



Procedure Information Sheet

Introduction

Axillary Lymph Node status is a very important for management of Breast cancer. During the operation, level I & II axillary lymph node will be excised and examined for metastasis.

Additional Axially Dissection will be completed if final pathology report confirmed malignancy invaded to Sentinel Lymph Node Biopsy.

Indication

Breast Cancer

The Operation / Procedure

1. The operation is usually performed at the same time with Breast Conserving Surgery or Mastectomy under general anesthesia.
2. The Level I & II of axillary lymph nodes are removed.
3. The incision will be placed in the axillary region if Breast Conserving Surgery is performed at the same time.
4. There will be no additional axillary wound if Mastectomy is performed at the same time.
5. A drain which is connected to vacuum bottle is placed in axillary area to decrease fluid accumulation in the wound.
6. Skin suturing and drain fixation are performed.

Before the Operation / Procedure

Same as Mastectomy or Breast Conserving Surgery.

After the Operation / Procedure

Same as Mastectomy or Breast Conserving Surgery.

Risk and Complication

1. Wound pain
2. Wound infection
3. Haematoma / Seroma (may need re-operation for clot evacuation or aspiration)
4. Lymphedema
5. Stiffness of shoulder
6. Damage to blood vessels and nerves
7. Numbness and tingling sensation over the operative side
8. Scarring or Keloid

Alternative Treatment / Investigation

Sentinel Lymph Node Excision/Biopsy

Disclaimer

This leaflet only provides general information pertaining to this operation / procedure. While common risks and complications are described, the list is not exhaustive, and the degree of risk could also vary between patients. Please contact your doctor for detailed information and specific enquiry.

Reference

1. Smart Patient Website by Hospital Authority: Axillary Dissection (2017)
2. Specialty Advisory Group (Breast) by Hospital Authority: Axillary Dissection (2017)

Patient's Label

Patient Name: _____

Hospital No: _____

Episode No: _____

Patient's Signature: _____ Date: _____