Inguinal Lymph Node Dissection

Information for patients
This leaflet aims to give you information about what to expect when you have an inguinal lymph node dissection.

What are lymph nodes?

The lymphatic system is responsible for transporting tissue fluid from organs and other tissues. The lymphatic fluid travels along lymphatic channels and passes through structures called lymph nodes. The lymph nodes act as a filter and help to prevent infection by preventing the spread of bacteria.

The main groups of lymph nodes in the body lie in the neck, in the armpit and in the groins. The lymph nodes in the groins receive lymphatic fluid from the lower half of the body including the penis.

Some cancers spread through the lymphatic vessel. This is particularly true of cancer of the penis and in some men with penile cancer the tumour spreads from the penis into the lymph nodes of both groins.
Why do a lymph node dissection?

In those men in whom the cancer has spread from the penis to the groin lymph nodes, surgical removal of those lymph nodes is a potential way of curing the cancer.

In patients with cancer of the penis in whom it is thought that the cancer has spread, a sentinel lymph node biopsy will be performed. This is done to check whether the cancer has spread to the lymph nodes and if the sentinel lymph node biopsy confirms spread, then conventional treatment is that all the glands in that groin are removed. This operation is called an inguinal lymph node dissection.

Depending upon the results of the sentinel lymph node biopsy, it may be necessary to remove all the glands from either one or both groins.

Admission to hospital for your operation

On the day of your clinic appointment you will be asked to attend the pre-assessment clinic to assess whether you are fit for the proposed surgery. You will have questions asked about your general health and fitness, you will have blood tests taken and potentially you will have an ECG.

On some occasions it will be necessary for you to return at a separate date to have this pre-assessment appointment.

On the day of your operation you will be admitted to the admission lounge early in the morning, when you will have a further opportunity to talk to the surgeon and the anaesthetist about your procedure. The ward staff will familiarise you with the routine of the ward and show you where the facilities are.
The operation of inguinal lymph node dissection

The anaesthetist will usually administer a general anaesthetic for this operation which typically takes 2-3 hours to perform. The surgeon will remove the glands in each groin through a cut in each groin. Each incision is around 6-12 cm in length and lies in the groin crease. All the glands in the groin are removed including those that are surrounding the main artery and vein to your leg.

The wound is closed with stitches or staples and a drain is then inserted into the space where the lymph nodes were, since there will continue to be some drainage of lymphatic fluid and blood for several days.

After your operation

When your surgery is finished you will be taken to the recovery area where you will be monitored until your condition is stable before going back to the ward. When you get to the ward you will be able to eat and drink that day. Painkillers will be offered to you on a regular basis and it is important that you ask for them if you feel that you are suffering any pain. You will likely have a catheter in place to drain urine. This will usually be removed when you become mobile enough to walk around.

Preparation for discharge

The ward staff will check your wound (s) regularly whilst you are on the ward and the doctors will do regular ward rounds to assess your progress. Most patients remain in hospital for 5-7 days.
You will be given painkillers as needed and will also be given painkillers to take home.

The catheter will be removed when you are mobile enough to walk. The staples will usually be removed 10 days after the operation.

The drains will remain in place until they stop draining.
- The usual volume of drainage from each groin can be significant, up to 250 mls of lymphatic fluid per day.
- It is usual for the drains to remain in place until the drainage is reliably less than 50 mls per day.
- The drains may need to remain in place for several weeks, although it will not be necessary for you to remain in hospital until they are removed. You will be taught to manage the drains at home, including how to empty them and to chart the amount that is being drained.

When you are discharged from the ward, we will arrange to see you at weekly intervals in the outpatient clinic to review the drainage within the drains and if necessary to remove the drains when the drainage has slowed down.
What can go wrong?

There are a number of both short and long-term complications associated with an inguinal lymph node dissection.

**Short-term complications**

The commonest short-term complications are wound infection, bruising and swelling of the legs and genitals (lymphoedema).

