



# Having an axillary node dissection

**Breast Care Centre** 

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Information for Patients

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## What is an axillary node dissection?

This is an operation performed under a general anaesthetic (whilst you are asleep) to remove the lymph nodes in your affected armpit (axilla).

## Why has this operation been recommended?

Your doctor has recommended this operation because cancer cells have been found in one or more of the lymph nodes in your armpit. The aim of this treatment is to remove the cancer present in the lymph nodes in this area.

The operation usually takes 1½ to 2 hours to complete.

# What does this operation involve?

Your surgeon will make a cut (incision) in your axilla. If you have had previous lymph node surgery, the same incision may be used. The lymph nodes are removed with some surrounding tissue. This is sent off to the laboratory to be examined under the microscope. You may have a surgical drain bottle to drain away excess fluid for a few days.

# Health information and support is available at www.nhs.uk or call 111 for non-emergency medical advice

Visit www.leicestershospitals.nhs.uk for maps and information about visiting Leicester's Hospitals To give feedback about this information sheet, contact InformationForPatients@uhl-tr.nhs.uk



### What are the risks involved?

As with any operation, complications can occur.

#### These include:

- Anaesthetic complications the anaesthetist will discuss these with you on the morning of your surgery.
- Bleeding blood transfusion is occasionally required during or after surgery.
- Bruising at the operation site.
- Infection this may require treatment with antibiotics
- Deep vein thrombosis (DVT). There is a risk of developing blood clots in your leg veins, these can occasionally travel to the lungs and cause breathing difficulty (pulmonary embolus). To reduce the risk, you may have an injection in your stomach and/or special socks to wear. You will also be encouraged to get out of bed soon after your surgery.
- Numbness and pain, you may feel a burning sensation in and around your armpit, around to your back, and arm. You may feel tingling and pins and needles. This is due to nerve damage and usually settles. In some cases these may be permanent.
- Pain to armpit: You will be offered strong pain relief tablets to take whilst you are in hospital and you may be given a supply to take home. You may wish to purchase simple paracetamol to continue at home as we no longer supply these, follow the instructions on the pack and do not exceed the stated dose. This pain should settle after a few weeks.
- Shoulder stiffness: you may get some stiffness in your shoulder. This should steadily improve with exercise. You will be given information and a leaflet about appropriate arm exercises to do after the surgery. It is important to do these exercises. Occasionally some patients have restricted arm movement (frozen shoulder) following surgery. If this is the case your surgeon or specialist nurse will refer you for physiotherapy.
- Seroma: this is a collection of fluid that may form under the wound after your drain has been removed. If this happens, you may need this to be drained away by the specialist nurse in the seroma clinic. This may settle by itself. You will be given a leaflet about seromas.
- Cording: some people develop a tight 'cord' of tissue under the skin which can start at the
  armpit and may extend down the arm. This can cause pain and restrict arm movements.
  Stretching the 'cord' can improve the symptoms. It usually gets better physiotherapy, exercise
  and massaging the area. Your Specialist Nurse can refer you to physiotherapy if it does not
  resolve.
- Lymphoedema this is a swelling caused by a build-up of lymph fluid in the surface tissues of the arm and can include the hand and fingers. It can also affect the breast, chest, shoulder or the area behind the armpit. This may develop soon after surgery, months or years after your treatment and may be triggered by infection or injury to the arm. Lymphoedema is a long-term condition that can be controlled but is unlikely to go away completely. If most of your lymph nodes are removed then your risk of developing this increases. Your Specialist Nurse will explain what you can do after surgery to help reduce your risk and provide a booklet about this.





Patient Information Forum

## How long will I be in hospital?

You usually go home the same day but some people spend one night in hospital. You will be assessed before you go home to make sure it is safe for you to do so.

If you have a wound drain you will go home with this in place. The ward nurse will advise you on how to care for this at home and will arrange for you to come back to the ward to have it removed. The ward nurse will also advise you about wound care and tell you when the dressing can be removed.

## How will I be followed up?

All the tissue removed will have been sent for analysis. The results will be discussed by the team of healthcare professionals looking after you. This team is called the multidisciplinary team (MDT).

You will be sent an appointment to attend the out-patient clinic a few weeks after your operation, so that we can inform you of the results and any more treatment you may require. This appointment may also be done by telephone so you do not need to attend in person.

### **Contact details**

## How to contact the Breast Ward 34

Tel: 0116 250 2490

The surgical breast ward is open Monday to Friday (except Bank Holidays). There is a clinic on Saturday Mornings. Please contact for advice and queries on wounds, dressings and drains.

## **How to contact the Breast Specialist Nurses**

Tel: 0116 250 2513

The specialist nurse team are available from Monday to Friday, between 9:00 am and 4:00 pm, (except Bank Holidays) for advice and support

An answerphone service is available but messages are only listened to during office hours. Therefore please do not leave emergency messages.

We aim to get back to you within 24hours but this may take longer during busy times.

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If you would like this information in another language or format such as EasyRead or Braille, please telephone 0116 250 2959 or email equality@uhl-tr.nhs.uk



Previous reference: