



Department of plastic surgery

Groin or inguinal lymph node dissection

Groin lymph node dissection

The surgery you are going to have is called groin or inguinal lymph node dissection. This means removing the lymph nodes or glands from one or both sides of the groin. It is major surgery and is carried out under a general anaesthetic. Every person's recovery is individual and this leaflet is intended as a guide.

What are the lymph nodes?

- The lymphatic system is a part of the body's immune system which helps to fight infection. It also helps to remove excess fluid from the body. The lymphatic system consists of vessels similar to veins which carry the lymph around the body. Along its course are groups of nodes or glands. After passing through various nodes, the lymph is finally delivered into the blood stream.
- The lymph nodes usually lie in groups in the neck, armpit and groin. They are also present inside the chest and abdomen. Each group tends to receive lymph from a specific area of the body. The lymph nodes in the groin receive the lymph from the lower half of the body.
- Sometimes cancer cells can get detached from the main cancer and are carried in the lymph and settle in the lymph nodes. They can grow there causing swelling of the lymph nodes. This is a common method of the spread of many cancers. The doctor may have previously examined you to assess if the lymph nodes are affected. You may have had to undergo special investigations such as fine needle aspiration (FNA) cytology, biopsy, ultrasound scan or a CT scan.
- If the lymph nodes are affected, they are treated with surgery or radiotherapy, or both. Sometimes chemotherapy may be needed. During surgery the surgeon removes all the nodes from the groin along with some surrounding tissue. These nodes are sent for histology, that is, examination under microscope. The histology results are usually ready in 2 to 3 weeks. The doctor will discuss these with you in the outpatient follow up clinic.

Preparation for surgery

- The surgeon will discuss the surgery with you in detail, also the likely complications and side effects.
- Before surgery you may have a pre-operative appointment for a nurse to assess your general health and arrange for investigations such as blood tests or a chest x-ray.
- We will sometimes admit you to hospital a day before surgery when the surgeon and the anaesthetist will also see you. The surgeon will mark the site for surgery on your skin with a permanent skin marker. Please ask the doctor any questions or discuss any worries you have about the surgery or anaesthesia at this time.

Agreeing to treatment

Your surgeon will explain the operation and the reasons for it and will give you some written information to support what they have said about your treatment. It is important that you understand what the planned treatment involves.

We will ask you to sign a consent form agreeing to accept the treatment you are being offered. The basis of the agreement is that you have had The Christie's written description of the proposed treatment and that you have been given an opportunity to discuss any concerns. You are entitled to request a second opinion from another doctor who specialises in treating this cancer. You can ask your own consultant to refer you or your GP.

Your consent may be withdrawn at any time before or during treatment. If you decide to withdraw your consent then a member of your treating team will discuss the possible consequences with you.

Surgery

All the nodes and some surrounding tissue closely connected with the nodes are removed through a long cut (incision) in the groin. The length of the scar is usually between 6cm and 12cm. The wound is closed with stitches or staples and with one or two drains (plastic tubes) left in place. One end is put in the wound under the skin and the other end is attached to a plastic bag. This drains away any blood or lymph fluid from inside the wound. The surgery usually takes 2 to 3 hours.

Early care after surgery

- You will be carefully monitored in the ward for any effects of surgery or general anaesthesia and treatment will be started promptly if needed.
- You will have some pain after surgery so we will give you painkillers, at first by injection, then by tablet. Please tell the nurse if you still have any pain.
- After an overnight stay the staff will encourage you to walk. This helps to prevent any complications after the operation.

- The dressings in the groin and the drains will be regularly checked. The drains are usually removed in one to 3 weeks when the drainage becomes less.

Some known complications during this early period are as follows:

- numbness in the front of the thigh
- bleeding
- collection of fluid in the wound
- infection
- clotting of blood in the veins in the legs (deep vein thrombosis or DVT)
- wound breakdown
- swelling in the legs (lymphoedema).

When you are ready for discharge from hospital, the staff will give you an appointment for review in the dressing clinic at the hospital in about a week's time. Please contact the hospital earlier if you develop severe or throbbing pain, increased redness and swelling in the operated area or in the legs. In the meantime, you will have the help of district nurses who will continue to monitor you in between any further Christie dressing clinic appointments.

What are the benefits of the treatment?

