

Breast Unit
 Elective Care Centre
 Lower Lane
 Liverpool L9 7AL
 Tel:0151-529-4089

Axillary Node Clearance

(Operation on the Armpit)

What is Axillary Node Clearance?

As part of any breast cancer operation the surgeon will usually remove glands (also known as lymph nodes) from under your arm on the same side as the breast cancer.

What are the benefits of having Axillary Node Clearance?

Axillary node clearance allows the doctor to check all of your lymph glands.

In this situation, all glands affected by cancer are removed and no further surgical treatment to the glands in your armpit is needed.

However, further treatments maybe necessary depending on your laboratory results.

These may include:

- hormonal therapy (tablets),
- chemotherapy and/or radiotherapy.

Following surgery for removing all your glands a drain will be in place for a few days.

There are approximately 20 lymph glands in your armpit (axilla) although the exact number varies from person to person.

The lymph glands are removed to be examined in the laboratory to check if cancer cells have spread into them from your breast. This helps the doctors to decide what other treatment may be needed.

What are the risks of having Axillary Node Clearance?

- Numbness to your upper inner arm.
- Painful area in your upper inner arm which usually disappears.
- Lymphoedema (swelling to your arm/hand), this can start some months or years after surgery.

How can I reduce the risk of developing infection if lymphoedema is present?

- Treat small grazes and cuts with antiseptic and keep them clean until they heal.
- See your family doctor (GP) at the first sign of infection (redness, inflammation, warm and tender).
- Avoid sunburn.
- Wear gloves for washing up, DIY and other household tasks.
- Try to avoid scratches – wear gloves and long sleeved clothing when handling animals or gardening.
- Use a thimble if you sew.
- Use an electric razor or hair removal creams to remove hair from your armpit.
- Keep skin clean and dry and use moisturising cream daily to keep it supple.

What sort of anaesthetic will be given to me?

You will be given a general anaesthetic. General anaesthesia is drug-induced unconsciousness.

It is always provided by an anaesthetist, who is a doctor with specialist training.

Unfortunately, general anaesthesia can cause side effects and complications. Side effects are common, but are usually short-lived: they include nausea, confusion and pain. Complications are very rare, but can cause lasting injury: they include awareness, paralysis and death.

There is a risk of damage to teeth, particularly caps or crowns and veneers. Your anaesthetist will take every care, but occasionally damage can occur.

The risks of anaesthesia and surgery are lower for those who are undergoing minor surgery, and who are young, fit, active and well.

You will be given an opportunity to discuss anaesthetic options and risks with your anaesthetist before your surgery.

If you are worried about any of these risks, please speak to your Consultant or a member of their team.

Getting ready for your operation

- Most patients have a chest X-ray and blood test when attending the pre-op clinic.
- You will usually be seen in the pre-operative clinic, usually one to two weeks before your operation. You will be weighed and measured and possibly have an ECG (a heart tracing).
- The staff will ask routine questions about your health, the medication you take at the moment and any allergies you may have.

- Your admission letter will tell you what time to stop eating and drinking before your operation.
- Most patients are admitted on the day of their operation if they have already attended the pre-operative clinic.

Please bring a non-wired support bra to wear after your operation

The day of your operation

- You will usually come into hospital on the day of your operation.
- You will be asked to sign a consent form to say that you understand the procedure, and what the operation involves. Again, you will be able to discuss the operation with your surgeon.

What should I expect after my operation?

When you return to the ward you may have a drain coming from your wound site. This is a tube attached to a small bag to drain fluid. This drain is to help prevent bruising, and will help your wound heal quicker.

A nurse will check your pulse, blood pressure, breathing rate and wound regularly.

It is important that if you feel any pain you must tell the nursing staff, who can give you painkillers to help.

The nursing staff will also advise you when you can start taking sips of water. Anaesthetics can make some people sick. If you feel sick we advise you not to drink until this feeling has passed. The nursing staff may offer an injection to help this sick feeling go away.

The first time you get out of bed, please make sure you ask a nurse to be with you. This is in case you feel dizzy.

Your wound

A thin piece of tape will cover your wound, this is not to be removed and it must be kept dry. Dissolvable stitches are used and therefore these will not need to be removed. The wound dressing may be left untouched until you attend clinic for your results.

After arm pit surgery, wound drains are placed in the wound to remove blood, secretions and other tissue fluids to promote healing.

It is quite normal after surgery to have one or two drains in place. This is to prevent the build up of fluid around the wound. These drains usually stay in place until the amount of fluid drained over a 24-hour period is around 50mls. This may take up to 7 days or in some cases longer depending on surgery.

Going home

You will be able to go home the same day or a day after your operation, providing everything is alright. If you go home on the day of your operation, you must have someone to take you home.

For the next 24 hours **you must not:**

- Travel alone.
- Drive a car or ride a bicycle.
- Operate machinery (including domestic appliances such as a kettle).
- Climb ladders
- Make important decisions, sign any business or legal documents.
- Drink alcohol.
- Return to work within 12 hours of treatment. Your general health and any medicines you are taking may increase the time you need off work.

You should

- Take it easy for the rest of the day, avoid strenuous activity.

- Take your medications as usual.
- Let someone else care for anyone you usually look after, such as children or elderly or sick relatives

Pain relief and medication

The nursing staff will advise you about painkillers before you leave the hospital. Please tell the nurses what painkilling tablets you have at home.

Going home with a drain

Since many women feel so well after their operation, it has now become accepted practice in most hospitals for you to go home with your drain still in place.

Before you are discharged, your nurse will give you full instructions about caring for your drain and will also check you are confident in looking after the drain.

Once you are home

The Breast Link Nurse Specialist or a District Nurse will visit you after you are discharged. They will check your wound care for the drain and record the drainage.

If you are managing, the Breast Link Nurse may not call every day. They will let you know when they will call again to see you. They will leave a contact number in case any problems arise. The Breast Link Nurse will remove your drain once it has drained 50mls or less in 24 hours.

If you develop an unusual swelling to your armpit and you find it difficult to lift your arm above your head, this may be a collection of fluid (seroma). **Telephone the Breast Care Nurses on:**

0151 529 4082.

Getting back to normal

Remember that you have just had an operation. It is normal to feel more tired than usual for a few days afterwards. It is important that you do arm exercises after

your operation (see Breast Surgery Exercise Leaflet).

Returning to work

This depends upon your general health, the type of procedure that you have had and the type of work you do. Your consultant will tell you when you are fit to return to work.

Further appointments

You will be seen in the outpatient clinic approximately 15-21 days following your procedure to discuss results of the laboratory tests and further treatment.

Further information

Please feel welcome to ring the Breast Care Nurses who will answer any of your questions and give any further explanation if required.

Breast Care Nurses

Tel: 0151 529 4082 (24 hour answer phone)
The Breast Care Nurses aim to return your telephone call the same day or the following day.

Breast Cancer Care

Tel: 0808 800 6000 (Freephone).
www.breastcancer.co.uk

Acknowledgements:

This leaflet is based upon the Royal Liverpool and Broadgreen University Hospitals NHS Trust patient information booklet 'Axillary Node Surgery'.

The Royal Liverpool and Broadgreen University Hospitals NHS Trust has kindly given their permission for us to use their material.



If you require a special edition of this leaflet

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0151 529 4969

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