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CLINICAL EXCELLENCE, QUALITY & SAFETY

Lymph node surgery in breast cancer



This booklet explains about two different types of operation available to treat cancer of the lymph nodes (glands) in the axilla (armpit), the reasons for having the surgery and the possible side effects.

Reasons for axillary lymph node surgery

Sometimes the breast cancer can spread to the lymph nodes in the armpit. It is important to identify if there has been spread because this will allow the surgeon to decide on which surgery is appropriate to clear the cancer; and guide on treatment after the operation.

An ultrasound scan will have been done before your operation but does not always pick up the cancerous lymph nodes.

There are two types of axillary lymph node surgery:

1. Sentinel lymph node biopsy, where only a sample of a few specific lymph nodes (usually 1-4), are removed. These nodes are identified using a radioactive tracer and blue dye injected into your breast before surgery. See diagram 1.

Important: you must tell the breast care nurse if you think you may be pregnant, as there may be a risk involved with the tracer and dye that are used.

2. Axillary clearance, where a larger number of the lymph nodes are removed. It is a more extensive operation, performed because cancer cells have been identified in the lymph nodes either before your surgery or after a sentinel node biopsy. Sometimes your surgeon might recommend an axillary clearance if it is considered the best option for medical reasons.

Please do not hesitate to ask your surgeon or breast care nurse about this before you make your decision

1. A sentinel node biopsy – the operation

Sentinel nodes are specific lymph nodes in the axilla that are first affected from the breast.

Procedure

- **On the morning of your operation** you will have an injection of a radioactive tracer (a fluid with a small amount of radio active material) into your affected breast in the nuclear medicine department.

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- Later, during the operation a blue dye is injected in the breast, which, like the tracer, travels to the sentinel nodes. In this way they can be identified by the surgeon and removed for further examination in the laboratory.
- After the procedure the surgeon will put some local anaesthetic into the wound to make it more comfortable.
- The wound is closed with a dissolving stitch and steri-strips (paper strips).
- **If the surgeon does not find the sentinel lymph nodes,** he/she will then proceed to do an axillary clearance operation, which is the safest thing to do.

After the operation

- You will return to the ward to recover.
- If you need painkillers, please do not hesitate to ask a nurse.
- You will be offered a drink and a snack as soon as you feel like it.
- You will have been given a leaflet on shoulder exercises to do after your surgery.

Going home

You should be able to go home the same day. However, if you also had a mastectomy operation you will usually stay in hospital overnight.

- **If you have had a general anaesthetic**, you must arrange for a responsible person to take you home and stay with you for 24 hours.
- You must not drive, drink alcohol, work machinery, or sign important papers for at least 24 hours to allow the effects of the anaesthetic to wear off.

Results

Your surgeon will give you the results of the biopsy at your outpatient appointment a week after the operation.

If the result is negative for cancer you will not need any further surgery.

If the result is positive you may need to return to have an axillary clearance and you will be given a date for the operation.

Risks and complications of a sentinel node biopsy

This is a safe operation and complications are unusual. However there are some possible risks to be aware of:

- The blue dye can rarely (1 in 1000 patients) cause severe allergic reactions such as anaphylactic shock. Use of the dye should be avoided if you are pregnant.
- The blue staining of the breast skin can take a long time to go away and at times may be permanent. You may also notice a green urine for a few days.
- There is a tiny amount of radioactivity in the tracer but this is relatively small, no more than having a mammogram.
- There is also a small risk of bleeding, infection (which can be treated with antibiotics), fluid collection, arm swelling (lymphoedema), stiffness of the shoulder and pain and numbness. Most of these usually subside within a few weeks.

Please talk to your surgeon or the breast care nurse before your operation if you have any concerns about these risks.

Additional Procedure

It may be possible for your lymph nodes to be analysed while you are asleep using imprint cytology. This allows axillary node clearance, if you have agreed, straight away if cancer cells are found on the day of your operation. However this may not always be available and is not guaranteed to be fool proof in identifying the presence of cancer, so this result may change when you come for results.

