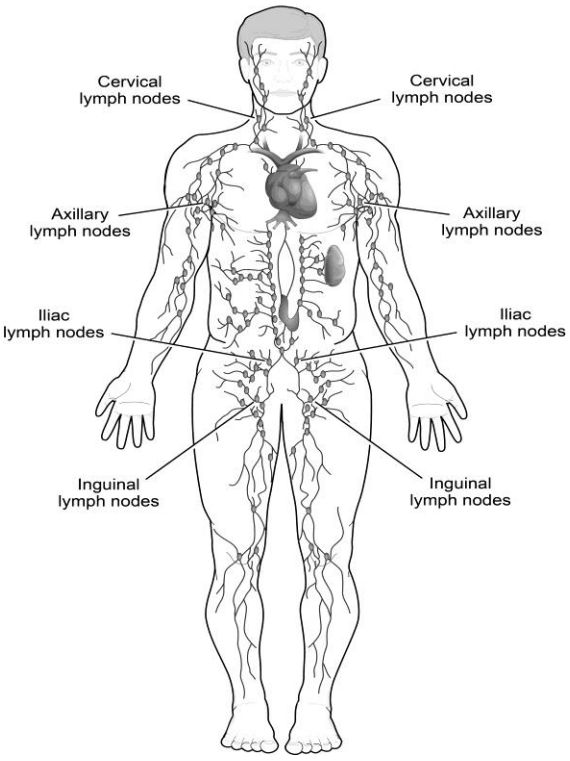
Lymph Node Dissection

Lymph Nodes
Our bodies have a network of nodes and vessels that carry a clear fluid called lymph throughout our bodies. This process is similar to the way blood vessels carry blood to all parts of our body. The lymph fluid contains white blood cells, which help us fight infections. Cancer cells can travel through the lymph system. Because the lymph system runs throughout the body, these cancer cells can spread to other areas of the body.

Lymph nodes are found in different parts of the body:

- **Axillary** nodes are under and around the armpit.
- **Inguinal** nodes are in the groin.
- **Cervical** nodes are in the head and neck area.

Group Clusters of Lymph Nodes



Lymph Node Dissection
This is a surgery done to remove lymph nodes. Lymph nodes may need to be removed if cancer is suspected or found in them.

Lymph node dissection can either be done by itself or it can be done at the same time you have surgery to remove any cancer.

Risks with Surgery
Removal of lymph nodes can change the way the lymph fluid flows through that side of your body. Excess fluid can build up and cause lymphedema (swelling).

Swelling of the limb or neck may be slight. It may cause the skin in that area to feel tight. If it is severe, it can cause your entire limb or neck to be very swollen. The swelling may appear months to years after surgery. The chance that you will get lymphedema depends on where in the body the lymph nodes are removed. If you get other types of treatment, such as radiation, you may be more likely to develop swelling or lymphedema. You may not notice swelling on a day-to-day basis. This varies. It is hard to predict if someone will develop lymphedema. The reported risk ranges from 2-40%.

Right after surgery, it is normal to have some swelling in the affected area on the side of the surgery. This swelling is most often short-term. If you have swelling, your doctor will watch it. They may also want you to see an occupational or physical therapist.

Planning for Lymph Node Surgery
After a lymph node dissection, you should plan to stay in the hospital for 1-2 nights. You may go home sooner if your surgeon feels you are ready.

Plan to be off from work for at least 1-2 weeks. This will vary based on the type of lymph node surgery and the type of work you do. Your activity after a lymph node surgery may be limited. For example, you may need to avoid lifting objects that weigh more than 10 pounds with your involved arm. We suggest you keep your leg raised when possible after an inguinal lymph node dissection. You will get more detailed instructions before you leave the hospital.

You may also have a friend or family member help you with your care. You may have a home health nurse visit you after surgery. This can be set up before your surgery. Please tell your doctor if you will need a home health visit after surgery.

At the Hospital
If you have general anesthesia, you get medicine that puts you into a very deep sleep. A tube is then placed into your trachea (windpipe) to help you breathe. With either of these options, you will not know what is happening or feel any pain.

If you have a paravertebral block, you may get medicine through your IV to put you to sleep.

When you return to your hospital room, you will have:

- An incision covered with gauze, a clear bandage, or "sterile super glue".
- 1 or more drainage tubes in place.
- An IV line.
- Special leg pumps on. These help to keep good blood flow to your legs. The goal is to prevent blood clots until you are up and walking.
- Nurses will ask you to rate your pain and give you medicine to help keep you comfortable.
- Your vital signs checked.
- You can have family or friends visit.

