

# Having an Axillary Lymph Node Clearance (ALNC)

Breast Care

The prevention of infection is a major priority in all healthcare and everyone has a part to play.

- Wash your hands with soap and warm water and dry thoroughly. Use hand gel, if provided, in care facilities.
- If you have symptoms of diarrhoea and vomiting stay at home and do not visit relatives that are vulnerable in hospital or in residential care. You will spread the illness.
- Keep the environment clean and safe. Let's work together to keep it that way. Prevention is better than cure.

# 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 the breast, or after a Sentinel Lymph Node Biopsy.

This booklet will answer 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 was discussed.

If you require this document in an alternative format for example, larger print or in a different language, please inform one of the healthcare staff.

## Why do you need an Axillary Lymph Node Clearance?

Axillary Lymph Node Clearance is usually done to remove lymph nodes that have been proven to have cancer cells in them.

The lymph nodes may have been biopsied and shown to have cancer cells in them or you may have undergone a Sentinel Lymph Node Biopsy (SLNBx) which has not confirmed cancer cells in the lymph node.

The purpose of this surgery is to remove the remaining lymph nodes from the arm pit in case further cancer is found.

In some cases your clinician may discuss the option to have Axillary Lymph Node Clearance when no cancer cells have been identified in the arm pit, where you and your clinician have agreed it is best to perform all your surgery during one operation.

# What are the benefits of an Axillary Lymph Node Clearance?

The armpit contains a collection of lymph nodes (glands) that help to fight infection. This is often the first place cancer can spread to. As part of your operation some of these lymph nodes in your armpit will be removed.

This is for two reasons:

1. To remove any cancer that may be within the lymph nodes in the armpit.
2. To give further information to the breast team looking after you about any potential spread of your disease. This enables them to plan any additional treatment that may be required.

# What are the risks of Axillary Lymph Node Clearance?

There are nearly always risks to any treatment. Complications following Axillary Lymph Node Clearance are rare and seldom serious. Risks that may occur following Axillary Lymph Node Clearance include:-

**Bleeding:** Some bruising is inevitable after Axillary Lymph Node Clearance. However, very occasionally blood collects underneath the wound (known as a haematoma). If this occurs and causes you discomfort it is often possible to remove the fluid in clinic using a needle and syringe. Occasionally further surgery is required to remove any blood clots from under the skin.

**Seroma:** After surgery some people may develop a collection of fluid called a seroma. This is a collection of normal body fluid which can occur either under the arm and/or in the breast or chest wall. If the collection of fluid is large, your Surgeon or Breast Care Nurse may suggest aspirating the seroma (drawing off the excess fluid using a needle and syringe). It is usual for this fluid to be reabsorbed by the body and resolve over time.

Sometimes a seroma will re-fill and may need to be drained several times over a few weeks before it goes away completely. This is usually painless as the area is likely to be numb.

If the seroma restricts your arm movement and prevents you from doing your arm exercises, speak to your Breast Care Nurse or Surgeon for advice.

**Infection:** A wound infection can happen any time after surgery until the wound is completely healed. It usually takes around 3 weeks for the skin to heal and 6 weeks for the internal stitches to dissolve.

Any of the following symptoms could indicate a wound infection:

- Your wound feels tender, swollen or warm to touch
- Redness in the area
- Discharge from the wound
- Feeling generally unwell with a raised temperature

If you think you may have a wound infection contact your GP as you may need a course of antibiotics.

**Deep Vein Thrombosis (DVT):** DVT is the name given to a blood clot which forms inside a vein.

Typically deep vein thrombosis occurs in the veins of the leg. These clots can interrupt blood flow in the leg and make the leg swollen and painful. Blood clots are more likely to happen when you are not moving around very much so if you are unwell and confined to bed and/or are recovering from surgery you are at higher risk than normal of developing a blood clot.

Sometimes one of these clots can break off and become lodged in one of the blood vessels in the lung. This is called pulmonary embolism (PE) and can cause pain, breathlessness, and lack of oxygen in the blood which can be fatal.

DVT may also cause lifelong problems such as painful swollen legs, varicose veins and ulcers.

## Are there any alternatives to Axillary Lymph Node Clearance?

One option is not to operate. A further option could be to have radiotherapy targeted to the axilla area. There may also be clinical trials which you could consider.

