

Queen Elizabeth Hospital Birmingham



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NHS Foundation Trust



Retroperitoneal Lymph Node Dissection (R.P.L.N.D.)

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Introduction

You will have already have undergone surgery and treatment for your testicular cancer, however the doctors feel that you also require further surgery. This is called a retroperitoneal lymph node dissection and is an operation to remove enlarged lymph nodes that are found at the back of the abdomen.

Why do I need this surgery?

Unfortunately your most recent scans following treatment suggests to your specialist that the enlarged lymph nodes in your abdomen have not returned to their normal size. There is possibility that there may still be some cells in them that may become cancerous in the future. It therefore makes sense to remove these lymph nodes and examine them more closely under the microscope. There is no other way to remove these except for surgery.

So what exactly does the surgery involve?

The operation is performed under a general anaesthetic, and can take up to 4 hours to perform. An incision (cut) is made from just below your breastbone to just below your navel (belly button). Your intestines and other organs are gently lifted out of the way so that the lymph nodes at the back of the abdomen can be clearly seen. They normally check and remove the lymph nodes on the same side as your affected testicle first and then proceed to look further for anything else suspicious.

What happens before the operation?

Firstly you will need to be seen by the team of doctors at the hospital. Your case will have been discussed with them, and an out patient appointment arranged. You may find it useful to jot down any questions that you wish to ask.

The surgeon will explain the nature of the surgery and any particular risks in your case.

You will be seen again by a member of the urology team about 1–2 weeks before your operation. This is called pre admission. The idea of this appointment is to ensure that all the correct and relevant tests are carried out and that you understand the procedure and have an opportunity to ask any questions.

You may require some further blood tests and possibly a chest x-ray or an ECG (tracing of the heart).

You may be admitted to hospital the day before the operation if the surgeon thinks it necessary. If necessary, it is because you will need to prepare for the operation. This will include being given a special bowel preparation and only consuming clear fluids, such as squash, black tea or coffee or water. You will also be given a special laxative that will ensure you empty your bowel. The reason for this is that your surgeon has to handle your intestines during the operation and it is much better for the bowel and intestines to be empty when this happens.

You will be given an intravenous infusion (drip) which will begin at midnight to ensure you remain hydrated prior to your operation.

To minimise the risk of you getting a blood clot in your legs (DVT) you will be asked to wear special stockings which help the circulation of your blood. You may also be given injections to aid this too.

The anaesthetic team will also visit you before surgery and discuss the anaesthetic with you.

The pain team are a team of doctors and nurses who are specially trained in pain management and they work very closely with the ward staff and your consultant. Members of the pain team will visit you after your operation to make sure you are as comfortable as possible particularly after surgery.

What about after my operation?

When the operation is over you will be taken directly to the anaesthetic recovery area. This allows the nursing staff to closely monitor your condition before you go back to the post operative area on the ward. Sometimes it is necessary for you to go to Intensive Care Unit (ICU) overnight. The consultant anaesthetist makes this decision along with your consultant.

Following the surgery you will have:

Oxygen mask

You may require to wear a small mask over your nose and mouth for a few hours to ensure your body is receiving lots of oxygen. In some cases oxygen is given using a small plastic tube that sits in the nostrils.

Intravenous fluids (Drip)

As you will not be able to eat or drink for a while after the operation, it is important that we keep your body topped up with the fluids and nutrients it requires. We also use the drip to give you medication such as antibiotics. Your drip may be sited in the veins on the back of your hand or in some cases the side of your neck.

Naso-gastric tube

This is a fine tube that will have been passed once you were asleep. It goes directly into your stomach via your nostril. Your stomach will continue to produce bile and as you are not eating or drinking, and your intestines not working fully, this bile may collect and make you feel sick. The naso-gastric tube will drain any excess fluid away. Once your intestines start to work properly again we will be able to remove the tube. We will know when the intestines are working as your stomach may begin to rumble and you may also start to pass wind. The doctor or nurse will monitor this by listening to your stomach every day to see if they can hear any noises.

Patient Controlled Analgesia/Epidural

To control your pain and keep you comfortable you will require either an epidural or patient controlled analgesia (PCA). The epidural is an infusion that goes directly into the spine and reduces the pain felt in a chosen area. The PCA is another infusion that goes directly into your vein, normally situated in the back of your hand. A painkiller is then released in to your bloodstream, at your request. You control this by pressing a button when you feel any discomfort. Both types of analgesia will be discussed with you in more detail before your operation. When you are able to drink you will be able to have your pain relief in the form of tablets.

Urinary catheter

This is a tube that is passed up your penis in to your bladder. This will also have been done whilst you were asleep. It allows us to closely monitor the amount of urine that your body is producing and means that you do not have to keep getting up to pass water. Once you are mobile we will remove the catheter and you will be able to pass urine normally.

