

Introduction

As breast cancer not infrequently spread to axillary lymph nodes, “axillary dissection of lymph nodes” is frequently included in the operation for breast cancer in order to make a definite diagnosis and treatment plan for any axillary lymph node metastasis.

The Operation / Procedure

1. General anaesthesia.
2. Incision made along a skin crease in the axilla.
3. Fat and lymph nodes in the axilla removed.
4. Drainage tube placed for drainage of tissue fluid.
5. Incision closed.

Preoperative preparation

1. Admit 1 day before or on same day of this “elective” operation.
2. Anaesthetic assessment, including drug allergy, regular medications or other medical conditions.
3. Keep fast for 6 to 8 hours before operation.
4. Empty bladder and change to operation clothes before transfer to operating room.
5. Pre-medication, antibiotic prophylaxis intravenous line may be required.

Postoperative Instruction

A. General

1. Mild throat discomfort or pain because of intubation.
2. Mild discomfort or pain over the operation site. Inform nurse or doctor if pain severe.
3. Nausea or vomiting are common; inform nurses if symptoms severe.
4. Inform nurses if more analgesics are required.
5. Can mobilize and get out of bed 6 hours after operation.
6. Usually go home on day 2 after the operation.

B. 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.
3. The drainage tube will be removed when drainage decreases, but patient may go home first with the tube.

C. Diet

Resume diet, usually 4 hours after anaesthesia, and when taking sips of water well.

Common Risks and Complications

A. Anesthesia related complications

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

B. Procedure related complications (not all possible complications are listed)

1. Wound pain / Wound infection / Flap necrosis
2. Bleeding (may require re-operation to evacuate the blood clot)
3. Seroma collection (this may need prolonged drainage or needle aspiration)
4. Lymphoedema / Injury to blood vessels
5. Nerve injury (including long thoracic nerve, thoracodorsal nerve and rarely brachial plexus)
6. Frozen shoulder and chronic stiffness / Numbness over axilla
7. Hypertrophic scar and keloid formation (may result in unsightly scar)

Things to take note after discharge

1. Contact your doctor or a nearby Casualty if you find increasing discharge, pain or redness around the wound.
2. Take analgesics prescribed by your doctor if required.
3. Resume daily activity gradually.
4. Avoid lifting heavy objects with the arm on the side of operation.
5. Protect the arm on operated side from infection or injury. Wear protective glove when washing or horticulture.
6. Remember the dates of taking off stitches/clips in the hospital clinic, and follow-up at the clinic of your doctor.

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.

Recurrences

Despite surgical clearance of the cancer, there is still a chance of recurrence and death, depending on the initial condition at 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. Evangel Hospital reserves the right to amend this leaflet without prior notice. We welcome suggestions or enquiries on the information provided in this leaflet. Please contact our Healthcare professionals so that we could follow up and make improvement.

Reference

Hospital Authority: "Axillary Dissection" (2020)

Smart Patient: http://www.ekg.org.hk/pilic/public/surgery_pilic/surgery_axillarydissection_0199_eng.pdf (06-07-2023)