

## Discharge Advice

### Lymph Node Biopsy

#### **Lymph node biopsy:**

A lymph node biopsy is where by part or all of a lymph node is removed from the neck. It is then sent to a pathologist to be looked at closely under a microscope. Lymph nodes are small oval organs located all around the body but are concentrated in large numbers in the armpits, groin and the neck regions. Lymph nodes are part of the immune system and help fight off infections.

Lymph node biopsies can be done under local anaesthetic (an injection to make the area numb) or general anaesthetic (drugs are given to make the patient unconscious).

An incision is made over or near the swelling and once the lymph node is located, part or all of it is removed. During the procedure electrocautery may be used to stop any bleeding. Some patients require the insertion of a drain as part of the procedure. This drain will be removed prior to discharge from hospital. The wound is closed with either dissolvable or non-dissolvable sutures.

#### **What to expect after surgery:**

If non-dissolvable sutures are used then these may require removal after a week. This will be discussed with the patient post-operatively and indicated on the discharge letter.

It is normal to feel more tired than usual for up to a week after the operation, if you are a parent or a carer you will need some support during this time.

It is important to eat and drink normally.

Ensure that the wound site is kept clean and dry. Avoid the use of makeup and perfumed creams. After one month, gently massage the scar with a non-perfumed moisturising cream two or three times a day.

#### **Potential complications and advice following surgery**

**Bleeding:** the risk of bleeding is low and it is important to avoid any strenuous activity in the immediate post-operative period to reduce this risk. Bleeding could result in a haematoma (a blood clot) forming under the wound. You may need a further procedure to stop the bleeding and remove the clot.

**Infection:** there is a risk of infection with any surgical procedure, but provided the wound is kept clean the risk is very small

**Nerve damage:** there is a low risk of injury to the accessory nerve which can result in stiffness or drooping of the shoulder. Damage to other nerves in the area which includes the hypoglossal nerve (supplies tongue movement) and mandibular nerves

(supplies lip movement) is very rare. This should be apparent during the initial recovery period post-surgery.

### **Recovery time:**

It is common to experience some pain on swallowing due to the surgery and the anaesthetic tube (general anaesthetic). This is normal and should resolve after 72 hours.

Neck stiffness can also happen and head movement within normal limits will help to prevent neck stiffness.

At least 2 weeks off school/work are required in order to recover from the surgery. A sick note can be provided prior to discharge from hospital if required.

You will have a scar. This will look red but will fade slowly over a variable period of time between a few months and a few years. Some people produce a Keloid scar (raised/highly coloured scar). This is due to their skin type; it is unpredictable before surgery and may be treatable at a later date. Patients should protect their scar from direct sunlight for 18 months; it is advisable to use a total sun block

### **Follow up:**

An appointment will be made for the outpatient clinic at around 2 to 4 weeks post-surgery. At this point the laboratory tests on the lymph node should be available. The surgeon will also be able to review the neck wound and answer any questions. Should this appointment not be received, please call the outpatient booking office on 01495765055.

### **EMERGENCY DISCHARGE INFORMATION**

**09:00 to 17:00 Monday to Friday (excluding bank holidays):** Contact the ENT Treatment room on 01633234018

**After 17:00/overnight (adults):** Ward C0 01633 493926.

**After 17:00/overnight (children):** Ward C1 01633 493609.

**In the event of a breathing emergency, attend your closest Accident & Emergency department. This can happen with bleeding or swelling in your neck, particularly in the first 48 hours after an operation.**

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