

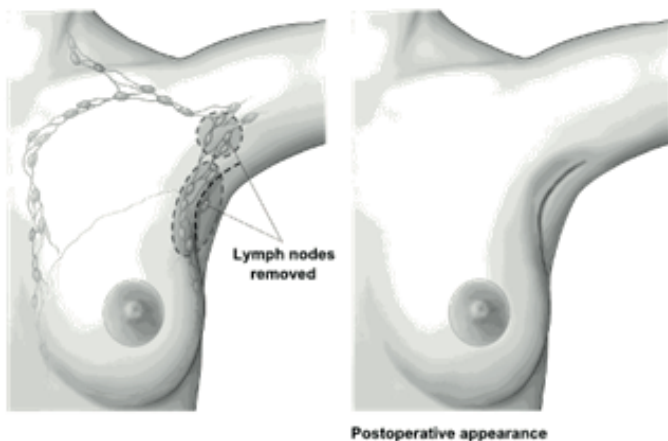
## WHAT IS AN AXILLARY CLEARANCE?

Axillary clearance involves removing the lymph nodes from the armpit.

This will either be done during breast cancer surgery (Lumpectomy or Mastectomy) if you have known disease in the armpit or at a separate operation if you have positive a sentinel lymph node biopsy.

The number of lymph nodes in the armpit varies from person to person and the number of lymph nodes removed and the length of the operation will be different for each individual.

After an axillary dissection, the lymph nodes are examined by a pathologist. The number of lymph nodes that have cancer cells in them will help the doctors decide what other treatments are best.



**Axillary lymph node dissection**

## POST-OPERATIVE COURSE

An axillary clearance is performed under general anaesthesia and you will require 1-2 days in hospital, however, longer if performed in combination with breast surgery.

A dressing is placed over your surgery site and will be managed by hospital staff as per your surgeon's directions. Drains inserted during surgery will be removed once fluid has adequately stopped draining. You may be discharged with a drain in place and care of this will be arranged by District Nursing Service (DNS) or Hospital in the Home (HITH). The drain may remain in place for up to 2 weeks. You may have a tubular compression bandage in place on your arm post-surgery which you should wear for 3-4 weeks.

South West Breast clinic staff will ensure you are seen by a lymphatic specialist post-surgery.

Everyone recovers differently but most people are back to most normal activities by 4 to 6 weeks.

A review appointment at South West Breast Clinic approx. 5-7 days post discharge from Hospital.

## POTENTIAL RISKS OF SURGERY

**Bleeding/haematoma:** Any bleeding after surgery is usually minor. However, rarely you may bleed enough to require a return to theatre to drain the blood and stop any further bleeding.

**Infection:** Uncommon, however if it does occur you may be required to commence antibiotics. If you have an expander it may need to be removed.

**Wound separation/delayed healing:** This is uncommon however small areas may break down and require dressings or revision surgery in the future.

**Scar widening/hypertrophy:** This can occur with any scar. Your wound will be carefully closed however some people may develop widened or elevated scars. You will be provided with education on how to monitor for this and avoid this potential complication.

**Fluid collection (seroma):** This can occur in up to 10% of people. If a collection does accumulate then it will need to be drained, which can generally be performed in our rooms.

**Shoulder pain and stiffness:** You will be seen by a physiotherapist post operatively and they will guide you on the appropriate exercise program.

**Lymphoedema:** When lymph nodes are removed the natural flow of fluid from your breast and arm can be restricted. When this happens, swelling occurs and it is called lymphoedema. While there is no known cure for lymphoedema, early diagnosis and treatment make it easier to manage. It is important to remember that not all women who have lymph nodes removed develop lymphoedema.

**Axillary web syndrome or "Cording":** Can happen weeks or months after surgery. It's caused by hardened lymph vessels and feels like a tight cord running from your armpit down the inner arm, sometimes to the palm of your hand. Your physiotherapy team will help manage this.

**Numbness in the upper arm:** Whilst every effort is made to preserve the nerves supplying feeling to the inner arm, occasionally they may be damaged as well as local blood vessels.

**Anaesthetic complications:** Sore throat, nausea/vomiting, other rare complications (i/e. allergic reaction to anaesthetic) can be discussed with your anaesthetist.

**Deep venous thrombosis (DVT)/ pulmonary embolus (PE):** Risk of a DVT is 1 in 100. Rarely these can be fatal if they become a PE. Special precautions are taken in hospital to avoid this.

If there are any questions or concerns, we encourage you to contact WPRS to discuss these either with your surgeon or the dedicated team at Southwest Breast Clinic.

I .....  
have read and understand the procedure and potential risks. I have no further questions regarding my surgery.

Yes

No

I consent to Southwest Breast Clinic using my images for presentations and educational purposes.

Yes

No

Signed:.....