

Urology department

Groin lymph node dissection surgery for penile cancer

Introduction

This information is for patients who need surgery to remove the lymph nodes in one or both groins. The operation is called groin lymph node dissection. The surgery is one of the treatments offered to men with cancer of the penis (penile cancer).

What are lymph nodes?

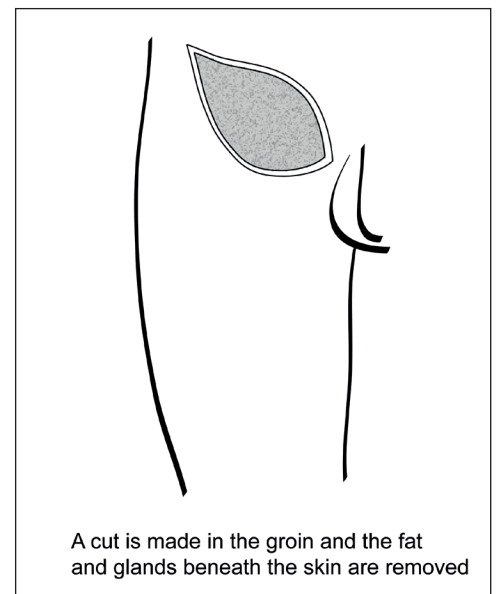
The lymphatic system is made up of vessels similar to blood vessels which carry the lymph fluid around the body. The lymph nodes or glands lie in groups along the vessels around the body, for example in the neck, armpits, abdomen (belly) and in the groins. Each group of nodes receives lymph fluid from a specific area of the body and helps to remove excess fluid from the body. The lymph nodes in the groin receive lymph from the lower half of the body.

The lymphatic system is also part of the body's immune system which collects infected cells. It also collects cancer cells that have broken away from the main tumour (cancer) and travel in the lymph fluid. This can cause swelling of the nodes. Sometimes this swelling can be seen on a scan or felt when a person is examined. Occasionally there can be cancer cells in the nodes which cannot be seen or felt.

What is a groin lymph node dissection?

Groin lymph node dissection is an operation to remove a chain or group of glands rather than a single node, together with the surrounding body tissues in that area.

If the lymph nodes are affected by cancer cells then treatment with surgery is usually recommended. Sometimes the specialist doctor may recommend removing the lymph nodes even when there is nothing abnormal on the scan or on examination, but there is a high level of suspicion that the lymph nodes could be involved.



Agreeing to treatment

The surgeon will have explained the operation and why you need it. The information in this booklet is a permanent record of what has been explained. We advise you to read the booklet before you sign the consent form which states that you are prepared to go ahead with the operation.

Consent to treatment

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

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.

What are the benefits of treatment?

By removing the lymph nodes in the groin it is hoped that all the remaining cancer cells will be removed from the body.

What are the risks of the operation?

There are complications that can occur after any operation. These potential risks include:

- bleeding
- chest infection
- wound infection
- blood clots in the lower leg (deep vein thrombosis (DVT) which could pass into the lungs and cause Pulmonary Embolus (PE))
- poor healing of the wound due to the position of the scar and the area in which it is located
- formation of a lymphocele (a collection of lymph fluid within a thick wall)
- altered sensation in the upper thigh.

A specific risk of this operation is the possibility of developing **lymphoedema**. This is when the lymph fluid does not fully drain away from the tissues in the legs causing swelling as the excess fluid builds up. Sometimes there may be numbness and discomfort caused by the swelling. The skin on the legs also becomes more prone to infection.

Are there any alternatives to the operation?

A multidisciplinary team (MDT) of health professionals including surgeons, oncologists (cancer doctors), radiologists, pathologists and nurses will have discussed your case before offering you this operation. It is felt that this is the best course of treatment for you.

There are however other treatments that might be offered to you such as radiotherapy or chemotherapy and the team can discuss these with you.

What will happen if I do not have the operation?

It may be possible to offer you medical treatment as an alternative to an operation. However, if you do not have any treatment for the cancer it will continue to grow. If nothing is done to stop the growth of the cancer then it could spread to other parts of the body which would then make it difficult to offer any treatment to cure the cancer.