The choice about which treatment is best for you will be made together with your Surgeon. This will be based on the risks and benefits of treatment and your individual circumstances. The Surgeon will have explained the different options to you and what will happen if you decide not to have any treatment at all.

## What would happen if I chose not to have any treatment?

If left untreated, affected lymph nodes usually grow in size and can put pressure on the major arteries, veins and nerves supplying the arm. This can affect the arm's function and can cause pain. As the cancer progresses, it can cause the overlying skin to break down.

If you chose not to have any further treatment, your breast cancer would continue to grow and could spread to other parts of the body.

It is important to stress that every patient's case is unique and that treatment is planned differently for each individual. It is not possible, therefore, to compare yourself to anyone who is having, or has had, the same operation that is planned for you.

# Consent

We must seek your consent for this procedure or treatment beforehand. Your Surgeon will explain the risks, benefits and alternatives where relevant before they ask for your consent. If you are unsure about any aspect of the procedure or treatment proposed please do not hesitate to ask for more information.

## What will happen before surgery?

Once you have made a decision about your surgical treatment, confirmation of the date of surgery and admission details will be sent to you by post.

You will be asked to attend an appointment for pre-assessment. This is to check your overall health before giving you a general anaesthetic.

At the pre-assessment appointment you will be asked questions about your medical history and certain tests may be done. You will also be asked about any medication you may be taking so it can be helpful to take a list of any medication you are taking and the dose along to your appointment.

Tests that may be done at pre-assessment:-

- Blood tests
- Blood sugar (if diabetic)
- Electrocardiogram or ECG (a test that measures electrical activity of the heart)
- Blood pressure
- Temperature
- Pulse
- Height
- Weight
- Chest X-ray
- Urine test
- Skin swabs to screen for MRSA (a type of bacterial infection)

If you smoke or use nicotine replacement you may be asked to try to stop prior to surgery to help your recovery from the anaesthetic and surgery.

If any health conditions are highlighted by the pre-assessment or you have any other health problems, you may need further assessment and more tests prior to admission. The time taken to do these may delay your surgery for a short while. Although you may feel anxious about the delay, it should not make a difference to the outcome of your treatment. If you have any questions or concerns please call your Breast Care Nurse (Telephone Number 01902 695144) who will be happy to discuss these with you.

## What will happen on the day of the operation?

Prior to your operation you will need to fast for about 6 hours and will be given advice as to when you can last have something to eat or drink before the operation. You will be seen by an Anaesthetist prior to surgery who will prescribe any pre-medication that may be required.

Before you are taken to theatre, you will be asked to remove any jewellery, nail-varnish and make-up before surgery. If you have any jewellery that cannot be removed, discuss this with the ward staff as it may be possible to secure it with tape.

It is common for the surgical team to use a marker pen to draw on your skin on the morning of your operation to mark the site of the operation.

You may be given anti-embolism stockings (elasticated support stockings) to wear during your stay in hospital and may be advised to keep these on for up to 6 weeks following surgery, to reduce the risk of harmful blood clots forming. You may also be given a small injection to further reduce this risk.

## How long does the operation take?

Axillary Lymph Node Clearance usually takes about 45 minutes to 1 hour to perform. It is done under general anaesthetic, which means you are asleep during the operation.

## What will happen after surgery?

Everyone reacts differently to surgery, but most people recover well with few major side effects. The same goes for anaesthetic, some people wake up very quickly while others can feel very sleepy for several hours.

On waking up in recovery, you may find that you have a blood pressure cuff on your arm so that your blood pressure, pulse and oxygen level in your blood can be checked.



You may have a drip inserted into your arm. This is known as an intravenous infusion and takes fluid directly into your vein until you are able to drink normally, which will usually be later that day. The ward staff will advise you when you are able to start to drink. It's best to start by drinking a few sips and gradually drink more. Once you are drinking without any problems, you can usually start to eat.

You will be encouraged to get out of bed as soon after surgery as you feel able. The sooner you start to move, the better you will feel. Some people can feel dizzy when they first get out of bed, so it is advisable to ask for help from the nursing staff when you get up for the first time.

You may have a drain coming out of your wound. These are vacuum drains which drain away the stale blood and lymph (a colourless fluid that the body produces) that can collect after surgery. If you have a wound drain, you are likely to be discharged home with the drain in place.