Wound infections occur in around 25% of patients who undergo this sort of surgery. You will be given antibiotics during the operation and you may need to receive antibiotics if the wounds become infected. The usual sign of a wound infection is that the wound becomes red, hot and painful and this typically occurs around 7-10 days after the surgery. If this happens, and if you are at home you will need to obtain antibiotics from your General Practitioner.

Very rarely, the wound breaks down and opens up after the clips have been removed. This can happen when the wound has had a bad infection, and is commoner in men who are overweight.

Thrombosis of the blood vessels in your leg (a deep vein thrombosis) is a rare complication and you will be given regular injections while you are in hospital in order to reduce the risk of this happening. You will also receive elasticated stockings that will be worn both before and after the surgery.

**Long-term complications**

Long-term complications include persistent swelling of the legs and collection of fluid underneath the wound (a lymphocele).
When the drains are removed, it is possible for fluid to collect under the wound in the week or two following drain removal. This is called a lymphocele. If it does occur, it will need to be drained, perhaps on more than one a occasion using a needle and syringe. The Nurse Specialist will monitor this via the outpatient clinic, initially this is on a regular basis until your symptoms are managed.

Lymphoedema is a term used to reflect swelling of the legs and scrotum that can occur after this sort of surgery. It occurs in all patients to some extent but usually gets better with time. It is a persistent problem in around 5-10% of patients who notice a swelling of their ankles or of their scrotum after the surgery. It sometimes requires extra treatment which might require elasticated stockings or attendance for physiotherapy with a lymphoedema nurse.

Contact us

St James’s University Hospital, Leeds Teaching Hospitals NHS Trust

• Switchboard: 0113 243 3144
• Website: www.leedsth.nhs.uk

Secretary to Mr Eardley / Mr Kayes / Mr Elmamoun

• Telephone: 0113 206 6994

Victoria Washington Urology Clinical Nurse Specialist

• Telephone: 0113 206 4594
• CNS secretary: 0113 206 6792
Leeds Cancer Support

Leeds Cancer Support complements care provided by your clinical team. We offer access to information and a wide range of support, in a welcoming environment for you, your family and friends.

We can be found in the information lounges in Bexley Wing and also in the purpose built Robert Ogden Macmillan Centre.

The Sir Robert Ogden Macmillan Centre

The Centre is on the St James’s Hospital site and offers a variety of support services including counselling, support groups and complementary therapies. These therapies include Reiki, relaxation and visualisation, hand and foot massage and many others. You can just drop in for a coffee and a chat anytime. Open from 10am - 4pm Monday to Friday.

Health Talk support service

Health talk is an online service where you can find information and support by seeing and hearing patients real life experiences.

In co-ordination with researchers from the Centre for Men’s Health at Leeds Metropolitan University spoke to 27 men in their own homes. You can explore what these people felt about issues such as symptoms, treatment, body image and sex. We hope you find the information helpful and reassuring.

http://www.healthtalk.org/peoples-experiences/cancer/penile-cancer/topics
Contact numbers for Leeds Cancer Support

Information Centre, Level 1 Outpatients Department
- Open from 10am - 4pm. Telephone: 0113 206 8816

Information Lounge Level -2 Radiotherapy Department
- Open from 8.30am - 4.30pm Telephone: 0113 206 7603

Sir Robert Ogden Macmillan Centre
- Open from 10am - 4pm. Telephone: 0113 206 6498

All the above services can be emailed on:
- leedsth-tr.cancersupport@nhs.net

Where can I find more information?

Orchid Male Cancer Support
- www.orchid-cancer.org.uk

Macmillan Cancer Support
- www.macmillan.org.uk
- Freephone: 0808 808 1021

References

- Orchid male cancer support 2017. Partial Penectomy
- Orchid male cancer support 2017. Total Penectomy
- The Christie Patient Information Service May 2015. CHR/SUR/600/17.06.08 version 4