Care After Surgery
You can go home once you can eat, drink, and your pain is controlled. You are given pain medicine when you go home. Someone must drive you home. Your surgeon should call you in about 1 week with the results of your surgery.

If you have drains placed, see Health Facts for You #4603, "Drain Care at Home." This will help you care for them. We want to make sure your incisions heal.

You will have a follow-up visit with your doctor. You may also see a lymphedema therapist during this first visit.

Care of Your Incision
Check the site daily for any problems or signs of infection. You may see a slight redness and swelling along your incision or there may be a small amount of pink drainage coming from your incision. This is normal.

Place a new gauze over your incision. If you have Steri-Strips (small strips of tape) in place, they may fall off by themselves in about 1 week. They can also be removed in clinic. If you had "sterile super glue" on your incision, no dressing is needed.

Your doctor will tell you if you can shower after surgery. When you shower, let the water flow over the incision(s). Pat dry. Safety pin the drains to a robe tie or lanyard while in the shower. This keeps the drains in place and keeps them from dangling.

Seromas
A seroma is a fluid-filled bulge that forms under the skin in the area of surgery. This may happen after a drain is removed. You may hear a "sloshing" sound in the breast when they move. This is fluid filling the surgical area. If you develop a small seroma, your body will slowly absorb this over time. If you have a seroma that gets larger and causes pain, please contact your doctor. This is **not** an emergency. You may be asked to go back to the clinic to have the fluid drained.

Pain and Narcotics
The amount of pain you have after surgery varies. Most patients find that 1–2 tablets of Extra-Strength Tylenol® every 4-6 hours helps to relieve pain. You may take up to a total of 8 tablets in a 24-hour period. **Do not** take more. If you have liver disease, check with your doctor first. You may also take ibuprofen as directed by your doctor. Talk to your doctor if you take other pain medicine.

You will get a prescription for a narcotic pain medicine.

- Use them as needed and as ordered.
- **Do not** drive while taking narcotics.
- If you have nausea, take your pain medicine with food.
- Narcotics can cause constipation.
    - Eat plenty of fiber (bran, oats, fruits and vegetables).
    - Drink 6-8 glasses of water a day.
    - Take stool softeners if needed.

When to Call
Please call us if you have:

- Increased swelling at the site of surgery.
- Firmness or bruising.
- Heavy bleeding.
- An opening in the incision.
- Sudden increase in pain.
- Increased drainage from your site or drainage bulb(s) that fill quickly with the need to empty them every 1-2 hours.
- Signs of a seroma.
- Fever of 100.4°F (38°C) or greater taken by mouth 2 times, 4 hours apart.
- Increased tenderness, redness, warmth, or swelling of the incision or drain sites. A small area of redness about the size of a dime is common by the stitch around the drain.

Call your doctor or nurse if you have these problems with lymphedema:

- Your arm/leg/neck remains swollen and painful for many days.
- You have any sign of infection in your arm/leg/neck (swelling, pain, redness, increased warmth, or fever).
- Your arm/leg/neck feels heavy and tight.
- The skin in your arm/leg/neck feels hard.
- Your joints in the arm or leg are stiff.
- You have hardening or your skin changes color on your involved arm/leg/neck.

Lowering the Risk of Lymphedema

You may or may not develop lymphedema after a lymph node surgery. Here are some things you can do to help avoid lymphedema or to keep it stable.

Skin Care

- Cellulitis (infection) has been associated with the development of lymphedema. Try to prevent infection in the at-risk extremity. This includes timely first aid for any cut. Clean the wound, apply over-the-counter antibacterial cream, and cover cuts.

- Avoid animal scratches, cuts, or punctures of the skin.
- Perform routine skin care on the at-risk extremity. Use lotion to prevent cracked skin.
- Use insect repellent when outdoors to avoid insect bites.
- You may want to use the uninvolved arm for venous puncture (IV's or lab draws). However, the risk of developing swelling because of these activities given that they are done under sterile conditions is very low.
- You may want to use the uninvolved arm for blood pressure measurement. However, isolated blood pressure measurement on the at-risk arm is unlikely to be associated with risk of future arm swelling.
- Some people are sensitive to temperature extremes. Watch your affected limb when using hot tubs or saunas. Avoid these if swelling increases.
- Wear gloves when gardening, using strong cleaning products, or cleaning up after pets.

Activity

If you have lymphedema, regular exercise may help. Slowly build up your strength and the amount of time that you use the affected limb. Maintain optimal weight. Weight gain can be a risk factor for lymphedema.

Who to Call

If you have questions, please contact your provider through MyChart or call your provider listed in your After Visit Summary or After Hospital Care Plan.

For a list of UW Health Clinics, please visit www.uwhealth.org/.

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person's health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright © 12/2025. University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#7735.