Before you go home, your drain bottle will be changed to a smaller bottle. You will be given a post-surgical bra and small pocket which attaches to the post-surgical bra to hold the drain bottle.

The nursing staff will teach you how to look after the drain and show you how to measure the amount of fluid that drains each day. You will be asked to record the amount of drainage daily and report this to the Breast Care Nurses by telephone. When the drainage has slowed down, the Breast Care Nurse will arrange an appointment for you to have the drain removed.

If you have any concerns about the wound drain the Breast Care Nurses will be available to give advice Monday – Friday 08.30 – 16.00 (01902 695144) or out of hours (evenings, weekend and Bank Holidays) you are advised to contact the Surgical Assessment Unit (01902 694004) for advice. (Information leaflet on wound drainage will be given on discharge).

## How should I look after my dressing?

Your wound will be covered with a dressing. You are advised to leave the dressing in place until you see the Breast Care Nurse to assess / remove your wound drain. If the dressing feels uncomfortable or you have any concerns you may contact the Breast Care Nurses (Telephone Number 01902 695144).

The wound dressings are splash proof and you will be able to have a bath or shower as long as you take care to keep your dressings and any drain sites dry. If you do happen to splash your dressing you are advised to pat the dressing gently until it is dry. After your dressing has been removed it will not harm you to get your wound wet when taking a bath / shower.

You are advised to treat the wound gently and when drying your skin it is better to pat rather than rub the area dry. Do not use any scented skin products until your wound has fully healed.

## Will I need to have stitches removed?

You will have dissolvable stitches. These do not require removal. Steri-strips (little strips of plaster) are often used across the wound to give extra support . Once the dressing is removed, you can get these wet. They will over time start to loosen, and can then be eased off as you would an ordinary plaster.

## How long will I stay in hospital?

You may be discharged home the same day or the day after your operation. The length of stay in hospital will depend on the operation that you have, the time of your surgery and the time you take to recover.

Visiting is allowed on the day of your operation, but remember you will still feel "sleepy". It may be a good idea to restrict visitors to close family or friends.

## What are the possible effects of surgery?

**Pain and discomfort:** You are likely to have some pain or discomfort after surgery but everyone's experience is different.

If you experience pain when you are in hospital, tell the nursing or medical staff, so that you can be given medication to relieve the pain or discomfort. What you are given will depend on your needs.

If you have been discharged and find the painkillers are not effective. You are advised to ask your General Practitioner (GP) to review the medication you have been given.

**Nausea:** Not everyone will feel nauseous (sick) after surgery. Any sickness is usually short term and will have settled by the time you are discharged home.

During your stay in hospital anti-sickness medication (anti-emetics) can be given to help to relieve any nausea.

If you feel nauseated following discharge home you are best to seek advice from your GP who may prescribe some medication to help this settle down.

**Change of sensation:** 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 during the healing process. These feelings are normal and should not restrict your mobility in any way.

**Shoulder stiffness or a 'frozen' shoulder:** Your arm and shoulder on the operated side may feel stiff and sore for some weeks. During your stay in hospital you will be seen on the day of surgery by a Physiotherapist who will give you some gentle exercises to start to get back the range of movement you had before surgery. You will be given a leaflet explaining the arm exercises – please ask if you do not receive one as not moving the arm following surgery can result in a frozen shoulder.

**Cording:** Some patients may feel tightness like a cord running from their armpit to their elbow or their wrist. 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 important to improve movement and reduce pain. If the problem does not resolve your Breast Care Nurse or clinician may refer you for physiotherapy.

**Lymphoedema:** This is a swelling that occurs in the tissue below the skin, as a result of Axillary Lymph Node Clearance or Radiotherapy. It is caused by tissue fluid that cannot drain away. The symptoms of this include, swelling or puffiness of the arm, hand or chest on the side you had surgery. You may experience feelings of tightness, firmness or heaviness. There are precautions you need to take to reduce the risk of developing lymphoedema. Information on reducing the risk of lymphoedema can be obtained from your Breast Care Nurse. If necessary your Breast Care Nurse can refer you to a lymphoedema specialist's service for assessment and possible treatment.

**Scars:** Whatever surgery you have will leave some type of scar. Scar healing is unpredictable and although usually the scar heals up to a fine line, occasionally the scar heals in a thickened fashion, called a “keloid” or “hypertrophic” scar. Scars are often initially red but will fade and become less obvious over time.

