

Breast Surgery: Axillary clearance

Overview:

You have been recommended to have a procedure for the removal of lymph glands in the armpit (axilla) to complete the surgical treatment for your breast cancer. This will be performed under general anaesthetic. The operation usually lasts approximately one to two hours and involves an overnight stay in hospital.

This information sheet explains some of the aims, benefits, risks and alternatives to this procedure. We want you to be informed about your choices to help you to be fully involved in making any decisions about your treatment.

Please ask about anything you do not fully understand or wish to have explained in more detail.

If you would like this information in another format or language or would like help completing the form, please ask a member of our staff.

Please bring this form with you to hospital

Please read the information and consent details in this form carefully and bring it back with you on the day of surgery. If you have any questions you could discuss these with surgeon (or other appropriate healthcare professional) when you sign this form to document your consent.

For staff use:

Does the patient have any special requirements? (e.g. requires an interpreter or other additional communication method)

.....

About the procedure

Breast side:

The lymph glands under the arm (axilla) drain a large area of the lymphatic fluid from the breast and arm, and sometimes the tumour can spread to the lymph glands.

Axillary clearance involves the removal of the majority of these glands, and following this procedure, no further treatment is generally required for the axilla. This procedure will reduce the possibility of a recurrence of the tumour under the arm as well as informing us whether the glands are involved by the tumour, which helps us plan the next stage of your treatment.

The procedure will be performed by a experienced breast surgeon who is a member of the breast team.

Before your procedure

You may be seen at the pre-admission clinic by a qualified nurse and if required, a member of the surgical breast team. You will normally be admitted on the day of surgery in the morning.

Details of your medical history will be obtained, a clinical examination will be performed and any investigations deemed necessary will be carried out.

You can discuss any concerns or worries you have about the operation with the staff present.

If you are taking any tablets or other forms of medication, you should tell the doctor treating you.

This procedure involves the use of general anaesthesia, which means you will not be conscious during the surgery. The anaesthetist will see you before the procedure to assess your state of health and discuss the details with you.

After the procedure

After your operation, you will wake up in the recovery room. You might have an oxygen mask on your face to help you breathe. You might also wake up feeling sleepy.

You will have a small, plastic tube in one of the veins in your arm. This may be attached to a bag of fluid (called a drip), which feeds your body until you are well enough to eat and drink by yourself.

While you are in the recovery room, a nurse will check your pulse and blood pressure regularly. When you are well enough to be moved, you will be taken to the ward. Sometimes, people feel sick after an operation and might vomit. If you feel sick, please tell a nurse and you will be offered medicine to make you feel more comfortable.

When you wake up, you will have tubes (drains) coming from your wound. These drains collect tissue fluid in a small collecting chamber, which is measured daily. You will be discharged from hospital within 24-48 hours, with instructions on management and removal of drain by the district nurse. When the amount of fluid is less than 50mls in 24 hours the drain will be removed by the district nurse.

Eating and drinking: After the operation, you will be able to eat and drink when you are fully awake again. This usually takes two to four hours. How quickly you return to a normal diet will depend on how you feel. Most patients recover their appetite very quickly.

Getting around and about: Generally, it is best to get out of bed as soon as you feel you can. If, on the first day, you cannot get out of bed, you will be encouraged to move your legs in bed to prevent blood clots forming.

We will arrange for the physiotherapist to visit you on the ward to give you advice and exercises.

Special measures you need to take AFTER the procedure: You will be given more detailed information about any special measures you need to take after the procedure. You will also be given information about things to watch out for that might be early signs of complications (e.g. an infection).

We advise you to bring a supportive and well-fitting bra into the ward with you. This may be put on after your surgery, providing support and comfort to the wound. The ward staff will advise you when to put the bra on.

Experienced staff are available to help you so please tell your nurses or doctors about any concerns that you have and they will try to help you resolve them.

The skin stitches are dissolvable and will not need to be removed. You will have a light dressing covering your wound to keep it clean, and this will usually be in place for the first day or so. The wound may be secured with steri-strips which are like small pieces of tape that help healing and support the wound. These will gradually come off in the bath or the shower.

When you can leave hospital: The time that you stay in hospital will depend on how you are feeling after your operation, the type of operation, and your doctor's opinion.

When you can resume normal activities including work: You can usually begin gentle work within a week or two, but you might need to wait a little longer for more vigorous activity.

It is not uncommon to feel a bit 'down' after any operation, so do ask your doctor or breast care nurse if you feel you need more psychological support.

Check-ups and results: You will be given a date to return to clinic for the results of your surgery usually within two to three weeks of your operation. By then the tissue removed at the operation will have been examined and your results discussed by the breast care team. Any further treatment, if recommended, will be discussed with you then. **If you do not receive this follow-up appointment (within a week of discharge), please contact the breast care nurse.**

Alternative procedures that are available

Other forms of treatment can be applied in the treatment of your cancer, such as radiation therapy (using high-dose X-rays to kill cancer cells), chemotherapy (using drugs to kill cancer cells), and hormone therapy (using hormones to stop the cells from growing). However, the present recommendation by the breast team is that in your case, surgery is the best form of treatment at this stage.

Risks associated with the procedure

Surgery: All operations have a small risk of side effects, such as pain, bleeding and infection. The risks associated with general anaesthesia include potential breathing and heart problems, as well as possible reactions to medication. For a woman who is otherwise in good health, the risk of a serious complication due to general anaesthesia is less than 1%.

Axillary clearance: You may experience numbness and discomfort in the armpit and upper arm, as well as shoulder stiffness. The numbness usually lessens slowly, after treatment, but might not resolve completely. Performing shoulder exercises (taught to you after the operation) will improve your mobility.

