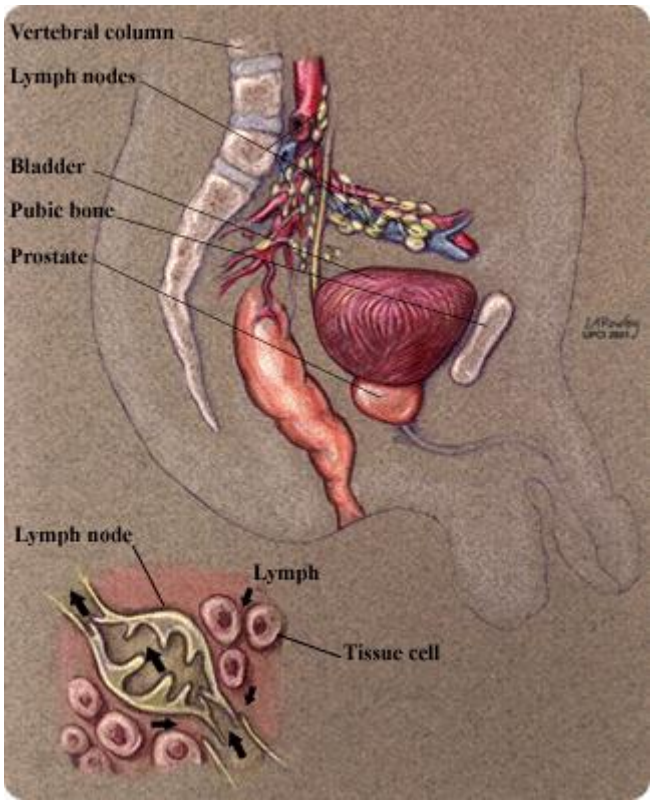
Department of Urology

Surgical procedure information leaflet

Name of procedure: **Pelvic Lymph Node Dissection**

A Pelvic Lymph Node Dissection is a surgical procedure to remove the lymph nodes in the pelvis. A pathologist views the tissue under a microscope to look for cancer cells.

In selected cases, before radical prostatectomy, lymph nodes near the prostate gland will be removed and evaluated to determine if the prostate cancer has spread.



What do lymph nodes have to do with cancer?

Lymph is a clear fluid circulating throughout the body. Filled with infection-fighting cells, lymph carries foreign bodies, including impurities, germs and cancer cells, away from internal organs. Lymph vessels transport the lymph from organs to lymph nodes, bean-shaped collections of infection-fighting cells, which filter and capture the foreign bodies. Lymph vessels then transport the filtered lymph back into the bloodstream.

Lymph vessels in the pelvis are responsible for carrying foreign bodies away from the prostate gland. If prostate cancer has spread outside the prostate gland, one of the first places it may travel is to lymph nodes in the pelvis.

How are lymph nodes removed?
Lymph nodes can be removed during a radical retropubic prostatectomy, or as a separate procedure called a laparoscopic lymph node dissection.

During radical retropubic prostatectomy
In selected cases, lymph nodes are removed as one of the first steps in a radical retropubic prostatectomy. The surgeon makes an incision in the lower abdomen, from the pubic bone to the navel. Before reaching the prostate gland, the surgeon removes a small amount of tissue on either side of the bladder. The tissue, which contains lymph nodes, is immediately examined by a pathologist, a doctor who specializes in identifying diseases by noting changes in organs, tissues and fluids. The pathologist examines the tissue under a microscope to see if the lymph nodes are cancer-free. If no cancer is found, then the operation continues.

Laparoscopic lymph node dissection
If there is a good chance the prostate cancer has already spread to the lymph nodes, and then it makes sense to check those lymph nodes before having major surgery. A laparoscopic lymph node dissection is a minimally invasive procedure to remove lymph nodes. The surgeon makes a number of tiny incisions just below the navel and, to increase the workspace, pumps air into the abdomen. A laparoscope, a slim tube with a tiny camera on the end, is inserted into one incision and, while watching the procedure on a TV monitor, the surgeon inserts instruments through the other incisions and removes the lymph nodes.

This leaflet explains some of the benefits and risks. We want you to have all the information you need to make the right decision. Please ask your surgical team about anything you do not fully understand or want to be explained in more detail.

We recommend that you read this leaflet carefully. You and your doctor (or other appropriate health professional) will also need to record that you agree to have the procedure by signing a consent form, which your health professional will give you.

