LYMPHATIC SURGERY:

Free Lymph Node Transfer

What to Expect

Lymph nodes are moved from the neck or intra-abdominal region, and the blood supply is reconnected into the axilla or groin of the affected limb.

The selected site for lymph node harvesting will be determined by Dr Taylor; the best location will be assessed on an individual patient basis.

If your donor site is the neck, Dr Taylor will be the only specialist required for this procedure. If your donor site is intra-abdominal, a specialist general surgeon will also be required. Dr Taylor will refer you to the general specialist he works with for these procedures.

OPERATION DURATION

This operation is performed under general anaesthetic and usually takes 4-6 hours, depending on the harvest site.

RECOVERY TIME

Driving 3-4 weeks,
Office work 4 weeks,
Strenuous work/exercise 2-3 months.
(Please note these are approximate times only.)

HOSPITAL STAY

Depending on your recovery, you will be in the hospital for 2 – 4 days. Everyone is different, and Dr Taylor will tailor your recovery to you.

Dr Taylor will not visit you daily while you are in the hospital. You will have 24/7 specialist Registered Nursing care, and if you have any concerns, you can talk to them, and they will contact Dr Taylor.
Dr Taylor will phone your nurses for daily updates and provide over-the-phone instructions. He will come in to see you if you have any issues.

HOW LONG SHOULD YOU BOOK OFF WORK

This depends on your profession. If you work in an office or non-strenuous job, you will need 3-4 weeks.
However, if you have a physically demanding job, you will need 6 - 8 weeks, depending on the type of work. Your specific requirements will be discussed with you on an individual basis.

If you require a medical certificate, please email admin@drduncantaylor.com.au.

What Complications May Occur After This Procedure?

GENERAL POSSIBLE COMPLICATIONS OF ANY PROCEDURE

- Bleeding during or after surgery
- Infection at the surgical site
- Allergic reaction to equipment, materials or
- medication
- Blood clot in your leg or lungs
- Chest infection

SPECIFIC POSSIBLE COMPLICATIONS OF THIS PROCEDURE

- Wound healing problems
- Swelling/ mass developing under the wound, caused by blood collecting (haematoma). This may require further surgery to drain
- Swelling/ mass under the wound caused by fluid collecting (seroma). This may require further surgery to drain

SPECIFIC POSSIBLE COMPLICATIONS OF THIS PROCEDURE *continued*

- Flap Loss - partial or complete within the first 5 days
- Fat necrosis - reduced blood supply to fatty tissue, causing hard or firm areas
- Contour deformity - a difference in shape, size and appearance
- Damage to surrounding structures

CONSEQUENCES OF THIS PROCEDURE

- Scarring - donor site + axilla

How to Prepare for Your Procedure

DIAGNOSTIC REQUESTS

Lymphoscintigram: Pre-surgery and post-surgery, at a radiology clinic - to assess the flow of lymphatic vessels/ identify the location of the blockage. You will be given a request form to complete.

Pre-operative lymphedema assessment: You must have an assessment/ measurements completed with your physio or occupational therapist prior to your surgery. Please ask for the results to be sent to Dr. Taylor's rooms.

Blood Tests: You will be given a request form to complete blood tests. These blood tests must be done 5-7 days prior to surgery.

DRUGS FOR BREAST CANCER TREATMENT

If you are taking medication for breast cancer treatment (i.e. Tamoxifen or Herceptin). In this case, it will usually be stopped 1 - 4 weeks prior to your surgery date, depending on the medication type. You will be informed of when to stop based on your requirements. You can then recommence taking this medication 7 days after your surgery.

This medication can interfere with your wound healing or blood clotting, and this is why a break in treatment for a short period is recommended.

CLEXANE (BLOOD THINNER)

You will be given a script for a Clexane injection. Please administer this injection into your thigh or abdomen (depending on the site of surgery) at 4-6 pm the night prior to surgery.

FASTING

You are required to fast for General Anaesthesia. You cannot have any food or fluids (including lollies and chewing gum) 6 hours prior to your surgery.

You can have some sips of water only up to 2 hours prior to your surgery and nothing after this time.

If you take regular medication, please check with our nurse to see if you should be taking your medication in the lead-up to/on the day of your surgery. Some medications should be withheld.

You can eat and drink immediately after your surgery once you are awake enough following your general anaesthetic.

PRE-OP WASH

Please purchase a pre-op chlorhexidine wash from the pharmacy. Use this whilst showering, the day before and the morning of your surgery.

SURGICAL GARMENT

You will require a velcro-adjustable sleeve for your limb for the initial 6 weeks post-surgery; then you can swap back to your standard compression sleeve. Your lymphedema therapist (Physio or OT) can assist with this garment.

Please bring your sleeve with you to the theatre on the day of surgery.

Wear your sleeve 24/7 for 6 weeks (including in the hospital). After six weeks, you can be guided by your lymphedema therapist/ lymphedema assessments and potentially wean off using the garment.

