NHS
Guy's and St Thomas'
NHS Foundation Trust

Groin lymph node clearance

This leaflet explains more about groin lymph node clearance, including the benefits, risks and alternatives, and what you can expect when you come to hospital.

If you have any further questions, please speak to a doctor or nurse caring for you.

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What is a groin (inguinal) lymph node clearance?

A groin lymph node clearance, also known as a ‘lymph node dissection’ or a ‘lymphadenectomy’, involves removal of all the lymph nodes and possible tumour-containing tissue from the groin region.

The lymphatic system transports a substance called lymph around the body. Lymph is produced when liquid leaves the blood vessels and enters the surrounding tissues to help provide them with nutrients and oxygen. The lymph fluid is then collected in lymphatic vessels that run up the limbs and chest, and re-enters the bloodstream near the heart. Specialised clusters of tissue called lymph nodes (found in the groin, armpit, abdomen, chest and neck) filter bacteria and cancer cells travelling through the lymphatic vessels, removing bacteria and cancer cells and preventing these from spreading elsewhere in the body.

Skin cancers, such as melanoma and squamous cell carcinoma, can spread to other parts of the body by the lymphatic system. When cancer cells are filtered, they can get caught in the lymph nodes and can grow there. For example, cancer cells from a skin cancer on the foot can be transported in the lymph via lymphatic vessels to the groin where they can get caught in lymph nodes and begin to grow. They can then spread to the lymph nodes in the abdomen and chest. Cancers can also spread to other parts of the body (including the lung, brain and bone) via the blood stream.

If the cancer has spread to your lymph nodes, lymph node clearance may be recommended. A lymph node clearance is a major operation that aims to stop the cancer from progressing in this region.

What are the benefits of the operation?

Surgery to remove the lymph nodes in the groin will remove all the lymph nodes in the area and help to control the spread of the cancer and reduce its spread to other parts of the body.

What are the risks of the operation?

The risks of any operation relate in part to the anaesthesia and in part to the operation itself.

In most cases you will have a general anaesthetic – this means that you will be unconscious for the entire operation. You will be able to discuss this with the anaesthetist (the doctor who gives the anaesthetic) before surgery and they will identify the best method for your individual case. For more information about this please see our leaflet, **Having an anaesthetic**. If you do not have a copy, please ask us for one.

The main surgical risks are listed below. These will be explained by the surgical team treating you.

Very common problems (affecting approximately one in 10 patients)

- Numbness around the scar and upper thigh (which can be permanent).
- Seroma (liquid collection at the site of operation).
- Wound rupturing or delayed wound healing.

- Infection of the thigh.
- Lymphoedema (persistent swelling of the leg) which is due to retained lymph liquid. This can be uncomfortable and can interfere with the use of the limb. It usually occurs less than one year following the surgery but may occur later following trauma or infection in the leg. If lymphoedema develops it can be difficult to treat and requires long-term treatment with compressive stockings and specialist physiotherapy.
- Hip stiffness – physiotherapy may be needed to help you mobilise.

Common problems (affecting approximately one in 100 patients)

- Haematoma (a collection of blood at the site of the operation).
- Neuralgia (pain in the nerves in the leg or groin).
- Poor scarring (painful or ugly) at the site of the surgical incision.

Uncommon problems (affecting approximately one in 1,000 patients)

- Deep vein thrombosis (blood clots in the leg veins, often referred to as DVT).
- Pulmonary embolism (blood clots in the lungs, often referred to as PE).
- Haemorrhage (heavy bleeding).
- Chest infection.

Rare or very rare problems (affecting between one in 10, 000 and one in 100,000 patients)

- Serious damage to nerves in the leg, which may affect leg movements.
- Need for further operations, for example to clean away dead tissue at the wound site and apply a skin graft.

Rarely, in the presence of haemorrhage, a haematoma, wound healing problems or a persistent seroma, patients may need to return to theatre for a second operation.

Are there any alternatives?

There are no alternative procedures. One option is not to operate. However, if left untreated, affected lymph nodes can grow in size and can put pressure on the major arteries, veins and nerves supplying the leg. This can affect the leg's function and can cause pain. As the cancer progresses, it can enter the blood vessels and cause the overlying skin to break down.

Giving your consent (permission)

We want to involve you in decisions about your care and treatment. If you decide to go ahead, you will be asked to sign a consent form. This states that you agree to have the treatment and you understand what it involves.

If you would like more information about our consent process, please speak to a member of staff caring for you.

What happens at the outpatient clinic?

You will be seen by a consultant plastic surgeon or their registrar. They will ask questions, examine you, discuss the operation and sign a consent form with you. You will need to complete some forms to book your operation, and in some cases it may be possible to give you a date for your operation there and then. The surgeon who sees you in clinic will send a letter to your GP, informing them about the operation. A copy of this will also be sent to you at your home address.

What happens at the pre-operative assessment clinic?

You will usually be sent to the pre-operative assessment clinic directly from the outpatient clinic. Pre-operative assessment is an appointment where we can assess your fitness for surgery and anaesthesia.

