

Urology department

Video Endoscopic Inguinal Lymph Node Dissection (VEILND) for penile cancer patients

Introduction

This information tells you about what happens when you come for a Video Endoscopic Inguinal Lymph Node Dissection (VEILND) under a general anaesthetic. It explains what is involved and the benefits and risks. It may make you think of things you would like to discuss with your doctor/s.

What are lymph nodes?

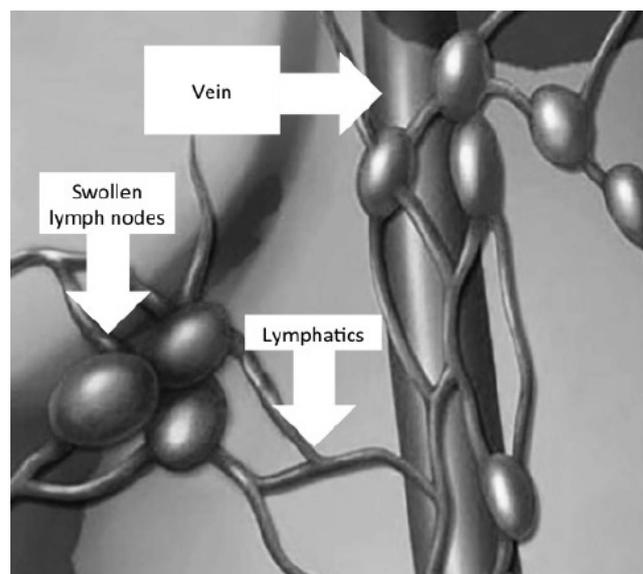
The lymphatic system is made up of hollow tubes similar to blood vessels called lymphatics which carry the lymph fluid around the body. The lymph nodes or glands lie in groups along the blood vessels around the body, for example, in the neck, armpits, abdomen (belly) and in the groins. Lymph nodes and lymphatics have a number of roles including:

- **Removing excess fluid from different areas of the body**

For example, the legs are drained by the lymph nodes in your groin.

- **Immunity**

Lymph nodes have an important role in fighting infections. Many of the cells that help fight infections live in lymph nodes.



Why do I need to have the lymph nodes in my groin removed?

Lymph nodes also collect 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 lymph nodes that cannot be seen or felt.

If cancer cells affect the lymph nodes then 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.

It is important to remove affected lymph nodes to prevent further spread of the disease and remove any cancer that remains. In some circumstances where the cancer has spread further than the groin your team may offer you more surgery, chemotherapy and/or radiotherapy.

What is VEILND and how is it performed?

VEILND is a 'keyhole surgery' operation to remove a chain or group of glands rather than a single lymph node, together with the surrounding body tissues in the groin. Previously this operation was performed through a large incision in the groin; however VEILND uses smaller incisions to reduce the risks of complications.

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 this information sheet before you sign the consent form which states that you are prepared to go ahead with the keyhole surgery.

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 VEILND?

VEILND is a relatively new procedure, however is being used more and more for different cancers that need the lymph nodes removed from the groin. The benefit of removing the lymph nodes with VEILND may be lower (between 20%-30%) compared with between with an open incision (between 20%-80%).

When compared to an open operation, VEILND has the following potential benefits:

- reduced lymphoedema (swelling)
- reduced wound problems
- shorter hospital stay
- better cosmetic outcomes
- potentially early treatment with chemotherapy and or radiotherapy if required

What are the risks of VEILND?

All patients who undergo surgery have a risk of developing a complication. There is a small chance that despite the surgery the cancer in your groin returns. This may require further treatment. These may include:

- **Lymphocele (1 in 4 people)**

A lymphocele is a collection of lymph fluid in the groin. This often resolves or is small. In rare cases it can be large enough to impact on your mobility. You may require a needle to be placed into it and the fluid removed several times before it disappears.

- **Conversion to an open operation (less than 1 in 14 people)**

In certain rare circumstances where there is bleeding that cannot be controlled during the operation, or there is concern that it is not possible to complete the operation safely your surgical team may elect to make an incision in your groin and complete the operation in the traditional open method. We will discuss this with you after your operation if this is the case and explain the reasons why.

- **Bleeding/haematoma (less than 1 in 20 people)**

You may find that after your operation you may have some mild bruising around the wound sites. There is a very small chance that during or after your operation there is significant bleeding. This might require further surgery to stop it depending on the individual situation.

- **Wound and skin complications (1 in 20 people)**

The small wounds may open up and in rare cases the skin overlying the tissue that has been removed may lose its blood supply. As a consequence the skin in that area may turn black and you may need further treatment or dressings to deal with it.

