You will be taken to the operating room. If you have a paravertebral block (sometimes used for an axillary lymph node dissection), you will be given sedation (this is a medicine to put you to sleep) through an IV. If you have general anesthesia you will be given a medicine to put you into a very deep sleep and a tube placed into your trachea (windpipe) to control your breathing. With either choice of anesthesia you will be unaware of what is happening and will not feel any pain.

When you return to your hospital room:
- You will have an incision covered with gauze, a clear bandage, or “sterile super glue”.
- You will have one or more drains placed in the surgical area at the time of surgery to collect fluid.
- You will have an IV line and special leg pumps in place. The leggings help maintain good blood flow until you are up and walking.
- Nurses will be asking you to rate your pain level. They will be giving you pain medicine. They will take your vital signs often.
- You will be able to have family or friends visit once you are in your hospital room.
Care Following Lymph Node Dissection

You will be able to go home when you are eating, drinking, and your pain is under control. You will be given pain medicine when you go home. Make sure you have someone to drive you home. You will get the results of your surgery in about one week. Your surgeon will call you with these results.

If you have drains placed, refer to the publication Health Facts for You #4603, “Drain Care at Home” regarding caring for your drains and taking drain measurements. This is important information to ensure your incisions are healing properly.

After your surgery, you will have follow-up with your doctor. Please discuss your specific follow-up plan with your doctor. You may see a lymphedema therapist during this first post-op visit.

Care of Your Incision

• Look at the site daily for any problems or signs of infection. You may notice a slight redness and swelling along your incision. There may be a small amount of pink drainage coming from your incision. This is normal. Also, there is often redness around the area where the drain exits. This is very common and normal.

• Place a new gauze dressing over your incision. If you have steri-strips (small strips of tape) in place, these will fall off by themselves, most often in about one week. Once they start to peel up, you may remove them entirely. If you had “sterile super glue” on your incision, no dressing is necessary.

• Depending on your surgery, you may be allowed to shower after surgery. Let water flow over the surgical incision(s) and pat dry. Safety pin drains to a robe tie placed around your neck or waist while showering to keep the drains secure and prevent them from “dangling”.

Signs of Seroma

A seroma is a fluid-filled bulge that forms under the incision where surgery has taken place.
• Some patients may hear a “sloshing” noise when they move. This is fluid filling the surgical cavity.
• You may develop a small seroma that your body will slowly absorb over time.
• A seroma may sometimes occur after a drain is removed.
If you have a fluid collection or seroma that is getting larger and causing pain or discomfort, please contact your doctor. This is not an emergency. If a drain is still in place, it may be a sign that the drain has stopped working. You may be asked to return to the clinic to have the drain moved or the fluid drained.

**Pain Management**

The amount of pain that patients have after surgery varies greatly. You will be given a prescription for narcotic pain medicine. Use it as needed and as directed.

- Do not drive a vehicle while taking narcotic medicine.
- Eat plenty of fiber (bran, oats, fruits and vegetables).
- Drink 6-8 glasses of water each day to help prevent constipation.
- Take stool softeners if needed.
- If you have nausea, take your pain medicine with food.

Many patients find that taking 1-2 tablets of Extra-Strength Tylenol® every 4-6 hours is helpful to relieve pain. You may take up to a total of 8 tablets in a 24-hour period. Do not exceed this amount. If you have liver disease, check with your doctor before taking it. You may also take ibuprofen as directed by your doctor. Consult with your doctor if taking other pain medicine.

**When to Call Your Doctor or Nurse**

Call your doctor or nurse if you have these problems with your incision or drains after surgery:

- Increase in swelling.
- Firmness or rapid bruising.
- Heavy bleeding or an opening in the incision.
- Sudden increase in pain.
- Drainage bulb(s) filling quickly with the need to empty them every 1-2 hours.

**Call if you have signs of infection.**

- Fever of 100.4°F (38°C) or greater taken by mouth 2 times, four hours apart.
- Increased tenderness, redness, warmth, or swelling of the incision or drain sites. (A small area of redness about the size of a dime is common where the stitch around the drain leaves the skin.)
- Increased drainage from your incision or drain site.
- Increased swelling under your arm.
What can I do to reduce the risk of getting lymphedema?

The chance that you would develop lymphedema after a lymph node surgery is variable. It is very hard to do research studies to evaluate ways to prevent lymphedema. However, there are a number of simple steps which the experts suggest to help avoid development of lymphedema or keep it stable. Mostly these are common sense, but you should use your own judgment.

Skin Care - Prevent infection / Avoid Trauma.
- Keep extremity clean and dry. Clean, protect, and watch minor cuts on or near the affected area. Use an over-the-counter antibacterial cream on any openings once they are cleaned. Cover them with a bandage if needed. Avoid insect bites, animal scratches, cuts, or punctures of the skin. Use insect repellent when outdoors to avoid bug bites. If you get stung by a bee, clean and elevate your arm or leg and apply ice.
- Use lotion to prevent cracked skin where germs may enter.
- Be careful when cutting your nails. Avoid cutting cuticles.
- If possible, avoid punctures on the involved extremity, such as IV’s or blood draws. Do not have blood pressures taken or blood drawn from the affected arm.
- If inguinal lymph nodes were removed, take steps to prevent athlete’s foot. Dry the area between the toes thoroughly after washing, wear cotton socks to absorb sweat, change socks if they become wet, air out shoes, and use fungal powders or creams as needed.
- Avoid constrictive jewelry and clothing.
- Wear gloves when you are in the garden, using strong cleaning products, or cleaning up after pets.
- Call your doctor if you notice swelling, pain, redness, increased warmth, or fever.

Activity
- Recent data suggests that regular exercise may be helpful for patients with lymphedema. Gradually build up your strength and the amount of time of any activity which uses the affected extremity.
- Maintain optimal weight, as obesity or rapid increases in weight has been shown in some studies to be a risk factor for lymphedema. Avoid shoulder bags on the affected arm for long periods of time.

Other Recommendations
- Some individuals are sensitive to extremes in temperature. Monitor your affected extremity when using hot tubs or saunas. If swelling increases, avoid these activities.
- Avoid prolonged standing, sitting or crossing legs if you underwent an inguinal lymph node dissection.
Call your doctor if:

- Your arm/leg/neck remains swollen and painful for several days.
- You have any sign of infection in your arm/leg/neck.
- Your arm/leg/neck feels heavy and tight.
- The skin in your arm/leg/neck feels hard.
- Your joints in the arm or leg are less flexible.
- You have hardening or discoloration of the skin on your involved arm/leg/neck.

Important Phone Numbers

To reach your doctor, call one of these numbers Monday – Friday, 8:00 am to 5:00 pm

- UW Health Breast Center (608) 266-6400
- UW Health General Surgery Center at UWHC (608) 263-7502
- UW Health General Surgery Clinic at 1 South Park (608) 287-2100

For Emergencies

- UW Hospital Emergency Room (608) 262-2398
- Meriter Hospital Emergency Room (608) 417-6206

After Hours

- UW Hospital Clinics: Call UW Hospital Paging Operator at (608) 262-0486 and ask for the surgery resident on call. Give your name and phone number with the area code. The doctor will call you back.
- UW Health 1 South Park – Call the number of your clinic and the answering service will contact the doctor on call. Give your name and phone number with the area code. The doctor will call you back.

Toll Free – If you live out of the area, you may use one of these numbers

UW Hospital and Clinics 1-800-323-8942
UW Medical Foundation (UWMF) 1-888-703-2778

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person’s health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright ©3/2015. University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#7735.