Benefits of the procedure
The main purpose of the surgical procedure to remove the lymph nodes in the pelvis. A pathologist views the tissue under a microscope to look for cancer cells. If the lymph nodes contain cancer, the doctor will not remove the prostate and may recommend other treatment.

Serious or frequent risks
Occasionally complications can arise because of the procedures invasive nature. The general risks of surgery include problems with:

- Bleeding
- Water infection
- breathing (for example, a chest infection);
- the heart (for example, abnormal rhythm or, occasionally, a heart attack); and
- Blood clots (for example, in the legs or occasionally in the lung).

Rare risks of the operation are:

- Delayed bleeding requiring removal of clots or further surgery.
- Perforation of the bladder requiring a temporary catheter or open surgery repair.

- Most people will not experience any serious complications from their surgery. The risks increase for elderly people, those who are overweight and people who already have heart, chest or other medical conditions such as diabetes or kidney failure. As with all surgery, there is a risk that you may die.
- You will be cared for by a skilled team of doctors, nurses and other health-care workers who are involved in this type of surgery every day. If problems arise, we will be able to assess them and deal with them appropriately.

Your pre-surgery assessment visit

We will ask you to go to a pre-surgery assessment clinic where you will be seen by members of the medical and nursing teams of the surgical unit. The aim of this visit is to record your current symptoms and past medical history, including any medication you are taking. Your heart and lungs will be examined to check that you are well enough for surgery. Blood tests and x-rays will usually be taken or arranged during this clinic.

The members of the surgical team will check that you agree to have the planned surgery. You may be asked to sign a consent form (if you have not already done so), by doing this you confirm that you understand what the procedure involves, including the risks and benefits, and give your permission to go ahead. If you have not understood any part of the information, you will be able to ask any questions you may have about your planned surgery.

Being admitted to the ward

Depending on your circumstances you will be admitted either the day before or on the day of surgery. We will welcome you to the ward and check your details. We will fasten an armband containing your hospital information to your wrist.

We will usually ask you to continue with your normal medication during your stay in hospital, so please bring it with you.

Your anaesthetic

We will carry out your surgery under a general anaesthetic. This means that you will be asleep during your operation and you will feel nothing.

Before you come into hospital

There are some things you can do to prepare yourself for your operation and reduce the chance of difficulties with the anaesthetic.

- If you smoke, consider giving up for several weeks before the operation. Smoking reduces the amount of oxygen in your blood and increases the risks of breathing problems during and after an operation.
- If you are overweight, many of the risks of anaesthesia are increased. Reducing your weight will help.
- If you have loose or broken teeth or crowns that are not secure, you may want to visit your dentist for treatment. The anaesthetist will usually want to put a tube in your throat to help you breathe. If your teeth are not secure, they may be damaged.
- If you have long-standing medical problems, such as diabetes, hypertension (high blood pressure), asthma or epilepsy, you should consider asking your GP to give you a check-up.

Your pre-surgery visit by the anaesthetist

- After you go into hospital, the anaesthetist will come to see you and ask you questions about:
    - your general health and fitness;
    - any serious illnesses you have had;
    - any problems with previous anaesthetics;

- medicines you are taking;
- allergies you have;
- chest pain;
- shortness of breath;
- heartburn;
- problems with moving your neck or opening your mouth; and
- Any loose teeth, caps, crowns or bridges.

- Your anaesthetist will discuss with you the different methods of anaesthesia they can use. After talking about the benefits, risks and your preferences, you can then decide together what is best for you.
- Also, before your operation a member of the theatre nursing staff may visit you. He or she will be able to answer any questions you may have about what to expect when you go to theatre.

On the day of your operation

Nothing to eat and drink (nil by mouth)

It is important that you follow the instructions we give you about eating and drinking. We will ask you not to eat or drink anything for six hours before your operation. This is because any food or liquid in your stomach could come up into the back of your throat and go into your lungs while you are being anaesthetised. You may take a few sips of plain water up to two hours before your operation so you can take any medication tablets.

Your normal medicines

Continue to take your normal medicines up to and including the day of your surgery. If we do not want you to take your normal medication, your surgeon or anaesthetist will explain what you should do. It is important to let us know, before you are admitted, if you are taking anticoagulant drugs (for example, warfarin, aspirin or clopidogrel).