- **Infection (1 in 20 people)**

As the procedure is performed by keyhole surgery, the tissues have less exposure to potential bacteria. If you get a wound infection then it is likely you will need antibiotics and in rare circumstances another operation to drain any infected fluid.

- **Lymphoedema (1 in 33 people)**

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.

- **Anaesthetic issues (1 in 50 - 1 in 250)**

This can include chest infections, pulmonary embolism, strokes, deep vein thrombosis, heart attacks and death.

- **Femoral nerve injury (extremely rare)**

The femoral nerve runs very close to the lymph nodes that are removed. There have been a small number of reported cases where this has been damaged both in VEILND and traditional surgery. This can leave you with difficulty in walking including weakness in the knee such that it can buckle when climbing stairs. You may also experience numbness on the inside of your leg and calf. This can be either temporary or permanent.

What other options do I have?

A multidisciplinary team (MDT) of health professionals including surgeons, oncologists, 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. The alternatives may include:

- **Open inguinal lymph node dissection**

You may want to consider an open operation. More information on this can be provided on request or found at the end of this document.

- **Chemotherapy and/or radiotherapy**

There are other treatments that might be offered to you such as radiotherapy or chemotherapy which may be used in specific circumstances and the team can discuss these with you.

- **No action and observation**

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 can I expect before, during and after my surgery?

Before surgery

About a week before the operation, we will ask you to attend the hospital for 'pre-op clerking'. This is where a 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. The pre-assessment nurses will take a urine specimen to ensure that you do not have a urinary tract infection and they will also take some swabs from your nose, mouth and groin. This is to ensure that you are free from infection prior to your surgery.

If you are diabetic it is important to get your diabetes as well-controlled as possible to reduce the risk of infections and aid with your recovery.

Before the operation we will ask you to stop eating and drinking (about 4-6 hours beforehand), apart from water that you can drink up to 2 hours before the operation.

You will be admitted on the day of the operation when you will meet some of the staff who will be looking after you during your stay in hospital. The ward staff will familiarise you with the routine of the ward and show you where the facilities are.

During the surgery

You will be given a general anaesthetic, so you will be asleep during the procedure.

Your groins and the surrounding area will be shaved. Your leg will then be marked with a permanent marker pen and three small cuts made in your leg to allow the ports (small devices installed temporarily in the skin) to be placed to allow the surgical instruments to be inserted. The tissue is then cut out and removed via one of the incisions.

A catheter (plastic tube) may be placed in the water passage (urethra) to drain urine from the bladder for 24 hours whilst the wound heals.

A drain will be inserted into your leg at the end of the operation to prevent any fluid build-up and prevent any blood pooling in the wound.

You will have small dressings over the 3 wounds.

After your surgery

When you come out of theatre you will be taken to the recovery area. The staff will monitor you to make sure your condition is stable then you will be ready to go back to the ward. When you get back to the ward you will be able to eat and drink.

Painkillers will be offered to you on a regular basis, as it is important that you feel as comfortable as possible after the operation. You will be able to get up and move around the ward as soon as you feel comfortable.

The team will come and review you on the ward round between 8:00am and 9:00am (except Wednesdays when they come between 9:00am and 10:00am) to ensure that you have no issues and you are healing well. They will check your drain to see how much fluid it has collected.

Your drain will stay in until the team are happy to remove it. It is likely that you will go home with the drain(s) still in but the team will advise you on how to care for them prior to your leaving.

You will get injections in your tummy every evening to thin your blood and reduce the risk of deep vein thrombosis and pulmonary embolism. You will need these injections for 28 days in total including after you have been discharged. We will show you or a family member how to do this whilst you are with us. You will need to wear the T.E.D. (thrombo embolic deterrent) stockings provided to you unless there is a specific medical reason not to.

The majority of patients stay between 1 and 3 nights; however if there are any concerns we may ask you to stay longer to ensure your safety and success of your operation.

What should I do once I am discharged home?

Pain

Following your surgery you may experience some discomfort. When at home please take the painkillers provided to you by the hospital pharmacy regularly, as directed on the packet. Do not exceed the stated dose. You should notice that the pain seems to settle after the first 3 to 7 days after the surgery. If you find that it persists after this please contact your GP.

Dressings

The ward nurses will arrange for a district nurse to come and visit you at home after your surgery to monitor your progress and ensure that your wounds have healed.

Please try and keep your wounds as clean and dry as possible. You can shower the day after surgery in the evening but advise that you do not soak for long periods until the wounds are completely healed. Try and avoid getting soap on the wounds, which can cause some irritation.

If the wounds get wet carefully dry them by patting with gauze but do not rub. Please do not touch the wounds with your hands unless they have been thoroughly washed.

