



Procedure Information - Axillary Dissection

Visit No.: Dept.:
Name: Sex/Age:
Doc. No.: Adm. Date:
Attn. Dr.:
Patient No.: PN

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*Please fill in /
affix patient's label*

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.
- This operation can make a definite diagnosis and treatment for axillary lymph node metastasis.

The Procedure

- The operation is performed under general anaesthesia.
- 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.
- The content including the lymph nodes in the axilla will be removed as defined by anatomy.
- Drainage tube is left for drainage of body fluid.
- Wound closed with suture.

Risk and Complication

There are always certain side effects and risks of complications of the procedure. Medical staff will take every preventive measure to reduce their likelihood.

Possible risks and complications

1. **Complications related to anaesthesia.**

- Cardiovascular complications: myocardial infarction or ischaemia, stroke, deep vein thrombosis, pulmonary embolism, etc.
- Allergic reaction and shock
- Respiratory complications: atelectasis, pneumonia, asthmatic attack, exacerbation of chronic obstructive airway disease

2. **Common procedural related complications: (not all possible complications are listed):**

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



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Before the Procedure

- Procedures are performed as elective operation
- You will need to sign a consent form and your doctor will explain to you the reason, procedure and possible complications.
- Inform your doctor about drug allergy, your regular medications or other medical conditions.
- Keep fast for 6 -8 hours before the operation
- Empty bladder before surgery
- Change to operation room uniform before transfer to operating room
- Anaesthetic assessment before the operation
- May need pre-medication and intravenous drip.
- Antibiotic prophylaxis or treatment may be required

After the Procedure

1. Usually after operation

- May feel mild throat discomfort or pain because of intubation.
- Mild discomfort or pain over the operative site. Inform nurses or doctor if pain severe.
- Nausea or vomiting are common if general anaesthesia is employed; inform nurses if severe symptoms occur.
- Inform nurse when feeling of nausea, vomiting or wound pain; antiemetic and pain killer can be taken as necessary if prescribe by your doctor.
- Can mobilize and get out of bed 6 hours after operation

◆ **Wound care:**

- After the first day of operation, you may take a shower with caution (keep wound dressing dry).
- Stitches or skin clips (if present) will be taken off around 10-14 days. May not be necessary when absorbable stitches are used.
- The drainage tube is removed when drainage decreases. The patient usually go home with the drainage tube.

◆ **Diet:**

- Resume diet when recover from anaesthesia

2. Home care after discharge:

- Contact your doctor or the Accident & Emergency Department if the following events occur:
 - Increasing pain or redness around the wound
 - Discharge from the wound
- Take the analgesics prescribed by your doctor if necessary.
- Resume your daily activity gradually (according to individual situation)
- Avoid lifting heavy objects over the operated arm.
- Protect the arm of operated side from infection or injury. Wear protective gloves when washing or horticulture.
- Follow up as instructed by your doctor



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3. 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.

4. Recurrence

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

Remarks

This is general information only and the list of complications is not exhaustive. Other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. For further information please contact your doctor.

Reference

Hospital Authority – Smart Patient Website

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.

Patient / Relative Name

Signature

Relationship (if any)

Date