

Procedure Information Sheet - Axillary Dissection

Introduction

- Breast cancer may spread from the breast to involve the lymph nodes in the axilla.
- Axillary dissection is frequently included in the operation for breast cancer.
- The operation provides prognostic information for subsequent adjuvant therapy and is a treatment for local control of metastasis in the axilla lymph nodes.

Procedure

1. The operation is performed under general anaesthesia.
2. Incision is made in the skin crease in the axilla. When patients undergoing breast conserving treatment and in patient undergoing mastectomy, no addition incision is required usually.
3. The content including the lymph nodes in the axilla will be removed as defined by anatomy.
4. Drainage tube is left for drainage of body fluid.
5. Wound closed with suture.

Pre-operative preparation

1. You will need to sign a consent form and your doctor will explain to you the reason, procedure and possible complications.
2. Inform your doctor about drug allergy, your regular medications or other medical conditions.
3. Anaesthetic assessment before procedure.
4. Keep fast for 6-8 hours before operation.
5. May need pre-medications and intravenous drip.
6. Antibiotic prophylaxis or treatment may be required.

Possible risks and complications

A. Complications related to anaesthesia.

B. Common complications related procedure (not all possible complications are listed).

- Wound pain.
- Wound infection.
- Flap necrosis.
- Bleeding (may require re-operation to evacuate the blood clot).

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- Seroma collection (this may need prolonged drainage or needle aspiration).
- Lymphoedema.
- Nerve injury including long thoracic nerve, thoracodorsal nerve and rarely brachial plexus.
- Injury to the vessels.
- Frozen shoulder and chronic stiffness.
- Numbness over axilla, hand or fingers.
- Hypertrophic scar and keloid formation may result in unsightly scar.

Post-operative information

A. Hospital care (after operation)

1. May feel mild throat discomfort or pain because of intubation.
2. Mild discomfort or pain over the operative site. Inform nurses or doctor if the pain is severe.
3. Nausea and vomiting are common; inform nurses if severe symptoms occur.
4. Can mobilize and get out of bed 6 hours after operation.

➤ **Wound care**

1. In the first day after operation, patients can have shower with caution (keep wound dressing dry).
2. Stitches or skin clips (if present) will be taken off around 10-14 days. May not be necessary when absorbable stitches are used.
3. The drainage tube will be removed when the amount of drainage fluid decreases.

➤ **Diet**

1. Resume diet when recover from anaesthesia.

B. Home care after discharge

1. Contact your doctor or the Accident & Emergency Department for the following event occurs:
 - Increasing pain or redness around the wounds.
 - Discharge from the wound.
2. Take the analgesics as prescribed by your doctor if necessary.
3. Resume your daily activity gradually (according to individual situation).
4. Avoid lifting heavy objects over the operated arm.
5. Protect the arm of operated side from infection or injury. Wear protective gloves when washing or horticulture.

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6. Remember the date of taking off stitches /clips and follow up as instructed by your doctor.

C. Further management

- Adjuvant therapy such as chemotherapy, hormonal therapy, target therapy and radiotherapy may be necessary according to the final pathology and will be advised by the doctor once this is available after the operation.

D. Recurrence

- Despite surgical clearance of the cancer, there is still a chance of recurrence of the disease. This is dependent on the initial stage of disease at the time of presentation and subsequent progression.

Remark

The above mentioned procedural information is not exhaustive, other unforeseen complications may occur in special patient groups or different individual. Please contact your physician for further enquiry.

Reference: http://www21.ha.org.hk/smartpatient/tc/operationstests_procedures.html

I acknowledge that the above information concerning my operation/procedure has been explained to me by Dr. _____. I have also been given the opportunity to ask questions and receive adequate explanations concerning my condition and the doctor's treatment plan.

Name: _____

Pt No.: _____

Case No.: _____

Sex/Age: _____

Unit Bed No: _____

Case Reg Date & Time: _____

Attn Dr: _____

Patient / Relative Signature: _____

Patient / Relative Name: _____

Relationship (if any): _____

Date: _____