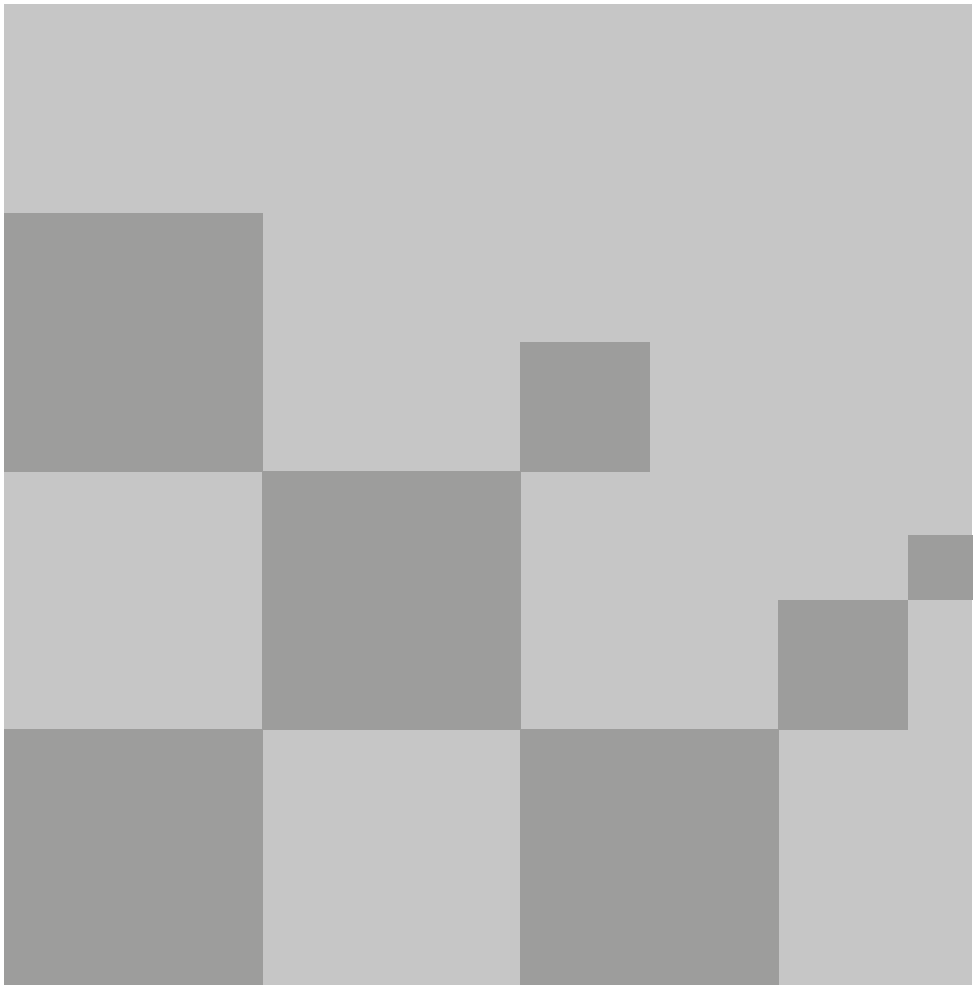


Groin Dissection

Information for patients



Introduction

This booklet has been written to give you information about having surgery to remove the lymph glands in your groin. It has been compiled by experienced staff, as well as patients, and answers the most frequently asked questions.

This information is only a guide. Your healthcare team will give you more detailed information as you need it. They are also happy to answer any questions and address any concerns you may have. We hope that you and your family will find this information both reassuring and supportive.

What is a lymph node?

A lymph node is part of the body's lymphatic system. The lymphatic system is a network of vessels that carry a clear fluid called lymph around the body. Lymph vessels lead to lymph nodes. Lymph nodes are small, round organs that trap cancer cells, bacteria, or other harmful substances that may be in the lymph. Groups of lymph nodes are found in the neck, armpit (axilla), groin (inguinal), pelvis (iliac), chest and abdomen.

How do cancers spread?

Skin cancers such as melanoma and squamous cell have the ability to spread to other parts of the body; these are called metastases or 'secondaries'. Cancers spread in different ways. The majority of skin cancers spread via the lymph system. If the cancer has been 'caught' by a lymph node it can grow and multiply within the node. In time it can spread to the next node down the chain and so on.