The aim of this treatment is to remove the cancer present in the lymph nodes in this area.

What are the risks of this treatment?

The normal lymph drainage is disturbed after surgery to remove the lymph nodes so you may have persistent swelling (lymphoedema) of the leg on the operated side. If this happens, we will refer you to the lymphoedema service for advice and treatment. You may also have an increased risk of infection.

Are there any alternatives to this treatment?

Surgery is the best treatment if cancer has spread to the lymph nodes. However, if surgery is not possible then in selected cases, depending on the type of cancer, radiotherapy or chemotherapy might be of help.

What will happen if I do not have treatment?

Without treatment the cancer in the lymph nodes will continue to grow and it will spread to other parts of the body. The skin in this area may break down resulting in an open, painful wound with infection and bleeding.

What to expect following surgery?

- Inflammation (redness of the skin): this is a normal and harmless part of the wound healing process and can be confused with infection. It can be accompanied by warmth of the skin and also discomfort or pain which can be managed with regular painkillers.
- Wound breakdown: the cut in the groin sometimes opens up, widens and deepens. It can be alarming but will heal in time. You will need specialist dressings chosen by the plastic surgery team or tissue viability nurse in your area.
- Wound leakage: often these wounds become very wet, oozing clear fluid which often has a yellow or bloody tinge. The dressings may need changing two to three times a day to keep you dry and comfortable. Fluid loss will reduce in time and can happen regardless of when the drain is removed.
- Leakage around the drain: a small amount of leakage can be dealt with using dressings but if it is too high, a nurse may need to cut the drain shorter and place a stick-on bag over the top of the drain site to collect the fluid. Sometimes it is better to completely remove the drain and this will be decided by the plastic surgery team.
- Seroma (fluid-filled pocket): fluid that would normally be taken away by the lymph nodes can collect under the tissue to create a lump ranging in size from unnoticeable to a significant swelling the size of a small melon. The seroma can be soft and feel like a 'water bed' or hard to touch. It is often uncomfortable but most need no further treatment and will go in time but if it the seroma is too painful, puts pressure on the wound, is red, hot or you feel unwell then contact the plastic surgery department as soon as possible (contact numbers on the last page). You may need antibiotics or drainage of the seroma which is a painless procedure.
- High amount of drain fluid: if you still have drains, you may notice that a lot of fluid is coming out daily. Please continue to call the plastic surgery nursing office with your daily amount and, if the nurses are concerned, they will let you know if further treatment is needed.

As previously mentioned, these are common issues that can and do frequently occur after a groin dissection. However if you become unwell, feverish, the drain or wound oozes pus or you simply feel that something is not right, contact us straight away using the numbers below.

Long term care

Good care of the legs is essential at all times:

- Take extra care to avoid scratches and cuts to the leg and insect bites. If any of these happen, keep the wound clean, watch carefully for any sign of infection such as swelling, redness and marked pain and contact your doctor.

- Use an electric razor for shaving.
- Do not walk barefooted. Use comfortable shoes.
- Use the leg stocking (TEDs) regularly as advised.

We will ask you to a follow-up outpatient clinic at frequent intervals to monitor any side effects and to detect any possible recurrence of the cancer. You should also examine your groin area regularly every month. If you notice any swelling, please contact your doctor at The Christie urgently.

Contacts:

Plastic surgery nursing office 0161 918 7586
Monday to Friday 8am to 5pm (answer machine available)

Surgical oncology unit 0161 446 3860 or 3862

Consultant plastic surgeons (secretaries)

Mr D Mowatt	0161 446 3368
Mr D Oudit	0161 446 3375
Mr G Lambe	0161 918 7054
Miss V Giblin	0161 918 7054
Mr D Kosutic	0161 918 7054

After 5pm and at weekends: Phone 0161 446 3000 and ask the switchboard to bleep the on-call surgical doctor.

Further information:

- Your GP
- **Macmillan Cancer Support** has information on all aspects of cancer
Freephone 0808 808 00 00, open Mon-Fri 9am to 8pm.
Lines answered by specialist nurses.
www.macmillan.org.uk
- British Association of Plastic and Reconstructive Surgeons
www.bapras.org.uk

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☎ 0161 446 3000 www.christie.nhs.uk

Details of the sources used are available, please contact Patient.Information@christie.nhs.uk