What exactly is done at the time of the operation?

A long cut is made in the groin to allow the surgeon to remove the lymph nodes and surrounding body tissue. You will have dissolvable stitches in your wound so these do not need to be removed. A narrow plastic tube will also be put in the wound to drain away excess lymph fluid in the first few days after the operation. The drain will be left in place until there is only a small amount of fluid coming out. This can mean that the drain needs to stay in for anything from 3 days to three weeks. If the drain does have to stay in for over three days it may be possible to let you go home with it in. We will ask you and the district nurse to monitor how much comes out of the drain each day. We will arrange for the tube to be removed when it is safe to do so.

How will the operation affect me?

As mentioned earlier there is a possibility that the surgery may cause swelling (lymphoedema) in your legs. As it is impossible to know who will and who won't develop this condition after surgery, we advise everyone to follow the advice in the section at the back of this leaflet.

Further information on lymphoedema is available from the cancer information centre.

Admission to hospital for your operation

About a week before the operation we will ask you to attend the pre-admissions clinic at The Christie when the nurse practitioner or doctor will check that you are prepared for the operation. The visit will include blood tests along with an examination of the chest, heart and abdomen. They will ask you questions about your general health, other previous illnesses and any medication or tablets you are taking. There will be an opportunity for you to ask questions or raise concerns at this time.

You will be invited to take part in the Enhanced Recovery After Surgery programme (ERAS+). Taking part in this programme can help reduce the risk of surgery related complications and get you back to your normal activities as soon as possible. It will help you to understand what you can do to improve your health and fitness before you have your operation, what to expect when you are in hospital and how to continue your recovery at home.

You will be admitted on the day of surgery or the day before the operation. On the ward, you will meet some of the staff who will be looking after you during your stay in hospital. The ward staff will tell you about the ward routine and show you round.

You will be started on blood-thinning injections to help prevent blood clots. You will also be asked to wear a pair of anti-embolism stockings to help your circulation.

About 4-6 hours before the operation we will ask you to stop eating and drinking (this includes chewing gum), apart from water which you can drink up to 2 hours before the operation.

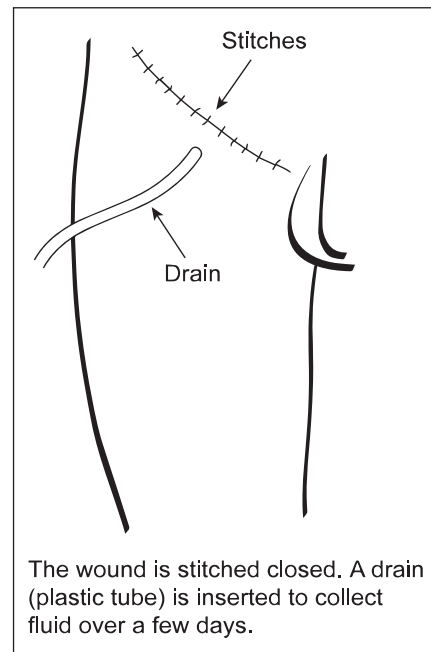
After your operation

From the theatre you are taken to the recovery room. When the theatre staff feel that you are ready you will be taken back to the ward. When you get back to the ward you will be able to eat and drink when you feel able.

How will I feel after my operation

There will be some tenderness and aching in the groin particularly when you start to move out of bed. You may also notice some patchy numbness at the top of your thighs which is normal.

Painkilling tablets will be offered to you on a regular basis as it is important that you feel as comfortable as soon as possible after the operation.



Preparation for home

When the wounds appear to be healing and the drains have been removed (or when there is agreement for you to go home with the drains in) arrangements will be made for you to go home.

The ward nurses will arrange for a district nurse to visit you at home.

We will give you a letter for your GP and you should have a week's supply of any medication that you have been prescribed, and up to 28 days of blood-thinning injections.

Who to contact in case of illness

When you are at home if you or your district nurses are concerned about the wound, please contact The Christie Hotline on **0161 446 3658** for advice, and they will get in touch with the team who are looking after you if necessary.

