

Having Retroperitoneal Lymph Node Dissection (RPLND)

Department of Urology

Information for patients

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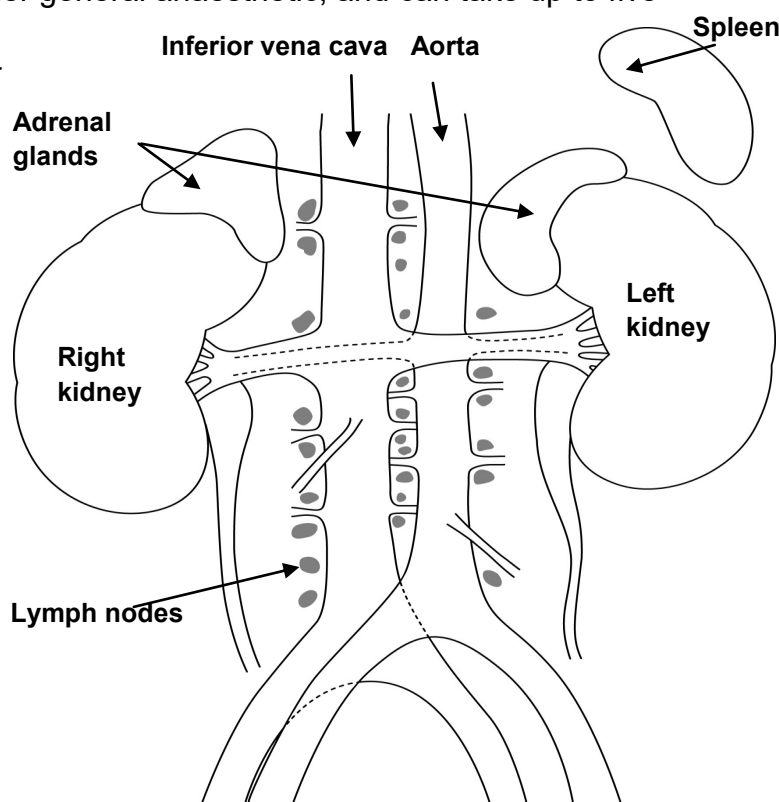
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What is RPLND?

You have probably already had an operation and treatment for your testicular cancer. However, your consultant has recommended that you have further surgery, called a retroperitoneal lymph node dissection (RPLND). This is a highly specialised operation only carried out in a few cancer centres.

This is a major operation to remove enlarged lymph nodes found at the back of the abdomen (tummy). The operation is performed under general anaesthetic, and can take up to five hours. An incision (cut) is made from just below your breastbone to just below your navel (tummy button). Some patients may be able to have this operation carried out robotically. This is a form of keyhole surgery with small incisions. This is a relatively new approach and is only suitable for smaller lymph nodes. Your consultant will advise if this is suitable in your case and mean less time in hospital and a quicker recovery, in the absence of complications.

Your intestines and other organs are gently lifted out of the way, so that the lymph nodes at the back of the abdomen can be clearly seen. The extent of surgery will depend on the results of your CT scan. The surgeon will also look for signs of anything else 'suspicious'.



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Why do I need this operation?

The CT scan you had after your chemotherapy treatment showed some enlarged lymph nodes in your abdomen. A small proportion of men (about one in ten) with enlarged nodes have an aggressive form of cancer remaining after the chemotherapy and surgery. In about two in five men with enlarged nodes, a less aggressive form of cancer remains. Even if the enlarged lymph nodes in the abdomen are benign (not cancer) there is a chance that if they are left there they will either begin to grow or change back into another cancer. It therefore makes sense to remove enlarged lymph nodes and examine them more closely under the microscope. There is no way to remove these except by performing surgery.

What are the possible risks?

As with all operations, there are associated risks. These include:

- **Chest infection** - you will be under the anaesthetic for a long time (up to five hours), and you may have a long incision if the operation is open. Your breathing may be shallower, and this could increase your risk of getting a chest infection. The physiotherapist will visit you after your operation and give you advice about exercises to reduce the risk of chest infection.
- **Wound infection** - if you develop a wound infection it may require treatment with antibiotics.
- **Deep Vein Thrombosis (DVT)** - This kind of surgery has a risk of blood clots in the leg veins, which occasionally travel to the lungs and cause difficulty breathing (pulmonary embolus). Heparin (blood-thinning) injections will be given to you, starting soon after the operation, to minimise the risk.
- **Blood loss** - the affected lymph glands are usually stuck to the major blood vessels in the abdomen or kidney. Therefore this surgery may lead to significant bleeding which may mean that you need a blood transfusion.
- **Breathing difficulties** - the chemotherapy that you have had may have affected your lungs. Occasionally this will mean that you need to be looked after in the Intensive Therapy Unit (ITU) immediately after your operation.
- **Infertility** due to failure to ejaculate - during the operation there is a risk that the surgeon may have to remove some of the nerves that control your ability to ejaculate in the normal way. You will still be able to get an erection and have an orgasm, but the fluid (semen) that usually comes out of your penis will no longer do so. This is known as a 'dry orgasm'. It is not harmful and the semen will be flushed away with your urine when you next pass water. However, it means it is highly unlikely that you will be able to father a child in the natural way. Your doctor or nurse will discuss sperm banking with you, if you have not already done this.
- There is a one in twenty risk that one of your kidneys may need to be removed. Your surgeon will discuss this with you further.

