



Lymph node transfer for the treatment of Lymphoedema

A patients guide



Spire
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What is a Lymph Node Transfer?

Lymph node transfer is a relatively new procedure that is proving to be very successful in the management of lymphoedema caused as a result of surgical removal of lymph nodes during cancer treatment and congenital/genetic abnormalities.

The procedure involves harvesting several superficial lymph nodes from the groin or axillary area. The superficial lymph nodes harvested are not responsible for draining the arm or leg and therefore it is unlikely that you would develop lymphoedema of the harvested limb. The lymphoedema often begins to improve rapidly and many patients notice a reduction in the size of their affected limb before discharge from the hospital.

Breast Patients

Lymph nodes can be taken as an isolated flap of tissue in patients who do not require a breast reconstruction – normally patients who have had a wide local excision only or who have already had a breast reconstruction.

Patients who have not had a breast reconstruction may be best suited to a combined lymph node transfer and DIEP breast reconstruction.

What does the operation involve?

A small transverse incision is made in your groin crease. Lymph nodes are identified with their supplying blood vessels. They are elevated carefully ensuring they remain attached to their blood supply. An incision is made under the arm to release any scarring which may contribute to lymphoedema, create a pocket for your new lymph nodes and identify the blood vessels we are going to attach to. The nodes are then completely removed and the artery and vein are reattached to small vessels under your arm.

What are the risks and side effects of surgery?

Having surgery should be a very positive experience. Complications are infrequent and usually minor. However, no surgery is without risk and it is important that you are aware of these potential problems. All the risks identified below will be discussed in detail at your consultation, however if you have further questions or concerns, do not hesitate to ask. Decisions about surgery should never be rushed.

- **Scar** – scars tend to settle remarkably well, however some people heal with thick scars and this can make them more noticeable.
- **Bruising and swelling** - bruising and swelling is very common and may take several weeks to settle.
- **Haematoma** – this can happen if a bleed occurs under the skin, allowing a large blood clot to form. If this does occur, it is likely to happen within four to six hours of surgery. Any increase in swelling or pain should be reported immediately so that treatment can be given. Sometimes patients need to have this blood removed with another short operation.
- **Infection** – this is very rare but may require antibiotics.
- **Seroma/ lymphocele** – this is a collection of clear fluid under the skin, which sits in a pocket. This spontaneously reabsorbs over the course of a couple of weeks, although it can be drained with a needle if it feels tight. Vary rarely a surgical procedure may be required if it does not reabsorb.
- **Lymphoedema of the leg** – in theory this should never happen, as we do not harvest the lymph nodes that drain your leg. However there is a small risk that this could happen if the wrong nodes are taken or there is an abnormal lymphatic supply to your leg.

- **Flap failure** – as the flap is relying on small blood vessels to keep it alive; there is a small chance the flap may not work. This is in the order of about 2% risk, so it is very uncommon.
- **Wound healing problems** – this problem is rare but can happen if the skin is under tension. These healing difficulties can range from minor problems, such as small areas of wound separation, to major issues, such as area of skin loss. People who have diabetes, smoke, are obese or elderly are at an increased risk of delayed healing.
- **Numbness, reduced sensation or oversensitivity will** occur around the scars. This is sometimes temporary, but for most patients these changes will remain to some degree.
- **DVT/PE** – following any surgical procedure it is possible to develop a blood clot in your legs, which could potentially break off and move to your lungs. If the blood clot is large enough it could prove fatal. In order to reduce any risks of this we give you special stockings to wear in bed and a blood thinning injection if you are not mobile.

Post-Operative Recovery

1. You should expect to be in hospital about 2-3 days.
2. When you wake up from the anaesthetic, you may have a drain in your groin/axilla. This will drain off any excess blood or body fluid from your groin/axilla. The drain is removed after 2 days.
3. You will have dissolvable sutures with glue dressing which will dissolve at about 3 weeks.
4. You can shower as soon as you want and do not need any dressing changes
5. Your limb will be more swollen than usual.
6. You should ensure you wash the limb with a mild non-perfumed soap and then moisturise the skin to prevent drying which can provide an entry site for infection
7. Leave your compression garment off for 5 days or until the post-op swelling starts to subside
8. You will need to wear your normal lymphoedema garment and compression shorts after this period
9. The physiotherapist will go through post-op exercises. The sooner you are able to perform these better.
10. A follow-up appointment with the consultant and the lymphoedema nurse specialist will be arranged for 2 weeks or sooner should you have any problems.
11. It is essential to continue to wear your lymphoedema garments and be managed by a lymphoedema nurse as you recover. We have our own lymphoedema nurse specialist who will look after you throughout your time with us. She will liaise with your local team following your discharge.
12. A course of Manual Lymphatic Drainage and Compression Bandaging is recommended post-operatively and therefore it is important that this is discussed and planned with your local service prior to surgery or arrangements can be made for you to receive this treatment
13. What is the estimated time for recovery, absence from work and return to usual activities? Recovery times vary from one person to another but most patients return to work at 2 weeks. You can start driving at 2 weeks, commence gentle exercise at 4 weeks and return to the gym at 6 weeks.

The limb should continue to soften and reduce over the following 18 months. The lymph nodes have been shown to release cytokines (cell signalling chemicals) that encourage old lymphatic pathways to open up and new networks to develop.

Many patients notice reduced discomfort and heaviness in their affected limb that starts to improve immediately.

Those suffering from recurrent cellulitis should also notice a dramatic reduction in the number of episodes.

Depending on the severity and length of time you have had lymphoedema, you may need subsequent procedures such as liposuction or lymphatic venous anastomosis.



How to find us

For more detailed directions to the hospital, please visit

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