



Axillary Node Clearance

Your operation explained

Introduction

This booklet is designed to give you information about having an axillary lymph node clearance (ALNC) and the care you will receive before, during and after your operation. This operation may be carried out at the same time as a mastectomy or wide local excision of a breast lump or after a sentinel lymph node biopsy (SLNB); resource should be read along with the advice on these operations. We hope this booklet will answer some of the questions that you or those who care for you may have at this time. It is not meant to replace the discussion between you and your surgeon, but helps you to understand more about what is discussed.

Why do you need an axillary lymph node clearance?

Either:

You will have had a scan of the axilla (armpit) which may have shown abnormal or enlarged lymph nodes. These may have been biopsied, and shown to have cancer cells in them.

Or:

You may have undergone SLNB, and have now been offered an ALNC. This is because the Sentinel lymph node had cancer cells in it and it is helpful to remove some more of the remaining lymph nodes from the armpit in case further cancer is found.

Are there any alternatives?

Your surgeon will discuss the most appropriate treatment for you and answer any further questions you have. Axillary node clearance is the procedure of choice if axillary lymph nodes are known to have breast cancer cells in them. Radiotherapy may be an option for some people.

What are the risks of this operation?

Many of the risks and complications of an axillary node clearance are the same as those for your breast surgery, e.g. bleeding / infection/ fluid collection (seroma).

Your surgeon will be happy to discuss any concerns you have and answer questions about your operation.

Specific complications can include:

- A small numb area in the armpit and inner part of the arm, which can be permanent. For most patients the numbness on the inner part of the arm returns to normal within a few weeks. You may also feel some pins and needles/tingling/ itching whilst it is healing. This feeling is normal and should not restrict your mobility in any way
- Seroma: this is a collection of serous fluid which can build up in the armpit area following

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surgery. It can get quite big and hard and feel like a golf ball or even a tennis ball. It is normal and will settle over several weeks. If it is very painful it can be drained by one of the breast care nurses

- Some women may feel tightness like a cord running from their armpit to the elbow or wrist. This is called cording. It is thought to be due to hardened lymph vessels. Sometimes it can make it difficult to move the arm. The pain usually gets better gradually over a few weeks/months. Arm exercises are very important to improve movement and reduce pain; physiotherapy can help if the problem does not resolve
- **Frozen shoulder:** This is not very common and can be prevented in most people by the arm exercises that we advise you do regularly
- **In the longer term there is a small risk of lymphoedema:** This is swelling of the arm caused by surgery and also radiotherapy. You will be given an information leaflet on this, and on continuing exercises, and general advice on prevention

What is involved on the day of surgery?

You will usually be admitted on the morning of the operation at 07.00am. You will be asked to starve for at least six hours before the operation. This will have been clarified at your preoperative assessment.

Anti-embolism stockings will be provided on the ward prior to the operation. The operation takes about an hour and is under general anaesthetic.

After the operation, you will have dissolvable stitches and a waterproof dressing will be in place.

You will be sent home with a supply of painkillers and a discharge advice letter will be provided. An exercise leaflet will also be provided.

A breast care nurse will try to review you prior to discharge home.

If you have any concerns regarding your wound, once you are home, please contact the breast care nurses who will be happy to review you.

When can I drive?

You can drive as soon as you can make an emergency stop without discomfort in the wound. This may be about ten to fourteen days after the operation. You must also be comfortable wearing a seat belt. You should speak to your insurance company about any restrictions following surgery. It is advisable to go out with another driver if possible on the first trip to ensure you feel fully confident.

When can I return to work?

This will depend upon the type of work you do but in general you may return as soon as you wish, generally about two to three weeks following surgery. Please continue your arm exercises to ensure your movement returns to normal and consider taking a little extra time off work if your arm movement is restricted. Some people prefer to take time off work until they have discussed their results and know their treatment plan.

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What follow up treatment will I have?

In some cases surgery is all that is necessary. However, further treatments may be advised to reduce the risk of recurrence. Further treatment can include radiotherapy, anti-oestrogen tablets, chemotherapy and anti-HER2 medication such as Herceptin (Trastuzumab). Your breast care nurse may have explained about some of these treatments before your surgery, and can answer your questions about them.

If any of the treatments above are recommended for you, a more detailed explanation will be given. It may be that you are offered a combination of all of these treatments – this is common practice. It is important to remember that your medical team plan things differently for each individual, so try not to compare yourself to others.

Who are the breast care nurses?

You will have met one of the breast care nurses in the outpatient clinic before your admission. They are employed to offer you and your partner advice, information and support throughout the course of your treatment and follow up. They will see you regularly at your request – don't hesitate to ask for support if anything is worrying you.

Please contact them on: Queen Elizabeth Hospital Birmingham: **0121 371 4499** or **07771 940 368** or Solihull Hospital: **0121 424 5306**

Further information is available from the Patrick Room in the Cancer Centre. The telephone number is **0121 371 3537** or you can drop in for advice.

Local sources of further information

University Hospital Birmingham NHS Foundation Trust

The Patrick Room
Cancer Centre
Heritage Building (Queen Elizabeth Hospital)
Mindelsohn Way, Edgbaston
Birmingham B15 2TH
Telephone: **0121 371 3537**

Breast Care Nursing Team

Queen Elizabeth Hospital Birmingham: **0121 371 4499** or **07771 940 368**
or Solihull Hospital: **0121 424 5306**

If you require this information in another format, such as a different language, large print, braille or audio version please ask a member of staff or email patientexperience@uhb.nhs.uk.