

## **PATIENT INFORMATION**

### **INGUINAL BLOCK DISSECTION**

#### **Why do I need Inguinal Block Dissection?**

You have been diagnosed with a malignant condition and advised to have some of the lymph nodes removed from your groin. This is necessary for two reasons.

- 1) To control progression of the cancer in the groin
- 2) So that we can accurately stage your disease.

In doing this we can give appropriate advice on further treatments if necessary.

#### **Before the Operation**

Before admission you should prepare yourself physically and mentally. Stopping smoking and avoiding alcohol are essential parts of this preparation. Staying active will also help your post-operative recovery. Understanding the operation will help towards your mental preparation.

Several days prior to admission you will be assessed on the ward (this is called pre-clerking) where a medical history and examination are undertaken and routine blood tests arranged. You may have an ECG or an x-ray as part of these routine checks.

It is important to let the doctor or nurse know of any serious conditions you currently have or have had in the past, and any problems that you may have had with anaesthetics. You must inform us about any drugs that you are taking and any allergies that you have.

Having understood all the information about the operation, including the potential risks and complications as well as the benefits, you will be asked to sign a consent form by the doctor.

## **Coming into Hospital**

You will be admitted the day before surgery. You must bring any medicines that you are currently taking with you.

The surgical team will see you and place some marks on the skin. These marks must not be removed prior to your operation. Please feel free to ask any questions that you may have.

An anaesthetist will see you before the operation to discuss the anaesthetic, plans for pain relief and control of nausea following the surgery.

The groin may be shaved prior to the operation. A nurse will assist you with this if necessary.

There will be a period of fasting prior to the operation. The nurses on the ward will advise you when to stop eating and drinking.

## **The Operation**

An incision will be made starting in the groin and will continue down to the mid / lower thigh. The surgeon will remove most of the glands from your groin. These will be sent to the histology laboratory for analysis.

The wound is usually closed with stitches or staples that will remain in for at least 2 weeks.

1 or 2 drains will be placed into the groin so that excess fluid will not build up in the wound. These will remain in place for about 2 weeks.

We would expect the operation to take up to 2 hours.

## **Recovery**

Once the operation is finished the anaesthetist will take you to recovery where you will slowly wake up. From here you will be taken back to the ward to continue your recovery.

You will have a drip running into your arm. You can start drinking as soon as you feel able. The drip will be removed once you are drinking sufficiently.

As with any operation, you may experience some discomfort. An epidural may be sited at the time of your operation for pain relief. Alternatively, a pump containing morphine called a PCA may be attached to the drip. However, if you are still uncomfortable you must report this to the ward staff.

A period of bed rest or limited mobility may be necessary for several days following surgery. The physiotherapist will provide you with advice and equipment to assist you in returning to your previous level of mobility.

A catheter may be inserted into your bladder at the time of surgery. This will be removed when the period of bed rest is over.

The ward nurses will remove the stitches or clips or, if you have been discharged home, a district nurse will visit you to remove them.

The drains may still be in place when you go home. When they are ready to be removed, you will be given an appointment to come to the ward for this to be done.

## **The Wound**

You may notice that the skin around the incision is numb. This is completely normal. The numbness will improve over time but you may have areas that remain numb permanently.

The wound goes through various stages of repair. Initially there will be some scab formation, which usually comes off by about 14 days. After this it may become a little pink and raised for a few months. Eventually this will fade and become less noticeable.

## **Lymphoedema**

This is an unavoidable side effect of your surgery.

It is a build up of fluid in the sub-cutaneous tissues of the leg caused by obstruction of the lymphatic drainage in the groin as a result of surgery.

The affected leg can become swollen, stiff, uncomfortable and awkward to move. It can develop weeks, months or years after the surgery.

A form of massage and the use of compression bandages can treat lymphoedema.

## **Going Home**

You should expect to go home about 1 to 2 weeks after your operation.

A District Nurse will be arranged to call at your home soon after discharge from hospital. She will check that your wound is continuing to heal and offer any necessary support.