You should continue taking most medications in the days leading up to (and on) the day of your surgery. If you are taking medicines for diabetes (insulin or tablets) or are taking any antiplatelet medicines (such as aspirin or clopidogrel) or anticoagulants (such as warfarin or rivaroxaban), then these may need to be stopped temporarily or altered around the time of your operation. You should discuss this with your doctor or pre-assessment nurse who will advise you.

If you are taking any complimentary medicines (such as herbal medicines), it is important to mention this at the pre-operative assessment clinic. Please also let us know if you have any allergies to any medicines.

The staff in the plastic surgery access team will give specific fasting instructions depending on the anticipated time of your operation (contact number at the end of this leaflet).

What happens on the day of my surgery?

You should bring all of your regular medicines with you. Patients are usually admitted on the day of surgery, either to the Day Surgery Unit (DSU) or Surgical Admissions Lounge (SAL) at St Thomas' Hospital. Further information about what to expect can be found in our leaflet **Having surgery at Guy's and St Thomas' Hospitals**. Please ask us for a copy of this leaflet if you do not have one.

Your operation will be between 8.30am to 5pm. You may have to wait several hours before your slot in theatre. It is therefore a good idea to bring something with you to pass the time (such as a magazine or book). If you have diabetes you will be given a morning appointment.

Your surgeon will come and mark the site of the operation with a marker pen. They will also through the operation with you again, and you will have the chance to ask questions. It is a good idea to write your questions down in advance, in case you forget them on the day.

You will also meet your anaesthetist to talk about the anaesthetic. If you are very anxious please let them know, as it may be possible for them to give you medicines to make you feel more relaxed.

You may be given compression stockings to wear. These help to reduce your risk of developing blood clots (DVT). Following your operation you may also be given injections of an anticoagulant medicine, which also help to reduce the risk of developing blood clots.

You will be put to sleep in the anaesthetic room before being taken through to the operating theatre. You will not be able to feel anything (including pain) and will not remember any of the surgery.

What happens during the operation?

The procedure involves making an incision (cut) in the groin. This is usually a straight vertical line, which can be quite long. Major nerves, arteries, veins and other structures are protected, and then all of the surrounding tissue (including the lymph nodes) is removed. The procedure will disrupt the lymph drainage channels, causing the lymph liquid to collect in the space where the tissue has been removed. For this reason, plastic tubes (drains) will be inserted to drain the liquid out of the body and prevent it from building up.

At the end of the procedure, the incision is stitched (sutured) and dressings applied. You will be given a local anaesthetic to help reduce any pain you might experience after the surgery – this usually lasts several hours. Immediately after the operation you will be taken to a recovery area near the theatre where you will stay until you wake up. You may require additional pain relief and medication to prevent nausea from the anaesthetic. You will most likely be connected to a drip, which provides liquid until you can eat and drink.

You may also have a catheter (thin tube leading to your bladder) in place until you are able to go to the toilet. Once you have fully woken up you will be taken back to the ward.

The tissue that has been removed is sent to the pathologist for examination under a microscope (histology). This is to assess the cancer. The results of this take two weeks and will be discussed with you when you are seen in the outpatient clinic.

All patients who have had a groin lymph node clearance will also be discussed at the specialist multidisciplinary team (MDT) meeting. This is a meeting of specialists, including the plastic surgeons, dermatologists, oncologists, radiologists, histopathologists and clinical nurse specialists (CNS). At this meeting, they will look at the tissue specimen to see how far the tumour has spread and decide if any further treatment is needed.

What happens when I am admitted to the ward?

Most patients will stay on Somerset Ward, which is on floor 12 in North Wing, St Thomas' Hospital. You should expect to stay in hospital for at least two days. Following your operation, your appetite will gradually return. Once you are ready, you will be allowed to eat and drink as normal and your drip will be disconnected.

On the morning after your operation, you will be seen by a team of surgeons and nurses who will examine your wound and check your health records. Some patients may also need to have blood tests.

You will still have tubes attached to drain the lymph liquid from the procedure site. The liquid usually looks bloody at first but becomes clear and straw-coloured over time. The amount of fluid in the bottles connected to your drains will be recorded daily, and only once this falls below a certain amount can the drains be removed. The drains are normally needed for at least two to six weeks. If the drains are removed too early there can be a build-up of liquid (seroma) which can be uncomfortable and may need to be removed by inserting a needle through the scar. You will be shown how to measure the level and record it for yourself at home. Please see the information leaflet, **Going home with a drain**.

Following your operation, you will be encouraged to move around to reduce the risk of developing DVT. You will also be given a compression garment to wear (unless you have a problem with the circulation in your legs). This provides compression from your toes to above your waist and should be worn for six weeks (day and night) to reduce your chances of developing lymphoedema. You can remove it to wash and moisturise.

What do I need to do after I go home?

It is important to keep moving at home but avoid strenuous activities. You may find you are tired after the surgery and you should return to your usual activities slowly. When resting you should elevate your operated leg.

You should watch out for signs of infection, which may include increasing pain, increasing redness, swelling, oozing and fever (temperature higher than 38C).