## What will happen following discharge?

An appointment will be made for you to attend the Outpatients Clinic to see your Surgeon following discharge for a review following surgery and to discuss any results.

Heavy lifting, pushing, pulling is not advisable for 1-2 weeks after surgery. It very much depends on the individual as to how much you feel able to do and when. It is important that you continue with your arm exercises once you have left hospital, although you must work at your own pace and should not over do these if you start experiencing any pain. If you have any questions or concerns, you are advised to contact your Breast Care Nurse (Telephone Number 01902 695144) for further information or advice.

**Driving:** Before resuming driving, you should be free from the sedative effects of any painkillers you may be taking. You should be comfortable in the driving position and able to safely control your car, including freely performing an emergency stop.

Some companies will not insure drivers for a number of weeks after surgery, so it's important to check what your policy says and you are advised to inform your insurance company about your operation.

Although adjustments may not be easy after your surgery it is important that you try and return to normal activity as soon as possible. You can go back to work as soon as you wish, although you may find that you need some time to get over the emotional and physical strain.

## Are there any complications that can occur?

Complications are rare and seldom serious. If you think there may be a problem please call the Breast Care Nurses for advice.

The Breast Care Nurses are available to give advice, information and support throughout the course of your treatment and follow-up care, (Telephone Number 01902 695144)

For the first week following your discharge, The Surgical Assessment Unit can also be contacted for support (01902 694004) outside the Breast Care Nurse working hours.

After 7 days from discharge out of hours support will be provided by your GP.

# Where can I get more information about Axillary Lymph Node Clearance?

If there are any questions you would like to ask about Axillary Lymph Node Clearance please speak to your Surgeon or contact your Breast Care Nurse

## **Local Support**

### **Breast Cancer Action Group**

Meet in the Seminar Room, First Floor, Deanesly Centre, New Cross Hospital, and Wolverhampton on the Second Wednesday of the month 7 - 9 pm.

Contact: 07933 583388 for further information

### **The Macmillan Cancer Support and Information Centre New Cross Hospital**

The centre is open Monday to Friday, 10am till 4pm

Contact: 01902 695234

## **National information and support**

Breast Cancer Care has a help line for information and support: 0808 800 6000 or email [bcc@breastcancercare.org.uk](mailto:bcc@breastcancercare.org.uk). It has a website with information on benign (non-cancerous) breast conditions and breast cancer [www.breastcancercare.org.uk](http://www.breastcancercare.org.uk)

Macmillan Cancer Support: 0808 808 0000

Website: [www.macmillan.org.uk](http://www.macmillan.org.uk)

## English

If you need information in another way like easy read or a different language please let us know.

If you need an interpreter or assistance please let us know.

## Lithuanian

Jeigu norėtumėte, kad informacija jums būtų pateikta kitu būdu, pavyzdžiui, supaprastinta forma ar kita kalba, prašome mums apie tai pranešti.

Jeigu jums reikia vertėjo ar kitos pagalbos, prašome mums apie tai pranešti.

## Polish

Jeżeli chcieliby Państwo otrzymać te informacje w innej postaci, na przykład w wersji łatwej do czytania lub w innym języku, prosimy powiedzieć nam o tym.

Prosimy poinformować nas również, jeżeli potrzebowaliby Państwo usługi tłumaczenia ustnego lub innej pomocy.

## Punjabi

ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਰੂਪ ਵਿਚ, ਜਿਵੇਂ ਪੜ੍ਹਨ ਵਿਚ ਆਸਾਨ ਰੂਪ ਜਾਂ ਕਿਸੇ ਦੂਜੀ ਭਾਸ਼ਾ ਵਿਚ, ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

ਜੇ ਤੁਹਾਨੂੰ ਦੁਭਾਸ਼ੀਏ ਦੀ ਜਾਂ ਸਹਾਇਤਾ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

## Romanian

Dacă aveți nevoie de informații în alt format, ca de exemplu caractere ușor de citit sau altă limbă, vă rugăm să ne informați.

Dacă aveți nevoie de un interpret sau de asistență, vă rugăm să ne informați.

## Traditional Chinese

如果您需要以其他方式了解信息，如易读或其他语种，请告诉我们。

如果您需要口译人员或帮助，请告诉我们。