## **Follow Up**

Prior to going home you will be informed about when to expect your next outpatient appointment.

If we have not discussed the tissue analysis with you, we will see you again within 2 weeks of your discharge from hospital to go through this.

Please feel free to bring someone with you for support.

## **DO'S AND DON'T'S**

### **Bathing**

It is not advisable to soak the wound in a bath until it is fully healed. You may shower but you must ensure that the wound is thoroughly dried afterwards. If you still have dressings on the wound, make sure that these are removed prior to showering and replaced after.

## **Driving**

It is suggested that you do not drive for a minimum of 2 weeks after discharge from hospital. You need to be comfortable to enable you to drive safely and to perform an emergency stop. However, in the end it is your responsibility and you must decide whether your Insurance Company would pay up in the event of a claim. Please inform your Insurance Company before you return to driving.

## **Work**

You can return to work when you feel comfortable to do so. The length of time off will vary depending on the type of work you do and how quickly you recover from the surgery.

## **Exercise**

Once home you can begin to exercise when it is comfortable to do so. Start off gently and build up gradually. If it hurts don't do it. Be sensible.

## **Complications and Risks**

### **Haematoma**

Following any surgical intervention there is a potential for bleeding into the wound, this is called a haematoma. If this occurs it may require another small operation to remove the blood clot. There may also be a need for blood transfusion if you become anaemic.

### **Wound Infection**

As with any wound there is potential for it to become infected. The staff will be observing your wound on a daily basis to assess for signs of infection. They will be looking for swelling of the wound, increasing redness around the incision or any discharge. You should also report to the staff if the wound starts to throb or become more painful.

If infection occurs, it may be necessary to have a course of antibiotics to treat it.

You should continue to observe the wound for signs of infection once you are at home.

## **Dehiscence**

Occasionally the wound can open, called dehiscence. This may happen as a result of infection. Other common reasons are diabetes, age and being overweight. The problem is treated by packing the opening with dressings on a daily basis.

## **DVT and PE**

Blood clots can develop in the legs. These are called deep vein thrombosis (DVT). You will be required to wear elasticated stockings during your admission and will have a daily injection of a drug called Clexane to thin your blood. Both of these are done to reduce the risk of DVT.

Rarely, part of this clot can break off and travel to the lungs. This is called a pulmonary embolism (PE). This is a serious problem and although very rare, it can be fatal.

## **Seroma**

It is common for people who have had their lymph nodes removed to experience fullness at the site of surgery once the drains have been removed. This is caused by a collection of fluid known as a seroma.

This fluid will be re-absorbed by your body over time. However, if it causes discomfort then it can be drawn off with a needle and syringe. This procedure is usually painless as the area is numb following the surgery.

## **Recurrent Disease**

Not all of the glands in the area are removed. This means that the remaining glands could develop further disease in the future.

## **General Complications**

Please remember that although operations and anaesthetics are very safe, extremely rarely major complications can occur. These include heart attacks, strokes, clots in the legs or lungs and even loss of life.

Other minor complications include chest or urinary tract infections. You should understand that some of the above risks are more likely if you smoke, if you are overweight, if you are diabetic or have high blood pressure or heart disease.

## **Making Your Decision**

You are the only who can decide whether to go ahead with the operation.

Ask lots of questions until you are happy that you have got all the information that you need.

Remember that you can change your mind at any time and that you have the right to seek a second opinion should you so wish.

## **Further Questions**

It is important that you feel well informed about this procedure and that you fully understand the risks and benefits of the surgery. You may wish to locate further information from other sources such as your local library or the Internet.

Should you have any further questions, you can contact the Nurse Practitioners on 01202 704674

## Useful Organisations

CancerBACUP  
3 Bath Place  
Rivington Street  
London EC2A 3DR  
Freephone: 0808 800 1234  
[www.cancerbacup.org.uk](http://www.cancerbacup.org.uk)

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