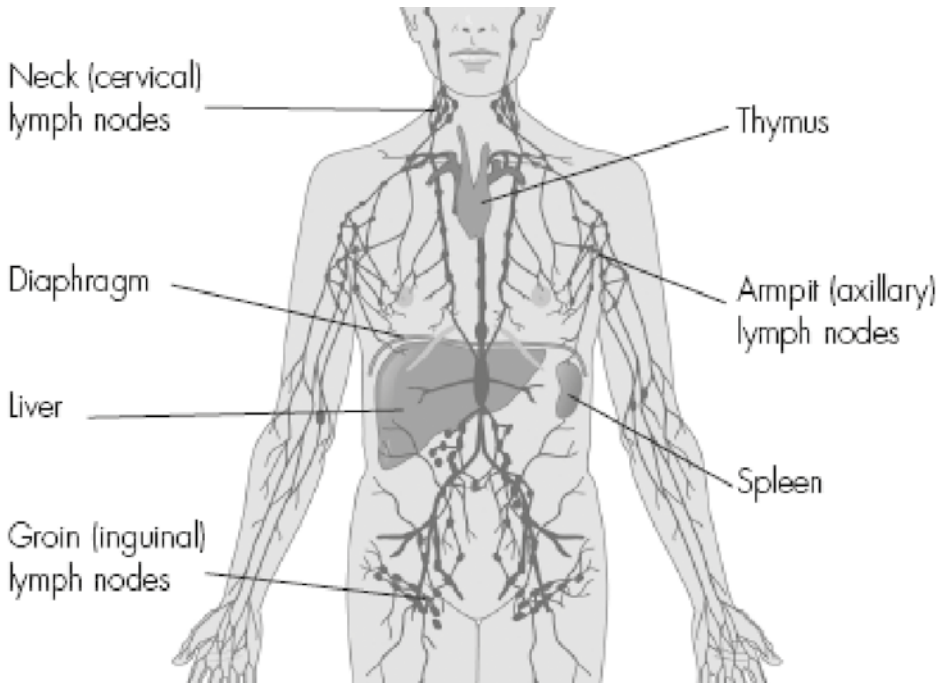


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Cancers can also spread to other parts of the body in the blood stream. These can be detected by CT (Computerised Tomography) scans of your body.

What is a groin dissection?

Groin dissection is the name for the operation that removes all the lymph nodes in your groin, as well as the surrounding fatty and connective tissue. The aim of the operation is to prevent the cancer from returning in your groin and stop it from spreading elsewhere. The operation is performed under general anaesthetic, which means you will be asleep throughout.

All the tissue from the operation is sent to the pathology department where it is analysed under a microscope. The results will be explained to you in an outpatients appointment two weeks after the operation.

What will happen before the operation?

We will ask you to come to the pre-operative assessment clinic. At this appointment, the nurse will check your weight and blood pressure. We will also ask you about your medical history and any medications that you may be taking. You will have blood tests and may also have an ECG (electrocardiogram) to measure the activity of your heart, as well as a chest X-ray.

The day of your operation

On the morning of your operation you will need to come to the ward where you will be admitted by the nurse. Please remember to follow any instructions on when to stop eating and drinking. These instructions will have been given to you at your pre-operative assessment appointment.

The anaesthetist (the specialist doctor who gives you the anaesthetic that sends you to sleep) will see you and explain the anaesthetic to you. Your surgeon will also come to see you to go over the details of the operation and the risks and benefits. Your surgeon will then ask you to sign the consent form to say that you are happy for the operation to go ahead. If you have any questions or concerns, please speak to your surgeon before signing the form.

Your surgeon will mark the side of your body where you are having the operation. If you have any questions about this, please ask your surgeon.

What does the operation involve?

The surgeon makes one cut in your skin over your groin. Any existing scar from a sentinel lymph node biopsy will be removed at the same time. The cut can be up to 15 cm long.

Your surgeon does not look for specific lymph nodes during this operation but aims to remove all the tissue in the groin area, leaving behind the important structures, such as blood vessels and major nerves. The number of lymph nodes found varies a lot, but is usually between 6-20.

The wound is stitched up with dissolvable stitches, which do not need to be removed. You will have two rubbery tubes (wound drains) in place which will help remove fluid from the wound after the operation. Some surgeons use a vacuum dressing instead of drains. This option will be discussed with you before your operation.

What happens after the operation?