We will need to know if you don't feel well and have a cough, a cold or any other illness when you are due to come into hospital for your operation. Depending on your illness and how urgent your surgery is, we may need to delay your operation as it may be better for you to recover from this illness before your surgery.

Your anaesthetic

When it is time for your operation, a member of staff will take you from the ward to the operating theatre. They will take you into the anaesthetic room and the anaesthetist will make you ready for your anaesthetic.

To monitor you during your operation, your anaesthetist will attach you to a machine to watch your heart, your blood pressure and the oxygen level in your blood. General anaesthesia usually starts with an injection of medicine into a vein. A fine tube (venflon) will be placed in a vein in your arm or hand and the medicines will be injected through the tube. Sometimes you will be asked to breathe a mixture of gases and oxygen through a mask to give the same effect.

Once you are anaesthetised, the anaesthetist will place a tube down your airway and use a machine to 'breathe' for you. You will be unconscious for the whole of the operation and we will continuously monitor you. Your anaesthetist will give you painkilling drugs and fluids during your operation. At the end of the operation, the anaesthetist will stop giving you the anaesthetic drugs. Once you are waking up normally, they will take you to the recovery room.

Pain relief after surgery

Pain is unusual after this operation. The catheter is not painful but is sometimes a little uncomfortable.

If a blood clot or piece of debris blocks the catheter tube the bladder will begin to fill. Once full you will get an intense desire to pass urine, but the urine will be unable to flow out. If you think this has happened you should tell a nurse who will flush the catheter to clear it.

The ward staff will continue to monitor you and assess your pain relief. They will ask you to describe any pain you have using the following scale.

0 = No pain
1 = Mild pain
2 = Moderate pain
3 = Severe pain

It is important that you report any pain you have as soon as you experience it.

What are the risks?

Your anaesthetist will care for all aspects of your health and safety over the period of your operation and immediately afterwards. Risks depend on your overall health, the nature of your operation and how serious it is. Anaesthesia is safer than it has ever been. If you are normally fit and well, your risk of dying from any cause while under anaesthetic is less than one in 250,000. This is 25 times less likely than dying in a car accident. Side effects of having an anaesthetic include drowsiness, nausea (feeling sick), muscle pain, sore throat and headache. We will discuss with you the risks of your anaesthetic.

After your surgery

Initially you will be taken to the recovery room where a nurse will regularly check your blood pressure and pulse. Once everything is checked and stable you will be transferred back to the ward.
You may return from theatre with a catheter. You may also have a drip in your arm to provide you with the necessary fluids until you are able to eat and drink. This is usually removed within 24 hours.
Do not be alarmed if you see blood in the catheter bag. During the operation an area inside the body is cut. This has to heal, and like all areas of the body when cut, before it heals, it will bleed.

Catheter care

It is important to prevent an infection by keeping your catheter clean. Wash around the catheter where it enters the urethra (water pipe) with soap and water each day. You can have a bath or shower with the catheter and bag attached. You should walk around the ward with your catheter on a stand or leg bag as soon as you are able the day after your operation.

The catheter is usually removed the day after the operation.

The catheter is then removed by deflating the balloon at the end of the catheter inside the bladder. Although not painful this may be uncomfortable. Once the catheter has been removed it is important to continue drinking well. It is normal to feel that you want to pass urine more often at first. This will settle down after a few hours.

Leaving hospital

Length of stay

How long you will be in hospital varies from patient to patient and depends on how quickly you recover from the operation and the anaesthetic. Depending on the type of surgery you have along with the pelvic lymph node dissection, will depend on your length of stay. Your consultant will advise you the how long you will be in hospital for.

Medication when you leave hospital

Before you leave hospital, the pharmacy will give you any extra medication that you need to take when you are at home.

Convalescence

How long it takes for you to fully recover from your surgery varies from person to person. After you return home, you will need to take it easy and should expect to get tired to begin with.

During your convalescence please remember the following:

- You may notice that your urine looks slightly pink. This should clear in 1-2 weeks.

- Try and drink 2-3 litres of fluid a day until the bleeding has cleared. This will help clear the urine and keep it dilute.
- You may find that you pass urine more frequently for the first week and it may sting when you pass urine. If this does not settle after 1 week please contact you GP.
- If you have difficulty passing urine, the bleeding returns, or you cannot pass urine please contact your GP.