Drains

If you have gone home with a drain in we will ask you to carefully measure how much it is producing over a 24 hour period and keep an accurate record. It is best to measure the amount drained at the same time every day (usually first thing in the morning). The nursing team at The Christie will keep in close contact with you and advise you whether the drain should come out or not. It may be possible for the district nurse to remove the drain under our advice. However this is not always the case and so you may have to return to The Christie for this to be done. (For more information please see The Christie information leaflet 'Going home with drains inserted').

Antibiotics

You will not routinely be given antibiotics to take home following your operation unless there is a compelling reason to.

Stitches

All the stitches used in your operation are dissolvable and do not need removing. They can take up to 6-8 weeks to completely dissolve.

Work

You will need approximately 6 weeks off work. We will provide you with a sick certificate if required. Please note you can self-certify for the first week.

Outpatient appointment

You will be seen in clinic 10-14 days after your surgery to review your drain. If it has already been removed we will see you in 2-3 weeks to review your wound and discuss with you the results of the surgery and if any other treatments are required.

How can I reduce my chances of developing lymphoedema?

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: a 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.

What should I look out for after my operation?

Please contact your clinical nurse specialist or your medical team using the contact details provided below, if you experience any of the following:

- persistent bleeding from the wound sites
- pain which is not controlled by the painkillers prescribed
- a fever of 100°F (37.5°C) or higher
- swelling, redness and/or discharge from the wound
- black areas in the skin

Out of hours, please contact The Christie Hotline on **0161 446 3658** for urgent support and specialist advice, your GP, or nearest accident and emergency (A&E) department.

Who can I ring if I have any problems?

Administration queries only

Mr Lau secretary	Vivienne Flanagan	0161 446 3364
Mr Parnham secretary	Susan Burke	0161 446 3358
Mr Sangar secretary	Michelle Rose	0161 446 3363

Medical queries

Macmillan urology clinical nurse specialists (8:00am – 4:00pm)	Jane Booker	0161 446 8018
	Steven Booth	0161 918 2369
	Sharon Capper	0161 446 3856
	Helen Johnson	0161 918 7000
	Catherine Pettersen	0161 918 7328

The Christie switchboard

Ask for surgical registrar on-call (out of hours only) **0161 446 3000**

The Christie Hotline (out of hours only) **0161 446 3658**

Surgical oncology ward **0161 446 3860**

Further information

General information on penile cancer:

patients.uroweb.org/

www.baus.org.uk/

Christie information

Groin lymph node dissection – surgery for penile cancer (515)

Macmillan Cancer Support

This is a national cancer information charity which runs a cancer information service. You can speak to trained cancer nurses who can give you information on all aspects of cancer and its treatment.

The freephone number is **0808 808 0000** (Monday to Friday, 9am-8pm). If you are hard of hearing, use the textphone **0808 808 0121**. If you are a non-English speaker, interpreters are available.

www.macmillan.org.uk

Cancer Research UK

Cancer support and research charity. Freephone **0808 800 4040** (Monday to Friday, 9am-5pm)

www.cancerresearchuk.org

Maggie's Manchester

The centre provides a full programme of practical and emotional support, including psychological support, benefits advice, nutrition and head care workshops, relaxation and stress management. Contact Maggie's on **0161 641 4848** or email manchester@maggiescentres.org. Situated near the hospital at The Robert Parfett Building, 15 Kinnaird Road, Manchester M20 4QL

What if I don't understand some of the words used in this leaflet?

Below we have listed some of the words that have been used in this leaflet that may be unfamiliar. If there is something which isn't included in this list then please let us know and we will be more than happy to explain it to you. We would rather you feel happy that you understand something prior to the operation.

Catheter

A hollow flexible tube which is used to insert or drain fluids from the body. In urology, catheters are generally used to drain urine from the bladder.

Deep vein thrombosis

A clot in the veins in your legs. This can spread to the lungs causing a pulmonary embolism.

Drain

A tube which is placed into the wound which allows fluid including blood to escape and prevent build up in the tissues.

Keyhole surgery or laparoscopic surgery

A minimally-invasive surgical technique in which the surgeon does not need to cut through skin and tissue. Instead, the surgeon inserts the surgical instruments through small incisions in your abdomen.

Laparoscopically

See keyhole surgery or laparoscopic surgery.

Port

A small device installed in the skin through which the surgical instruments can be inserted.

Pulmonary embolism

A clot in the blood vessels of the lungs. This can lead to you developing shortness of breath and put a strain on your heart. In severe cases it can be life threatening. You will be given injections into your tummy to thin your blood and asked to wear stockings to reduce the risk of this happening.

Urinary tract infection

A urinary tract infection is an infection in any part of the urinary system: the kidneys, ureters, bladder or urethra.

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

