

## ***Excisional Biopsy of a Lymph Node or Lymph Node Dissection***

### **Definition**

*Excision = to cut around and remove*

*Biopsy = to take part of a tissue and have it analyzed*

*Dissection = to separate tissue from surrounding tissue*

*Lymph node = small gland in the body that drains other organs or tissues*

*Lymph nodes are specialized glands that filter waste products (i.e. infection, cancer, etc.) out of the blood. There are lymph nodes everywhere in your body and associated with virtually every organ in the body. Lymph nodes can become enlarged when there is an area of infection or cancer nearby. Often, lymph nodes are removed to help determine the extent or spread of a cancer. Determining whether cancer has spread to lymph nodes may help us determine whether future treatments are necessary. In some cases, lymph nodes may be removed prior to a biopsy or removal of a tumor to help make the diagnosis of the type of cancer that exists. Sometimes, removal of lymph nodes that contain cancer is helpful in curing the disease.*

### **Preparation**

*If you are scheduled for an elective procedure in the hospital and with anesthesia, you will be asked not to eat or drink anything after midnight on the evening prior to your surgery. You may brush your teeth in the morning but not swallow the water.*

*If you are on medications that must be taken, you will have discussed this with us and/or the anesthesiologist and instructions will have been given to you. The procedure may not be performed if you are currently taking, or have recently taken any medication that may interfere with your ability to clot your blood ("blood thinners, aspirin, anti-inflammatory medicines, etc..."). The most common of these medications are aspirin and all related pain relievers or anti-inflammatory compounds (whether prescription or over-the-counter). Please refer to the attached list and tell us if you took any of these within the past 10 days. If your new medication is not on the list, alert us immediately so that we may ensure optimal procedure safety. We will have reviewed all of your current medications with you during the pre-operative/pre-procedure consultation. You are obligated to inform us if anything has changed (medication or otherwise) since your previous visit.*

### **Procedure**

*This procedure varies in time based on the indication for the procedure and whether a single lymph node is being removed, whether a group is being removed, or whether the lymph node dissection is only part of a more primary operation. The type of incision varies according to the particular procedure.*

*If just a single, superficial (close to the skin surface) lymph node is being removed, it can sometimes be done with just a local numbing agent injected around the area. Sometimes, the local numbing agent can be combined with some medication in the intravenous that helps you to relax or feel a bit sleepy. In larger operations, general anesthesia (complete sleep) may be necessary. An incision is made in the skin. The lymph node(s) are isolated from surrounding tissue. The small vessels that bring lymphatic fluid to the node and away from the node are divided. The lymph nodes are then removed. Any incisions made will then be sutured closed and a dressing applied. The specimen(s) will be sent to the pathologist for microscopic analysis.*

### **Post Procedure**

*If you are just having one or more superficial lymph nodes removed, you are often sent home (ambulatory surgery) after you awaken in the recovery room. You must have someone to take you home if you received sedation (relaxing medicine) or general anesthesia. You may have discomfort over the incision. Sometimes, you may see a little blood staining coming from the area. If you see active blood oozing, please contact us. Often, we will instruct you to remove the dressing the following morning and take a shower. In other situations, we will ask you to leave the dressing in place to keep the area dry. We ask that you refrain from very strenuous activity until your follow up. Every patient has some degree of swelling and bruising, and it is not possible to predict in whom this might be minimal or significant. If a lesion was excised, we may ask you to apply ice compresses as directed to help reduce swelling in the first several hours. We encourage you to take the following day off of work and perhaps more if your occupation requires strenuous activity or heavy lifting.*

*We may provide you with a prescription for pain medication but you certainly may take an over-the-counter medication to which you are not allergic. In cases of abscess and some lesions, we may also give you a prescription for an antibiotic. The sutures may be self-dissolving, and therefore just fall out on their own within one to two weeks after surgery. In other instances, sutures will need to be removed.*

### **Expectations of Outcome**

*It may take up to a week to get a report back from the pathologist. The report will tell us what type of tissue the lymph node contains and whether it is benign or malignant.*

### **Possible Complications of the Procedure**

*All surgical procedures, regardless of complexity or time, can be associated with unforeseen problems. They may be immediate or even quite delayed in presentation. While we have discussed these and possibly others in your consultation, we would like you to have a list so that you may ask questions if you are still concerned. Aside from anesthesia complications, it is important that every patient be made aware of all possible outcomes, which may include, but are not limited to:*

- *Lymphocele: A lymphocele is a collection of lymphatic fluid that may accumulate following*

removal of lymph nodes. Even though the lymph vessels that are cut are sealed, some may continue to leak. Most lymphoceles are self contained, stop accumulating, and resolve on their own. Others may become large or persist and require a drainage procedure. Large lymphoceles may present with pain, fever, or other symptoms due to compression on surrounding nerves or other organs.

- Hematoma: This is when a small blood vessel continues to ooze or bleed under the suture line after the procedure is over resulting in swelling and bruising. Drainage is rarely necessary and it almost always resolves over time. In rare instances, a hematoma can be large or rapidly expanding, requiring the wound to be opened to drain the blood. In extreme emergencies, this is done at the bedside. Localizing and sealing the bleeding vessels(s) may require that you return to the operating room.
- Infection: Infection is possible in any procedure. Usually, local wound care and antibiotics are sufficient. Occasionally, an infection would require partially opening the wound to allow proper drainage.
- Scarring: All surgeries leave some degree of a scar. Scars resulting from infection leave more noticeable scars.
- • Chronic Pain: As with any procedure, a patient can develop chronic pain in an area that has undergone surgery. Typically, the pain disappears overtime. If persistent, further evaluation may be necessary.

We provide this literature for patients and family members. It is intended to be an educational supplement that highlights some of the important points of what we have previously discussed in the office. Alternative treatments, the purpose of the procedure/surgery, and the points in this handout have been covered in our face-to-face consultation(s).