You will return to the ward with a 'drip' in your arm. This is a small tube which gives you fluids into a vein until you can drink. You may be wearing a face mask to give you oxygen and the nurse will check your blood pressure and pulse. The nurse will also check your wound dressings and drains.

Tiredness

On the evening after your general anaesthetic you will feel rather tired and sleepy. You should warn your visitors not to expect you to be very good company! You will be able to eat and drink once you are fully awake.

Surgical site

You will have a scar across your groin, extending for a short way down the inside of your leg.

Wound drains

The drains are left in place until they stop draining fluid from your wound; this is usually for two weeks. However, lymph fluid can sometimes continue to drain from the wound, which means the drains need to stay in place longer than expected. While you are on the ward we will teach you how to look after your drains. You may feel that you are happy to go home with the drains in place. In this case we will show you how to measure the quantity of drained fluid and call the ward when it reduces or if there are any problems.

Catheter

You may have a catheter in your bladder for the first 1-2 nights until you are able to get out of bed to go to the toilet.

Moving

We will encourage you to get out of bed as soon as you feel able to do so – usually the day after surgery. This helps to minimise the risk of you developing a blood clot or deep vein thrombosis (DVT). The ward staff will be able to help you.

You will usually be in hospital for between 2-4 days.

What is the risk of complications and side effects?

By removing all the lymph nodes in one operation, the body has a lot of fluid to deal with. In the early days after your operation your body can't cope with this. This is why the drainage tubes need to stay in place. This extra fluid can also result in a high risk of certain complications. Whilst these problems may cause discomfort, they are not life threatening.

Haematoma

Excessive bleeding can cause blood to collect under the skin and form a clot (haematoma). If this happens you will need to have a further operation to remove the clot and stop the bleeding. This is rare and affects less than 5% of people.

Discomfort

Many people experience discomfort after the operation at the surgical site or into their leg. This can be relieved with painkillers, which the nurses on the ward will give to you. We will also give you some painkillers to take home with you. You may experience small stabbing or shooting pains from time to time around your groin and into your leg. This can be helped by gently massaging the area. Be careful not to rub your wounds. These feelings are common and will slowly settle over time.

Fluid collection

Once the drains have been removed, you may develop a collection of fluid under your skin. This may need to have further drainage. Your surgeon will have discussed this common complication with you before the procedure. We can remove this fluid in the Outpatient clinic by using a needle and syringe or, occasionally, by reinserting a drain. In certain circumstances the fluid may burst from the wound or become infected. In this case you would need to come back into hospital for a further operation.

Infection

If you develop redness and tenderness around the wound and/or down your leg, this is a sign that the wound has become infected. This can be treated with antibiotics. In some cases you may need to return to hospital for intravenous antibiotics (injections of medicines directly into your veins) or even an operation to drain the infection.

Numbness

The front and inside of your thigh will be numb after the operation. This may recover, but in some people the numbness persists and can be permanent.

Lymphoedema

Sometimes having a groin dissection can cause leg swelling known as 'lymphoedema'. This is due to the lymph fluid not having any nodes to drain into. It may improve with time but if it does not completely settle it may need further treatment. Your Specialist Nurse or medical team will be able to advise you further on how to manage lymphoedema. If necessary they will refer you to the lymphoedema team. To reduce the

risk of complications from the lymphoedema, massage techniques and compression garments may be used. You will be advised to raise your leg whenever you are sitting to help reduce the swelling. We will give you another leaflet on how to manage your lymphoedema.

Deep vein thrombosis (DVT)

DVTs are blood clots in the legs. Every precaution is taken to prevent this from happening. We will give you a drug called heparin to thin your blood and special compression stockings to wear. These are sometimes called 'TEDs'. During the operation your feet are mechanically squeezed to help blood circulation. After the operation you are encouraged to move about and to move your feet in bed. Doing this keeps the blood in your veins moving and helps to prevent blood clots from forming.

Wound opening

Haematoma, fluid collection, lymphoedema, and infection can cause the wound to open up. If this happens, the underlying problem will be treated and the wound dressed until it heals. In certain circumstances a further operation may be required and the wound re-stitched.

Scarring

Your operation will leave a scar. This will start off feeling tight and looking red but will settle over the next 12-18 months. Once the wound is healed, gently massage the scar with simple moisturising cream, as this helps it to soften and normal sensation to return.

How will I feel at home?

