

## Patient information

# Axillary Node Surgery (Operations on the Armpit)

## Breast Services

### What is Axillary Node Surgery?

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.

### There are four types of Axillary Node Surgery:

- Sentinel Node Biopsy.
- One Step Nucleic Acid Amplification.
- Axillary Node Sampling.
- Axillary Node Clearance.

### What are the benefits of having Axillary Node Surgery?

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 Surgery?

- Numbness to your armpit and upper inner arm.
- Risk of further surgery at a later date. This depends upon the laboratory report.
- Seroma (a collection of fluid in your armpit).
- Lymphoedema (swelling of your arm or hand).

### Sentinel Node Biopsy

#### What is the Sentinel Lymph Node?

The sentinel lymph node is a gland in your axilla. It is the first gland in the armpit to which cancer spreads from the breast.

## **Reason for the procedure**

By removing your sentinel lymph node we can find out whether cancer from your breast has spread to your armpit glands. This information will help us to advise you about the stage of your cancer and what treatments would be best for you after your surgery.

## **Procedure**

### **Finding the Sentinel Node**

In order to find the sentinel node two types of fluid are used, one is a radioactive fluid the other is a blue dye.

The day before or on the morning of your surgery a small amount of radioactive fluid will be injected under your skin in your breast affected with breast cancer. The radioactive fluid used is a very low dose and leaves your body after a short time.

During surgery a blue dye will be injected into your breast. The radioactive fluid and blue dye travel to the sentinel node in your armpit.

The surgeon uses a special radiation detection probe and looks for the blue dye to find your sentinel node, which is then removed. One to four glands will be removed.

### **What if the glands in your armpit look abnormal during surgery?**

If the glands in your armpit look very abnormal, the surgeon would remove all the abnormal looking glands at that operation. (This is rare and does not happen very often).

### **What should I expect after my operation?**

The sentinel nodes are examined in two ways, either under the microscope in the laboratory or by a technique called One Step Nucleic Acid Amplification (OSNA). If the sentinel nodes removed have cancer cells in them, this means that you may need further treatment. This could be either further surgery to the armpit or radiotherapy (X-ray treatment) to your armpit.

If the sentinel nodes are not examined by OSNA they will be examined under the microscope in the laboratory, this takes about three weeks.

One Step Nucleic Acid Amplification allows the whole of the sentinel lymph node to be examined in a single test while you are asleep. Based on the OSNA result your doctor will decide whether to remove any further glands from your armpit. This will have been discussed with you before your operation.

## **Wound Care**

You will have a thin piece of tape on your wound, this is not to be removed and it must be kept dry. Dissolvable stitches or glue are used and therefore these will not need to be removed.

If you develop a 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 Tel: 0151 706 2927.**

**Textphone Number: 18001 0151 706 2927**

It is important that you do arm exercises after your operation (see Breast Surgery Exercise Leaflet).

### **Benefits of the procedure**

- Less surgery to your armpit.
- Less discomfort and an earlier return of normal mobility in your shoulder/arm.
- Less risk of lymphoedema (swelling of arm or hand).
- Shorter stay in hospital.

### **Risks of the procedure**

- Blue dye will cause bluish facial discolouration and discolour your urine and stools for a couple of days after the operation.
- Your breast skin will have a blue discolouration for several months; very occasionally this can last for a year or more.
- Numbness to your armpit.
- Allergic reaction to the radioactive fluid or blue dye is rare but can be serious, however it can be treated if it occurs – **It is very important that if you have any allergies you mention them to your Consultant or Nurse.**
- Risk of further surgery at a later date. This depends on the laboratory report.
- Seroma (a collection of fluid in the armpit).
- Lymphoedema (swelling of arm or hand).

### **Alternatives to Sentinel Node Biopsy**

- Removal of about four glands from your armpit (Axillary Node Sampling).
- Removal of all the glands from your armpit (Axillary Node Clearance).

### **Axillary node sampling**

Sometimes a few (one to four) of the lymph glands are removed to allow the doctor to check them. These glands are examined under the microscope in the laboratory.

If cancer cells are found in any of the lymph glands removed further treatments may be necessary.

### **These may include:**

- Further surgery to the armpit to remove more lymph glands.
- Chemotherapy.
- Radiotherapy.
- Hormonal therapy (tablets).

## **Axillary Node Clearance**

Sometimes all the glands in the armpit are removed. This is known as axillary node clearance and allows the doctor to check all of your lymph glands. In this situation, any glands affected by cancer have been removed and so no further surgical treatment to the glands in your armpit is needed. However, further treatments may be 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 may be inserted for a few days and this will be monitored by the district nurses. The drain can stay in place from a few days up to two weeks.

## **Side Effects of Surgery**

- 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 to 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 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.

For more information, please ask for a copy of the leaflet “**You and Your Anaesthetic**” (PIF 344).

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**

- You will usually be seen in the pre-operative clinic before you are admitted to hospital. Here you will have blood tests, and sometimes a heart trace or a chest X-ray. You will be assessed to see if you are fit for the anaesthetic.
- The staff will ask routine questions about your health, the medicine you take at the moment and any allergies you may have.
- You will be given instructions on eating and drinking before your operation.
- You will be able to discuss the operation with a doctor. You will be asked to sign a consent form to say that you understand the procedure, and what the operation involves.

### **The day of your operation**

- You will come into hospital on the day of your operation.
- Please leave all cash and valuables at home. If you need to bring valuables into hospital, these can be sent to General Office for safekeeping. General Office is open between 8.30 and 4.30 Monday to Friday. Therefore, if you are discharged outside these times we will not be able to return your property until General Office is open. The Trust does not accept responsibility for items not handed in for safekeeping.
- Please bring any medication you take into hospital with you.
- Please bring in toiletries, nightwear and towels.
- You will be asked to remove jewellery - plain band rings can be worn but they will be taped.
- Please leave body piercings at home. False nails and nail polish will also need to be removed if worn.
- If you are on regular medication, you will be told to take this if necessary.
- You will be asked to put on a gown and disposable underwear.
- A bracelet with your personal details will be attached to your wrist.

- You may be prescribed some medication to take before your operation by the anaesthetist. A member of the nursing staff will give this to you.
- A nurse and porters will take you to the operating theatre.
- Your dentures, glasses or hearing aid can stay with you on your journey to the operating theatre.

### **What should I expect after my operation?**

- After your operation you will be kept in the theatre recovery room before being transferred to the ward.
- A nurse will check your pulse, blood pressure, and breathing rate 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 you 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.

### **Going Home**

You will be able to go home the same day or a few days 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 or ride any vehicle.
- 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

## **Discharge Information**

### **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.

### **Your wound**

The wound dressing may be left untouched until you attend clinic for your results. If you have a drain in place, a district nurse will visit you.

### **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.

### **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 two to three weeks following your procedure to discuss results of the laboratory tests and further treatment.

### **Feedback**

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

## **Further Information**

### **Breast Care Nurses**

**Tel: 0151 706 2927 (24 hour answer phone)**

**Text phone number: 18001 0151 706 2927**

### **Breast Cancer Now**

**Tel: 0808 800 6000 (Freephone)**

### **Macmillan Cancer Support**

**Tel: 0808 808 00 00**

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