

Exeter Breast Service

Axillary Clearance

Removal of lymph glands (also called lymph nodes) in your armpit (axilla) is called an axillary clearance and may be recommended as part of your breast cancer treatment.

It can be carried out as a day-case procedure under general anaesthetic, and is usually carried out at the same time as your breast surgery.

It is usually recommended when results from ultrasound scans and biopsies have shown evidence of cancer cells in these lymph glands.

Sometimes it is recommended following your initial breast surgery and sentinel node biopsy procedure (testing of lymph glands).

Axillary clearance removes any lymph glands that may be affected by cancer and provides your doctors with important information. This information helps them plan future treatments.

This surgery can be done at the same time as your breast surgery. If you are to undergo a mastectomy, the lymph glands will be removed through the same incision. If you are to undergo a wide local excision, a separate cut may need to be made in the crease of your armpit to remove these glands. Before your operation your surgeon will have discussed with you which type of axillary surgery she/he would advise for you. If you have previously had a sentinel node biopsy, the same scar can be used, but it may need to be made slightly longer.

We expect you to make a rapid recovery after your operation and to experience no serious problems. However, it is important that you

should know about minor problems which are common after this operation and also about more serious problems that can occasionally occur. The section "What problems can occur after the operation?" describes these and we would particularly ask you to read this. The headings from this section will also be included in the consent form you will be asked to sign before your operation.

The risks of a general anaesthetic

General anaesthetics have some risks, which may be increased if you have chronic medical conditions, but in general they are as follows:

- **Common temporary side effects** (risk of 1 in 10 to 1 in 100) include bruising or pain in the area of injections, blurred vision and sickness. These can usually be treated and pass off quickly.
- **Infrequent complications** (risk of 1 in 100 to 1 in 10,000) include temporary breathing difficulties, muscle pains, headaches, damage to teeth, lip or tongue, sore throat and temporary problems speaking.
- **Extremely rare and serious complications** (risk of less than 1 in 10,000). These include severe allergic reactions and death, brain damage, kidney and liver failure, lung damage, permanent nerve or blood vessel damage, eye injury and damage to the voice-box. These are very rare and may depend on whether you have other serious medical conditions.

What to expect after an axillary clearance

Wound drain

You are likely to have a drain following the operation. It is usual to be discharged home with it/them in place. Drains are small plastic tubes attached to a drainage bag and are held in place with a small stitch and secured with a dressing. They drain the fluid from your wound which normally collects after an operation. These drains help to reduce bruising and swelling around your wound. You will be able to carry the drain(s) around easily. It is safe to go home with your drain and the District Nurse from your GP Practice or local hospital will usually visit daily to assess the drainage and remove it/ them at the appropriate time. If you have any questions or concerns about your drain please contact your District Nurse or Breast Care Nursing Service.

Your wound will have a waterproof, adhesive dressing in place. You may also have some suture strips over the incision site. The sutures will be dissolvable and do not need to be removed.

Please refer to the Advice "When You Are Home" leaflet for further information on wound care and removal of dressings.

Moving your arm

Following your operation you will need to perform a range of arm exercises, and we will give you an exercise leaflet outlining these in more detail and tell you when to start. It is very important that you follow this advice and practice the exercises at frequent intervals.

Whilst you still have the wound drain in place you should still carry out the arm exercises, but take care to not extend your arm above shoulder height. Once the drain is removed you can start on the full range of arm exercises.

The purpose of arm exercises is to avoid any arm or shoulder stiffness developing. It is tempting to over-protect your arm and shoulder but this is something that you should avoid. The exercises are to help you regain the full range of arm movements that you had before your operation. Doing your exercises little and often is the best advice.

Do not be alarmed if you ache or feel a pulling sensation during or after exercises. It is very unlikely that exercising will do any damage.

For the first 10-14 days we recommend that you do not overuse the arm on the side you have had surgery to. Avoid heavy and repetitive use of this arm.

When you return to see your surgeon and breast care nurse around 10-14 days post operatively they will assess your arm movement and can advise you further to aid your recovery. We would expect your arm movement to regain its pre-operative range of movement. We can also access specific longer term physiotherapy if your arm movement is not regaining its normal use.

Pain

You may find that you are relatively pain-free immediately after the operation and then begin to experience more discomfort as time goes on. You may experience pain and discomfort, particularly in your armpit and running down your arm.

This is a normal part of healing and will improve. It is not unusual to experience nerve type pain which can feel like a burning sensation and can affect your arm and hand on the operated side. This will also improve with time, although you may need a more specific type of pain killer to manage the discomfort it can cause.

There are different types of pain relief available. For most people simple pain relief tablets such as paracetamol and ibuprofen are sufficient. If you feel your pain is not well controlled contact your GP or hospital team. One of the main benefits of taking regular analgesia, even if you do not experience very much pain, is that they enable you to maintain good arm movement which is particularly important if you have had lymph glands removed.

Numbness

It is normal for women who have undergone axillary clearance to experience temporarily a feeling of numbness and/or pins and needles in the arm and armpit area. In most patients normal sensation will return, but this can take some months. Occasionally there may be a small area of permanent numbness in the upper arm, but this should not affect the use of your arm.

What problems can occur after the operation?

Seroma (swelling)

It is not uncommon following axillary clearance for some women to develop a swelling in their armpit caused by a collection of fluid which is called a seroma. This is not harmful for you and in many cases this fluid is absorbed by the body over time. However, if this causes you discomfort or restricts your arm movement, your surgeon may decide to draw the fluid off in clinic or on the ward. This procedure is very short and painless. In some cases the fluid can collect again, so this may need to be done more than once. If you do develop a seroma, this usually happens after you have gone home from hospital and within the first few weeks following your surgery. If this should occur, please contact your breast care nurse as soon as possible.

Cording

Following axillary clearance, some women may develop a sensation which feels like a tight cord running down from the armpit down to the upper arm. This is called cording. The cause of this is unknown and it can develop a few weeks following surgery or some months afterwards. You may actually be able to feel a raised, cord-like structure that can restrict your arm movement. If this happens you may need physiotherapy to stretch the arm and the cording usually disappears and the symptoms go away. Again, if you have any symptoms that you are concerned about tell your breast care nurse as soon as possible and she can arrange the best treatment for you.

Lymphoedema

Lymphoedema is swelling of the arm, hand or breast area caused by a build up of lymph fluid in the surface tissue of the body.

This can occur as a result of damage to the lymphatic system following surgery. Although this type of swelling can be controlled it may never completely go away. It can occur weeks, months or even years after surgery.

The risk of this occurring is relatively low and your breast care nurse can discuss with you your individual risk and talk you through strategies to reduce this further. Essentially you should avoid overusing your affected arm in the first 2 weeks post operatively.

Longer term it is advisable to avoid having vaccinations/injections/blood pressure readings taken from this arm. Take care to use appropriate sun screen on this arm. If you have lymph node surgery to both arms, discuss risk-reducing measures with your breast care nurse.

See also the "Reducing the risk of Lymphoedema" booklet for short and long term advice.

Deep vein thrombosis

Deep vein thrombosis is a possible problem, but is uncommon. If you are at particular risk, then special precautions will be taken to reduce the risk. Moving your legs and feet as soon as you can after the operation and walking about early all help to stop thrombosis occurring.

The Trust cannot accept any responsibility for the accuracy of the information given if the leaflet is not used by RD&E staff undertaking procedures at the RD&E hospitals.

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