Tiredness

At first you will feel rather tired and should spend the first week or so taking it very easy. After this you will be able to slowly return to your usual activities. It is important to get moving at home from the start, but avoid strenuous activities. Keep your leg raised when resting. Before you leave the ward the physiotherapist will give you advice about leg exercises you can do at home.

Driving

You will be able to start driving once you feel up to it. For most people

this will take about four weeks. Do not drive unless you are well, alert and able to carry out an emergency stop. It is advisable to check with your insurance company before you start driving.

Working

You will be able to start work again once you feel up to it, usually after four weeks. If you need a sick note, please ask your doctor while you are in hospital. If your job involves a lot of lifting or heavy work, you will need to stay off work for longer. In this case you will need to get a sick note from your GP, which states clearly what tasks you can and cannot carry out when you return to work.

Everyday activities

You will need help at home for four weeks with activities such as shopping, laundry, lifting children and housework.

What are my follow up arrangements?

Before you leave the ward, arrangements will be made to see you in one to two weeks at the dressing clinic, this will usually continue weekly until the drains are removed. Your wounds will be checked and your dressings changed. We will then see you regularly in this clinic until your wound has healed.

How should I care for my wound?

Usually, you will go home with drains and wound dressings in place. You should keep this area dry until these are removed. It is best to shower rather than have a bath during this time, or to have a wash with a damp flannel.

What should I look out for?

Before the operation, your surgeon will discuss with you possible complications associated with a groin dissection. Occasionally you may experience complications after the operation such as:

- pain that is not controlled with painkillers
- inflammation or redness of the skin on or around your wound, which may be hot to touch
- on-going leaking or bleeding from your wound site
- high temperature (not from a head cold or flu)
- offensive odour from wound dressings.

If you do experience any of the above problems please telephone the following number for advice:

SSIP Ward, West Wing, John Radcliffe Hospital
Tel: **01865 231 233**

Blenheim Ward, Churchill Hospital
Tel: **01865 223 537**

(If you experience problems getting through to the ward for advice, please contact either your GP or the Hospital Switchboard on 01865 741 166 and ask to speak to the On Call Registrar for Plastic Surgery.)

Exercise programme

After your operation on your groin it is important that you continue to bend and straighten your leg. This is so that the soft tissues around your hip do not become tight and cause you pain and difficulty when walking. You will be seen by a Physiotherapist on the ward before you are discharged from hospital. The Physiotherapist will give you an exercise programme which is designed to restore normal movement of your hips without straining your wound. The exercises should be done slowly. You may feel some gentle pulling and discomfort (especially at the site of the wound drains if they are still in place), but this will not cause any damage.

If you find there is excessive leaking of fluid or blood, redness or severe pain, please stop the exercises and speak to your Physiotherapist, Nurse or Doctor as soon as possible.

If you do not get back full movement in your hip within 2-3 weeks, or if you would like further help after your discharge from hospital, please contact the Physiotherapy Department on 01865 231 181.

Massage

When your wound has completely healed, massage over and around the scar using a moisturising cream such as aqueous cream or E45. This will help to soften the scar and reduce some of the bumpiness.

Useful information and telephone numbers

Your Consultant is:

Secretary to your Consultant: Tel:

Your GP details Tel:

SSIP Ward, West Wing, John Radcliffe Hospital: 01865 231 233

Blenheim Ward, Churchill Hospital: 01865 223 537

Physiotherapy Department: 01865 231 181

Clinical Nurse Specialist – skin cancers: 01865 228 233

(If you experience problems getting through to the ward for advice, please contact either your GP or the Hospital Switchboard on 01865 741 166 and ask to speak to the On Call Registrar for Plastic Surgery.)

Further information

If you have any questions about the information that you have read, please contact the Skin Cancer Clinical Nurse Specialist:

Tel: **01865 228 233**

Macmillan Cancer line

Provides support to people affected by cancer.

Tel: 0808 808 00 00

Website: www.macmillan.org.uk

Maggie's Cancer Information Centre

This Centre is based at the Churchill Hospital and provides information, guidance and support to anyone affected by cancer.

Tel: 01865 751 882

Website: www.maggiescentre.org.uk

If you have a specific requirement, need an interpreter, a document in Easy Read, another language, large print, Braille or audio version, please call **01865 221 473** or email **PALSJR@ouh.nhs.uk**

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Oxford University Hospitals NHS Trust
Oxford OX3 9DU
www.ouh.nhs.uk/information