2. An axillary clearance – the operation

- You will have a general anaesthetic and be asleep throughout.
- A number of lymph nodes in the armpit are removed and sent to the laboratory for further examination.
- After the procedure the surgeon will put some local anaesthetic into the wound to make it more comfortable
- A drain (a tube to drain away excess fluids in the armpit) may be placed in the wound at the end of the operation. The wound is closed with a dissolving stitch and reinforced with paper stitches.

After the operation

- You will return to the ward to recover.
- Please take painkillers as soon as you are able to, as the local anaesthetic will wear off and it is important to have some pain relief in your system before this happens.
- You will be offered a drink and a snack as soon as you feel like it.
- A physiotherapist will see you the next day and give you exercises to prevent shoulder stiffness.
- If you have a drain it will remain in place for up to a week after the operation, the tube drains into a bottle or bag and can be carried around in a small cloth bag.

Going home

- If you have had a general anaesthetic, you must arrange for a responsible person to take you home and stay with you for 24 hours, you must not drive yourself.
- You must not drive, drink alcohol, work machinery, or sign important papers for at least 24 hours to allow the effects of the anaesthetic to wear off.

The risks and complications of axillary clearance

Possible risks include:

Bleeding: this can be early or late (a few days after the operation). If it collects under the skin it may have to be removed under anaesthetic.

Infection of the wound: this may require treatment with antibiotics and sometimes further surgery to drain the infection.

Fluid collection in the wound: this is relatively common and usually harmless. It may have to be removed (drained) if it causes discomfort.

Swelling of the arm (lymphoedema): This can happen in 15-20% of patients having an axillary clearance because the glands that remove the excess fluid (lymph) from the arm are affected by surgery. The swelling can occur many years after the operation. It is usually mild but occasionally it can be more severe and restricting. It cannot be cured but certain measures can be taken to minimise the swelling (see lymphoedema leaflet). Please contact your breast care nurse who can help.

Stiffness of the shoulder: This can be helped by doing the exercises recommended after the operation.

Pain and numbness (pins and needles) in the operated axilla / arm; this is usually the result of damage/trauma to the small nerves that run between the glands. It often settles on its own with time, and it can be treated with specific neuropathic pain relief medications. Please ask your surgeon or breast care nurse.

Recurrence: there is a small risk that cancer may recur in the axilla, although everything possible is done to minimise the chances of this happening.

Please speak to your surgeon or the breast care nurse before your operation if you have any concerns about these risks.

At home (after both sentinel node biopsy or axillary clearance)

- If your dressing is waterproof you can have a shower standing with your back to the water flow and dab dry. Whatever type of dressing you have you can have a shallow bath but do not soak the wound.
- You may experience a number of differing sensations around the area of the operation they include:
 - Numbness and/or pins and needles of the upper arm and/or the wound site.
 - Aching of the wound or shoulder.
- Take the painkillers as prescribed on a regular basis for the first few days. Your GP can prescribe more if you require them.

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- To prevent arm stiffness, it is very important to carry on with your arm exercises.
- To start with the wound will be red and slightly swollen with some bruising, this may last for a couple of weeks. After a few months your scar will usually fade into a thin pale line.
- You may feel tired for the first 2-3 weeks or so, it is advisable to get some help with household jobs. Gradually increase your activities, but use your commonsense and do not overdo it.
- You may resume driving when the wound is completely healed and you have a good range of arm movements and can do an emergency stop.
- You may return to work when you feel ready to do so and/or depending upon any further treatment that may be required. Most people having breast surgery will require 3 - 4 weeks off work.
- You will be looked after at home by a home nursing service, known as "Hospital at Home".
- After leaving hospital an appointment will be sent to you to attend the outpatient clinic a week after your surgery to discuss the results of your operation and any further treatments that may be necessary.

For further information

If you have any questions or feel any time you or your family would like to discuss any aspect of your treatment or your feelings further, no matter how trivial it may seem, please do not hesitate to contact your Breast Care Nurse on 01582 497103.

Support Groups/ useful contact numbers

Nurse Practitioner 01582 491122
Bleep 033 or 032

Hospital at Home

Cancer Bacup 0808 800 1234
www.cancerbacup.org.uk

Breast Cancer Care 0808 800 6000
www.breastcancercare.org.uk

Macmillan Information Line 0845 601 6161

L & D Breast Cancer Support Group 01582 497103

Luton and Dunstable University Hospital

NHS Foundation Trust



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