You can shower unless instructed not to by your consultant. Take care not to spray directly onto the wound and to gently pat (not rub) the dressings dry with a towel afterwards.

You can start driving once you feel well, alert and able to perform an emergency stop. This is usually after around four weeks. You should check with your insurance company before returning to driving, as your cover may be affected.

The majority of patients recover well and return to work and normal activities after about four to six weeks. This, however, will depend on the nature of your job and the activities you do. The scar in your groin will improve over time and may take 18 months to settle completely. Once the wound has healed you will be given information on scar massage. You should massage and moisturise the scar for three months following the operation.

Will I have any follow-up appointments?

You will usually be seen in the plastics dressing clinic (PDC) one week after going home. This is so that we can check your wounds (and drains if they are still present). If we have used absorbable (dissolving) stitches, these do not need to be removed. However, non-absorbable sutures are usually removed between 10 and 14 days after your operation. Depending on the appearance of the wound, it may or may not need to be redressed.

You will also be seen in our clinic two weeks after the procedure to further check the wound and give you the results of the histology.

Once your surgeon is satisfied that the operative site has healed completely, you may be discharged back to the dermatologist that originally treated you. It is likely they will follow you up for between five and ten years to make sure there is no sign of disease recurrence.

Useful sources of information

Dimbleby Cancer Care – Provides cancer support services for Guy's and St Thomas'.
t: 020 7188 5918
w: www.dimblebycancercare.org

Macmillan Cancer Support – A national service providing support and advice for people affected by cancer.
t: 0808 808 2020
w: www.macmillan.org.uk/information-and-support

Melanoma UK – A patient support and advocacy group.
t: 0808 171 2455
w: www.melanomauk.org.uk

Melanoma Focus – A patient, carer and healthcare professional support and research group.
t: 0808 801 0777 (confidential melanoma helpline)
w: www.melanomafocus.com

Cancer Research UK – Nurse available to answer cancer related questions Monday to Friday, 9am-5pm.
t: 0808 800 4040
w: www.cancerresearchuk.org

British Association of Dermatologists
w: www.bad.org.uk

Contact us

In case of an urgent problem (for post-operation advice only)
Somerset Ward – ask to speak to the nurse in charge.
t: 020 71851614 (available 24 hours a day)

If you have any questions before your operation
Plastic surgery access team
t: 020 7188 8882

If you have a problem with your wound/dressings or drain bottles
Plastic surgery clinical nurse specialists
t: 020 7188 2503 – office (Monday to Friday, 8am-4pm)
t: 07917 087 937 – mobile (Monday to Friday, 8am-4pm)
Please leave a message and the nurse will call you back.

Plastics dressing clinic (PDC) nurses
t: 020 7188 7270 (Monday to Friday, 9am-5pm)
Please leave a message and the nurse will call you back.

If you have any questions about your treatment
Skin cancer clinical nurse specialists (CNS)
t: 020 7188 4901 (Monday to Friday, 8am-4pm)

If you have any questions about your outpatient appointments or clinic letters
Melanoma patients' pathway coordinators
t: 07468741687 (Monday to Friday, 9am-5pm)

Plastic surgery consultant secretaries
Mrs Jenny Geh
t: 020 7188 5130 (Monday to Friday, 9am-5pm)

Mr Alastair MacKenzie Ross
t: 020 7188 9861 (Tuesday to Thursday, 9am-5pm)

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit **w:** www.guysandstthomas.nhs.uk/leaflets

Further sources of information

Pharmacy Medicines Helpline
If you have any questions or concerns about your medicines, please speak to the staff caring for you or call our helpline.
t: 020 7188 8748, Monday to Friday, 9am-5pm

Your comments and concerns
For advice, support or to raise a concern, contact our Patient Advice and Liaison Service (PALS). To make a complaint, contact the complaints department.
t: 020 7188 8801 (PALS) **e:** pals@gstt.nhs.uk
t: 020 7188 3514 (complaints) **e:** complaints2@gstt.nhs.uk

Language and accessible support services
If you need an interpreter or information about your care in a different language or format, please get in touch.
t: 020 7188 8815 **e:** languagesupport@gstt.nhs.uk

NHS 111
Offers medical help and advice from fully trained advisers supported by experienced nurses and paramedics. Available over the phone 24 hours a day.
t: 111 **w:** 111.nhs.uk

NHS website
Online information and guidance on all aspects of health and healthcare, to help you take control of your health and wellbeing.
w: www.nhs.uk

Get involved and have your say: become a member of the Trust
Members of Guy's and St Thomas' NHS Foundation Trust contribute to the organisation on a voluntary basis. We count on them for feedback, local knowledge and support. Membership is free and it is up to you how much you get involved. To find out more, please get in touch.
t: 0800 731 0319 **e:** members@gstt.nhs.uk
w: www.guysandstthomas.nhs.uk/membership

Was this leaflet useful?
We want to make sure the information you receive is helpful to you. If you have any comments about this leaflet, we would be happy to hear from you – just fill in our simple online form.
w: www.guysandstthomas.nhs.uk/leaflets
e: patientinformationteam@gstt.nhs.uk

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