Personal hygiene
You will normally bathe or shower while you are in hospital, and this can continue as normal after you leave hospital.

Diet
You don't usually need to follow a special diet. If you need to change what you eat, we will give you advice before you go home.

Exercise
We recommend that you avoid strenuous exercise and heavy lifting for up to 2 weeks. You should do lighter exercise, such as walking and light housework, as soon as you feel well enough.

Sex
You can resume your usual sexual activity after 2 weeks.

Driving
You should not drive until you feel confident that you could perform an emergency stop without discomfort. This will probably be at least 2 weeks after your operation. It is your responsibility to check with your insurance company.

Work
How long you will need to be away from work varies depending on:

- how serious the surgery is;
- how quickly you recover;
- whether or not your work is physical; and
- Whether you need any extra treatment after surgery.

Most people will not be fully back to work for 3-4 weeks. Please ask us if you need a medical sick note for the time you are in hospital and for the first three to four weeks after you leave.

Follow up
Once your consultant has received your results they will explain them to you at a follow up appointment recurrences they may be dealt with by diathermy in the clinic. If there are several recurrences you may need to be admitted within a few weeks to have them removed whilst under anaesthetic.

If you need further treatment this will be discussed fully with you by your consultant and/or nurse specialist.

It is important to remember that the majority of bladder cancers are not life threatening but will need regular monitoring.

Contact details

If you have any specific concerns that you feel have not been answered and need explaining, please contact the following.

- Your Specialist Nurse

  Alexandra Hospital: 01527 503030 ext 44150

  Worcestershire Royal Hospital: 01905 760875

  01905 76333 (radio pager)

  Kidderminster Treatment Centre: 01562 823424 bleep 3530

- Ward Nursing Staff (Ward 18 on 01527 512106)

  (ECU on 01527 512168)

- Anaesthetic and Theatre Nursing Staff (phone 01527 503030 ext 44410)

Other information

The following internet websites contain information that you may find useful.

- www.patient.co.uk
  Information fact sheets on health and disease
- www.rcoa.ac.uk
  Information leaflets by the Royal College of Anaesthetists about 'Having an anaesthetic'
- www.nhsdirect.nhs.uk
  On-line health encyclopaedia

Patient Services Department

It is important that you speak to the department you have been referred to (see the contacts section) if you have any questions (for example, about medication) before your investigation or procedure.

If you have any concerns about your treatment, you can contact the Patient Services Department on 0300 123 1733. The Patient Services staff will be happy to discuss your concerns and give any help or advice.

If you have a complaint and you want it to be investigated, you should write direct to the Chief Executive at Worcestershire Acute Hospitals NHS Trust, Charles Hastings Way, Worcester WR5 1DD or contact the Patient Services Department for advice.

Please contact Patient Services on 0300 123 1733 if you would like this leaflet in another language or format (such as Braille or easy read).

Bengali

"আপনি যদি এই লিফলেটটি বিকল্প কোনো ভাষায় বা ফরমেটে (যেমন ব্রেইল বা সহজ পাঠ) চান, তাহলে এই নম্বরে 0300 123 1733 প্যাশেন্ট সার্ভিসের সাথে যোগাযোগ করুন।"

Urdu

"اگرآپ کویہ دستی اشتہار کسی مُتبادل زُبان یا ساخت میں چاہیے (جیسے کہ بریل / ایزی ریڈ) تو پیشنٹ سروسز سے 0300 123 1733 پر رابطہ کریں۔"

Portuguese

"Por favor, contacte os Serviços de Apoio ao Paciente através do número 0300 123 1733, caso precise deste folheto numa língua alternativa ou formato (como Braille / fácil de ler)."

Polish

"Jeżeli pragniecie Państwo otrzymać tę broszurę w innym jeżyku lub formacie (Braille / duży druk) proszę skontaktować się z Obsługą Pacjentów pod numerem 0300 123 1733."

Chinese

"如果您需要此份傳單的其他語言選擇或其他版本
(如盲人點字版/易讀版容易的閱讀),請致電 0300 123 1733 與病患服務處聯繫。"

Comments

We would value your opinion on this leaflet, based on your experience of having this procedure done. Please put any comments in the box below and return them to the Clinical Governance Department, Finance Department, Worcestershire Royal Hospital, Charles Hastings Way, Worcester, WR5 1DD.

Name of leaflet:_____ Date:_____

Comments:

Thank you for your help.