Seroma: A Seroma is a collection of fluid under the arm after surgery. This fluid may need to be drained through a small needle and syringe. Draining is a very simple procedure that can usually be done by a member of the breast team.

Lymphoedema: Lymphoedema is a swelling in the tissue below the skin caused by lymph fluid which cannot drain away. This can occur when the lymph glands are removed (by surgery) or blocked (by radiotherapy) secondary to scar tissue formation. The hand and/or arm may swell at any time after the surgery. It can affect about 15 to 20% of women but only about 5% to a significant degree. There are certain precautions you need to take to prevent lymphoedema. These will be discussed with you by the breast care nurse.

Post surgical treatment

When deciding if you need post-surgical treatment (adjuvant therapy), your team will assess several factors, including the risk of the cancer recurring, the characteristics of the cancer, and how much the treatment will benefit you. This will be discussed with you by a member of the breast team.

Information and support

Additional information will be given to you in the form of a patient information breast care pack. Do feel free to speak to a member of staff if you have any questions or anxieties.

Useful Contacts

Breast Care Nurses:

Bridget Ashdown
01234 792057
Bridget.Ashdown@bedfordhospital.nhs.uk

Rachel Bryce
01234 355 122 ext. 5268
Rachel.Bryce@bedfordhospital.nhs.uk

Alison Borromeo
01234 355 122 ext. 5268
Alison.Borromeo@bedfordhospital.nhs.uk

Cancer BACUP: 0808 800 1234
Breast Cancer Care: 0808 800 6000

Consent form

Consultant:

Name of proposed procedure: Axillary clearance

Side (left/right).....

For staff use only:
Surname:
First names:
Date of birth:
Hospital no:
Male/Female:
(Use hospital identification label)

Statement of health professional

(To be filled in by a health professional with an **appropriate knowledge of the proposed procedure**, as specified in the hospital's consent policy)

I have explained the procedure to the patient. In particular, I have explained:

- How it will be performed
- The intended benefits of the procedure
- Any serious or frequently occurring risks including those specific to the patient e.g. *infection, bleeding, seroma, arm swelling, shoulder stiffness, numbness under arm.*
- Any extra procedures that might become necessary during the procedure

Blood transfusion Other procedure (please specify)

I have discussed what the treatment / procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

The following information leaflet has been provided:.....Version/Date/Ref:

This procedure will involve:

General and/or regional anaesthesia Local anaesthesia Sedation

Health professional's signature..... **Date:**

Name (PRINT):..... **Job title:**.....

Contact details (if patient wishes to discuss details later).....

I have offered the patient information about the procedure but s/he has declined information.

Important notes: (tick if applicable)

The patient has withdrawn consent (ask patient to sign/date here)

See also advance directive/living will (eg Jehovah's Witness form)

Statement of the interpreter (if appropriate)

I have interpreted the information to the best of my ability, and in a way in which I believe s/he can understand:

Interpreter's signature Date:

Name (PRINT):

Copy accepted by patient: yes / no (please circle)

For staff use only:
Surname:
First names:
Date of birth:
Hospital no:
Male/Female:
(Use hospital identification label)

Statement of patient

Please read this form carefully. If your treatment has been planned in advance, you should already have your own copy, which described the benefits and risks of the proposed treatment. If not, you will be offered a copy now. Do ask if you have any further questions - we are here to help you. **You have the right to change your mind at any time, including after you have signed this form.**

Training doctors and other health professionals is essential to the continuation of the health service and improving the quality of care. Your treatment may provide an important opportunity for such training, where necessary under the careful supervision of a senior doctor. You may, however, decline to be involved in the formal training of medical and other students without this adversely affecting your care and treatment.

Please tick boxes to indicate you understand and either agree/disagree to the statements below.

	Yes	No
I agree to the procedure (or course of treatment) described on this form.	<input type="checkbox"/>	<input type="checkbox"/>
I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.	<input type="checkbox"/>	<input type="checkbox"/>
I agree that any tissue (including blood) removed as part of the procedure or treatment may be used for diagnosis and audit, stored or disposed of as appropriate and in a manner regulated by appropriate, ethical, legal and professional standards.	<input type="checkbox"/>	<input type="checkbox"/>
I agree that tissue (including blood) not needed for my own diagnosis or treatment can be used for the following purposes that could benefit other patients:		
Teaching	<input type="checkbox"/>	<input type="checkbox"/>
Research which may include genetic research	<input type="checkbox"/>	<input type="checkbox"/>
I understand that all research will be approved by a research ethics committee and undertaken in accordance with appropriate ethical, legal and professional standards.	<input type="checkbox"/>	<input type="checkbox"/>
I understand that the research may be conducted within a hospital, university, not for profit organisation or a company laboratory.	<input type="checkbox"/>	<input type="checkbox"/>
I agree to the use of photography for the purpose of diagnosis and treatment.	<input type="checkbox"/>	<input type="checkbox"/>
I agree to anonymised photographs being used for medical teaching	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
I understand that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia.)	<input type="checkbox"/>	
I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.	<input type="checkbox"/>	
I have been told about additional procedures which may become necessary during my treatment. I have listed below any procedures that I do not wish, without further discussion, to be carried out.	<input type="checkbox"/>	

Patient's own signature: **Date:**

Name (PRINT):

If the patient is unable to sign but has indicated his/her consent, a witness should sign below. Young people may also like a parent to sign here (see guidance notes).

Witness's own signature: **Date:**

Name (PRINT):

Confirmation of consent (to be completed by a health professional when the patient is admitted for the procedure, if the patient has signed the form in advance)

On behalf of the team treating the patient, I have confirmed with the patient that s/he has no further questions and wishes the procedure to go ahead.

Signature..... **Date:**

Name (PRINT)..... **Role**.....

Adapted with kind permission from Addenbrooke's Hospital