Your key workers at The Christie are the Macmillan urology clinical nurse specialists:

Jane Booker	0161 446 8018
Steve Booth	0161 918 2369
Sharon Capper	0161 446 3856
Helen Johnson	0161 918 7000
Cath Pettersen	0161 918 7328

Follow up after a lymph node dissection

We will ask you to return to the outpatient department for follow-up visits. The first appointment will usually be about ten days after surgery if you still have a drain in place, and around four weeks after your discharge home for the results of the surgery (histology report) on the lymph nodes removed at the time of the operation.

Instructions for care of your leg after surgery to the groin

After surgery or radiotherapy to the groin area there is a risk of developing lymphoedema or swelling of the leg.

It is difficult to predict who is likely to develop it. However, some patients have been known to develop lymphoedema after sustaining an injury such as a cut or scratch to the leg or after undergoing an activity which increases the circulation in the leg. You should therefore be more careful of the leg on the side you have had surgery for the rest of your life.

- Be careful with pets to avoid getting scratched on your leg.
- Try to avoid getting bitten on your legs by insects. Use an insect repellent and cover your legs up when in vulnerable areas.
- Do not shave your legs with a wet razor or wax them. Use a cream or an electric razor.
- Avoid sunburn. Wear a strong factor sun screen.
- Do not wear anything too tight which restricts your circulation e.g. tight socks.
- Do not have your blood pressure taken, blood tests, acupuncture or injections including inoculations in your affected leg.
- Avoid extreme temperatures, for example: hot bath, shower, sauna or hot wax treatments.
- Avoid being overweight – eat a healthy diet.
- Avoid standing still or sitting with your feet down for long periods. If you have to stand still, try getting up and down to maintain the circulation of fluid.
- Dry between your toes properly.

- If you ever get a cut or scratch (even a tiny one) on your foot or leg, wash it with soap and water and put an antiseptic cream, such as Savlon, on it to prevent infection. Keep an eye on it. If it becomes red and infected, go to your GP to get some antibiotics to get rid of the infection quickly.
- If your leg swells, contact your GP or a physiotherapist who is used to dealing with lymphoedema, to get treatment.
- Most people return to all the activities they used to do before their surgery. Use common sense and remember that 'little and often' is better than doing too much at any one time.

Further information

Macmillan Cancer Support

This is a national cancer information charity which runs a cancer information service. The cancer support freephone number is **0808 808 0000** (Monday to Friday, 9am - 8pm). If you are hard of hearing, use the text phone **0808 808 0121**. If you are a non-English speaker, interpreters are available. You can speak to trained cancer nurses who can give you information on all aspects of cancer and its treatment. Information and advice about benefits is also available www.macmillan.org.uk

Relate

For counselling, therapy and relationship advice www.relate.org.uk

The cancer information centre at The Christie Tel: **0161 446 8100**

Maggie's centres

The centres provide a full programme of practical and emotional support including psychological support, benefits advice, nutrition and headcare workshops, relaxation and stress management:

Maggie's Manchester

Contact Maggie's on **0161 641 4848** or email manchester@maggiescentres.org
The Robert Parfett Building, 15 Kinnaird Road, Manchester M20 4QL

Maggie's Oldham

Contact Maggie's on **0161 989 0550** or email oldham@maggiescentres.org
The Sir Normal Stoller Building, The Royal Oldham Hospital, Rochdale Road, Oldham OL1 2JH

If you need information in a different format, such as easy read, large print, BSL, braille, email, SMS text or other communication support, please tell your ward or clinic nurse.

We try to ensure that all our information given to patients is accurate, balanced and based on the most up-to-date scientific evidence. If you would like to have details about the sources used please contact patient.information@christie.nhs.uk

For information and advice visit the cancer information centres at Withington, Oldham or Salford. Opening times can vary, please check before making a special journey.

Contact The Christie Hotline for
urgent support and specialist advice
The Christie Hotline: 0161 446 3658
Open 24 hours a day, 7 days a week