Perioperative Instructions

THE MORNING OF SURGERY

Please arrive at the hospital approximately 2 hours before your surgery start time. Our Practice Manager will provide you with your admission information (time/where to go) before your surgery date.

Dr Taylor will see you in the pre-operative area before you go into theatre.

DRAINS

You will have a drain inserted into the site of surgery and the donor site during your operation. These drains will likely be removed before your discharge from the hospital. If your drain output is high, you may be discharged with a drain in situ. In this instance, *Hospital in the Home (WITH)* nurses will visit you daily to monitor your drain.
You will have an indwelling catheter inserted to drain your bladder during surgery. This will be removed once you are mobilising well, usually the next day.

Post-Operative Instructions

ACTIVITY

You will be able to mobilise around the ward immediately after your procedure.

Please do not lift your arm:
- 45° for the first week
- 70° for the second week
- 90° for the next 2 weeks.

Please do not do any physical activity or heavy lifting over 5 kgs for 4 weeks - no rigorous activities, including tennis, horse riding, golf or aerobics, for 3 months.

You can drive after 3-4 weeks, depending on your recovery and when you feel strong enough to. It would be best to refer to your car insurance policy for individual guidelines.

LYMPHEDEMA ASSESSMENT/ TREATMENT

Lymphedema assessment guidelines: please book these appointments with your therapist and ask for a copy to be sent to Dr Taylor's rooms after each appointment:

- Pre-op
- 2 weeks post-op
- 6 weeks post-op
- 3 months post-op
- 6 months post-op
- 12 months post-op

Lymphedema treatment guidelines:
As required regularly with a lymphedema therapist - your treatment and frequency are to be guided by your therapist and personal requirements.

Massage and compression pump treatment to the affected limb can commence immediately post-surgery below the anastomosis site. You will, however, need to avoid any massage directly over the wound or any pressure over the wound site for the initial 4 weeks post op.

PAIN RELIEF

You should not be in significant pain after your surgery. You will be charted with regular pain relief. If you have pain on top of this, you should ask for additional pain medication, which will be prescribed on your drug chart.

You will not be discharged from the hospital until your pain is well managed on oral medications. Please take paracetamol regularly and your stronger pain relief, if required.
If you have severe pain that is not responding to the pain relief, please phone our nurse during office hours.

Do not use ice packs or heat packs.

Do not take aspirin.

ANTIBIOTICS

You will be on IV antibiotics whilst in the hospital for 24 hours and then on a 5-day course of oral antibiotics.
Depending on how long you remain in the hospital, you may be discharged home with some remaining antibiotics. Please take the full course.

ANTI-INFLAMMATORIES

You may be prescribed some anti-inflammatories while in the hospital and will also be discharged with some. Please take the entire course, even if you are not in pain. Please take this medication as prescribed by your anaesthetist on the box.

INFECTION

If your wound becomes hot, swollen, oozes pus, or you are spiking temperatures, the wound may be infected. Please phone our nurse immediately.

REMOVAL OF SUTURES & DRESSINGS

Most sutures used during these procedures do not require removal and will dissolve on their own.
Your wound will be dressed with surgical tape and glue (DERMABOND™ PRINEO™). This is waterproof, and you can shower normally.
If the harvest site is the abdomen, these port site incisions will be dressed with steri-strips and a simple dressing.

These dressings will be removed at your 1-week post-op nurse appointment. Please leave it in situ until then.

You will have an appointment with the nurse approximately 1 week post-surgery, and your wounds will be checked.

WOUND CARE

Do not immerse the wound in water, such as swimming or bathing, for at least 6-8 weeks or until the wounds are completely healed.
Bruising takes around 2 - 4 weeks to resolve, and swelling can take 3-6 months to resolve completely.

MASSAGING

It is recommended that you massage your scars with a good moisturiser (e.g. Sorbolene or QV) or Bio-Oil for 2 minutes, twice daily. Wipe off any excess product, then apply either:

- **A silicone gel** (e.g. Strataderm), which dries to form a protective film over the scar, or
- **Silicone tape.**

Continue this treatment for 3–6 months.

If you would like additional assistance with your scar management and massage, we would be happy to refer you to an occupational therapist/ physio specialist specialising in this treatment. This service incurs an out-of-pocket expense and is unnecessary for all patients. However, if you are interested, please inform our nurse.

SLEEP

You will need to sleep on your back or on the opposite side to the side of surgery for the first 4 weeks.

Other Useful Tips

The power outlet in your hospital room is often quite far away from your bed - we suggest bringing a long charging cable for your phone so that you can keep it within reach.

You will be in a hospital gown during your hospital stay, as it is challenging to change into pyjamas whilst you have drains, etc.

Once the drains, etc., have been removed, you can change into your own pyjamas or clothes if you prefer.

Follow Up

The following follow-up appointments will be scheduled for you:

- 1 week post surgery - nurse check-up for wound checks and dressing changes.
- +/- 1 week post surgery - nurse check-in (if required)
- 6 weeks post surgery - review consultation with Dr Taylor.