Wound drain

Following the operation the body naturally produces fluid that can collect around the wound. To prevent this from building up, a wound drain is placed next to your scar line. This allows fluid to drain in to a small bottle attached to the side of your bed. After a few days the drain can be removed. This is not a painful procedure.

Every day after surgery you will begin to feel a little better. As your drips and drains are removed, you will gradually regain your independence. This is major surgery, but most young men recover from the initial operation quite uneventfully. After about 7-10 days you will be ready to go home.

It is not unusual for patients to feel low after major surgery and many can feel quite tearful and depressed. This is a normal reaction and as time passes you will begin to feel better both

physically and emotionally. If you are concerned please contact your specialist nurse who will be able to help you.

How will I feel when I go home?

Most patients are glad to be going home, especially when the hospital is a distance from where they live.

Although you will have regained your independence you will still need to take care of yourself and gently resume your normal activities.

General advice

Diet

You may find that you often feel the need to pass wind for a while after the operation, so try and avoid hard to digest foods. Small, light, easily digestible meals are best and ensure your diet is rich in fibre such as fruit and vegetables. This will help you avoid constipation. You should try and drink at least 2 litres of fluid each day.

Painkillers

The hospital will give you painkillers to take home with you. Please remember that most painkillers can cause constipation, so make sure you are having plenty of fruit and fibre. You may also want to take a mild laxative if you have not had your bowels opened. If you have pain or discomfort then please take your painkillers. Taken regularly they will allow you to move around freely and get a good night's sleep; this will aid your recovery.

Exercise

You should try and take things a little easier for the first 7-10 days after returning home. If you live alone you may wish to consider having someone to stay, or help you out around the house. You may even benefit from staying with a friend or family member.

You will be able to do most normal things around the home, but may notice that you tire easily. Heavy lifting or energetic exercising should be avoided for at least 6 weeks, as your abdominal muscles need time to heal. Start to increase your daily activity gradually and sensibly. Please wait until after your hospital check up before you attend a gym or participate in energetic sport. It is always best to plan a re-introduction programme back into your chosen sport.

Pay particular attention to your posture and avoid walking with a stoop. Try and get your back straight and your shoulders back as soon as possible.

Driving

It is recommended that you do not drive for at least 3 weeks after your operation. You may feel well enough to drive, but could you do an effective emergency stop? It may also be wise to contact your insurance company.

Returning to work

This depends on the type of work that you do. In general you should be able to return to work after about 4 weeks. However if you have a more physically demanding job you may need a little longer. The hospital will provide you with an initial sick note and your GP will provide subsequent ones.

Sexual activity

This depends on the individual, but in general it is best to wait for about 4 weeks before having sex.

Follow up

This is usually done jointly with your surgeon and your oncologist about 6 weeks after your surgery. If you have not received your appointment, please contact your consultant secretary or your specialist nurse.

Are there any risks?

A RPLND is a major operation and should only be performed at a specialist centre. As with all operations there is a risk of complications. The doctor will explain these to you in greater detail in the clinic

The most common risks are:

Anaesthetic

General anaesthetics are very safe these days, but they always carry a risk

Chest infection

You will be under the anaesthetic for a long period of time (up to 4 hours) and the surgery involves a long incision (cut) from your breast bone to just below your navel (belly button). This may make your breathing shallower and therefore increase your risk of getting a chest infection. The physiotherapist will visit you after your operation and give you advice.

Wound infection

If this occurs after you have gone home the signs would be;

- hot painful wound
- wound red and angry
- discharge from the wound
- swelling of the wound area

If you notice any of these symptoms please see your GP immediately. You may need antibiotics and he/she would arrange a District Nurse to attend if dressings were required.

DVT (Deep Vein Thrombosis)

This is where a clot forms in one of the veins in your leg and is a risk with any operation particularly pelvic surgery. The symptoms are:

- painful calf or any pain in the legs
- swelling of the leg

If you notice any of these symptoms:

You must see your gp immediately. If you are unable to contact your gp then go to your nearest accident & emergency department or contact your specialist nurse.

Prolonged bowel inactivity

To get the lymph nodes the surgeon has to move your bowel out of the way. It can take a little time for the bowel to return to normal which may mean that you are not allowed to eat or drink for a few days, or in some cases longer.

Infertility due to failure to ejaculate

During the surgery there is risk that the surgeon may damage some of the nerves that control your ability to ejaculate in the normal way. You will still be able to get an erection, still orgasm, but the ejaculate will not come out. This is known as a dry orgasm. It is not harmful and the semen will be flushed away with your urine when you next pass water. However this also means that you will be unable to father a child in the natural way. If you have already not 'banked' some sperm then this should be done prior to your surgery. Please ask your surgeon or specialist nurse to arrange this for you.

This leaflet is not intended to frighten you but to give you information prior to your operation. If you need further information please do not hesitate to contact your specialist nurse

Contacts

Urology specialist nurses:

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The Trust provides free monthly health talks on a variety of medical conditions and treatments. For more information visit www.uhb.nhs.uk or call 0121 627 7803

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