You will have time to discuss all these risks with the doctors and nursing staff before you consent to your operation.

What do I need to do before my operation?

You will be seen in a pre-assessment clinic at some time before your operation. At this appointment the nurse will fill in your admission forms, and provide you with more information about your operation.

You will be told about the consent form that you will be asked to sign when you come in on the day of your operation.

This appointment is a good time to for you to ask any questions you may have.

Depending on your general health and your age, you may have some tests carried out. These will be discussed with you as necessary and may include an ECG (heart tracing) and blood tests.

What happens when I arrive on the ward?

On arrival please report to the ward receptionist situated within the ward area.

How am I prepared for my operation?

Before you have your operation the anaesthetist will visit you and discuss your anaesthetic and the pain control you will require after your operation.

You will have been told when you should stop eating and drinking.

You will need to take a bath or shower before your operation. You will then be asked to dress in a clean theatre gown.

Your nurse will then complete a checklist of questions before you leave the ward to go to theatre.

What happens after my operation?

Following your operation, you may go to the High Dependency Unit where you will be cared for until you are ready to go back to the ward.

You will have:

A urinary catheter

This is a tube which goes into your bladder and drains the urine out into a bag.

An oxygen mask

You may need to wear a small mask over your nose and mouth for a few hours, to ensure your body is receiving plenty of oxygen. In some cases, oxygen is given using a small plastic tube that sits in your nostrils.

A naso-gastric tube

This is a fine tube that is passed through your nostril into your stomach while you are under the anaesthetic. You will need this to drain away fluid that collects in your stomach while your bowel is not working (see below for more information).

A drip (an intravenous infusion)

This may be in your neck, hand or arm. It replaces any fluids that you may have lost during surgery or by fasting. You may also have a blood transfusion.

What happens after my operation?

Pain relief

You will have some form of pain relief. This may include thin catheters (tubes) that drip local anaesthetic into the area around your wound, or an epidural. This will be explained to you before your operation. If you need more information, please ask to speak to a member of the Pain Team.

A wound

You will have a wound on your tummy, (if robotic some small wounds and a larger incision) . The wound will usually be closed using a stitch under the skin which does not need to be removed. Occasionally clips are used which are removed ten days after surgery.

Prolonged bowel inactivity

To get to the lymph nodes your surgeon will have had to move your bowel out of the way. It can take a little time for the bowel to return to normal, and this may mean that you are not allowed to eat or drink for a few days, or, in some cases, longer. You will be given nutrients through your drip.

What happens when I go home?

Exercise

You should avoid excessive exercise for about two to four weeks. You should not do any heavy lifting or gardening for six weeks.

Driving

You should not drive until you can safely carry out an emergency stop without it causing you pain. This will usually be four to six weeks after your operation.

Return to work

This depends on the type of work that you do, but as a general rule you will probably need about six weeks off work. However, if your job involves manual work, then you will need about twelve weeks off. Your consultant will advise you further about going back to work.

Sex

When you feel ready you can resume sexual activity. Please discuss any worries that you may have with your consultant or nurse.

If you or your family have any questions or concerns following discharge, please do not hesitate to contact the ward, where a member of staff can answer any questions you may have.

Follow up

We will give you an appointment to attend the outpatient department to see a member of your surgical team about six weeks after your operation. At this appointment we will be able to give you the results of the laboratory findings from the lymph node specimens that were removed during your operation.

You will also receive appointments to attend the oncology follow-up clinic.

You may want to bring a friend or relative to these appointments.

Further information

This booklet has been designed to answer many of your questions, but of course you may have others.

If you have any questions you would like to ask before you come into hospital, you can contact the specialist nurses or the ward directly, using the numbers below:

Urology Oncology Nurse Specialists (Key Workers)

Telephone: 0116 258 4637 (Monday to Friday 9:00 am to 4:30 pm)

Outside these hours:

Urology Emergency Admissions

Telephone: 0116 258 4247

Other sources of information and support

Macmillan Information and Support Centre

Telephone: 0116 258 6189

Email: cancerinfo@uhl-tr.nhs.uk

Website: www.leicestershospitals.nhs.uk/cancerinfo

Orchid

National male cancer helpline: 0808 802 0010

Website: www.orchid-cancer.org.uk

Macmillan Cancer Support

Freephone: 0808 808 00 00

Website: www.macmillan.org.uk

Cancer Research UK

Freephone: 0808 800 4040

Website: www.cancerresearchuk.org

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