

Operation Information

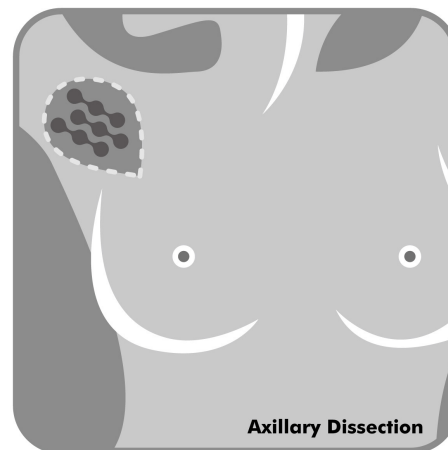
Axillary Dissection

Introduction

Axillary Dissection refers to the removal of two-thirds of the axillary lymph nodes (Level II Dissection). It is frequently included in operation for breast cancer.

Procedure

1. The operation is performed under general anaesthesia
2. An incision is made to remove fat and lymph nodes around axilla
3. A drainage tube will be inserted
4. Wound is sutured



Possible Risks and Complications

1. Wound infection
2. Wound haematoma (may require another operation for removal),
3. Wound effusion (may remove by drainage)
4. Lymphoedema (10%)
5. Nerve injury to adjacent area.
6. Frozen shoulder
7. Scar formation

** It is impossible to mention all the possible complications that may happen and the above is only a few important complications which may occur. Before agreeing for the operation, patient must acknowledge and accept the fact that no matter how ideal the situation may be, these events may occur. Damage to peripheral organ, severe haemorrhage or leakage after operation, it may require another operation to deal with the complications.

Pre-operation Preparation

1. The doctor will explain the reason, the procedure and the possible complications to the patient. The patient will need to sign the consent form.
2. Nursing staff will instruct the patient to use antiseptic for cleaning the skin. Hair on the underarm will need to be removed.
3. No food or drink is allowed six to eight hours before operation.
4. Remove loose objects (e.g. undergarment, dentures, jewellery and contact lens etc) and change to operation attire.
5. Empty bladder before surgery.

Post-operation Instruction

General

1. Patient may have sore throat after general anaesthesia.
2. Patient may also feel tired, drowsy, nauseated or vomit after general anaesthesia. Inform nurse if severe symptoms occur.
3. Please inform the nurse(s) for wound pain. Analgesics may be given as prescribed by the doctor.
4. Avoid having your blood pressure taken on the affected side.

Wound Care

1. After operation, the wound will be covered by a sterile transparent waterproof dressing. A vacuum wound drain will be present for drainage of blood and lymph so as to promote wound healing. Pay special attention to the drain during mobilization.
2. Nurse will empty the drain as per doctor's instruction. The drain can only be removed when the drainage is minimal.
3. Please keep the wound clean and dry.
4. Wear loose clothing to avoid pressure on the affected area.

Diet

Resume normal diet after the effects of the anaesthetic worn off.

Activities

1. The day after operation, patient get out of bed and commence the limb exercise (as according to the doctor's instruction). The nursing staff will instruct and reinforce the exercise as according to the progress. Patient may take a pain reliever half an hour before exercising if necessary.
2. Early mobilization promotes rapid recovery.
3. Do not lift or carry heavy object with the affected limb.
4. Usually discharged one week after operation.

Advice on discharge

1. Please contact the attending doctor or return to hospital in the event of severe wound pain and redness, tenderness, pus or blood oozing, fever (body temperature over 38°C or 100°F) etc.
2. Drainage: The drain can only be removed when the drainage is minimal. Nurse will teach patient the drain care if discharged with the drain.
3. Follow up: Please attend the follow-up as arranged.

Remarks: Should you have any enquiries, please consult the attending doctor.

Reference

Hospital Authority – Smart Patient (Website: http://www21.ha.org.hk/smartpatient/tc/operationstests_procedures.html)

Queensland Government – Breast Surgery – Wide Local Excision +/- Sentinel Lymph Node Biopsy

Compiled by Union Hospital Consent Form Taskforce

The above information is for reference only, please enquire your physician for details
Our Hospital reserves the RIGHT to amend any information in this leaflet without prior notification