

# Patient Information

## Cervical Lymph Node Biopsy

### What is a lymph node biopsy?

There are many lymph nodes in the body – particularly in the neck, armpits and groin. They form part of the immune system. This operation aims to remove an enlarged node in the neck to allow it to be examined in the laboratory to diagnose a number of conditions such as infections, cancers and auto-immune conditions.

### What is the operation like?

A lymph node biopsy is usually a day stay procedure but sometimes the surgeon decides they would prefer an overnight stay. Before the operation you will see a member of the surgical team and the anaesthetist. The operation is performed with you asleep under a general anaesthetic for approximately 30 minutes to 1 hour.

### What is the recovery like?

It is usual to have a minor amount of pain related to the cut in the skin – this can be treated with the painkillers that you will be given on discharge. The wound will be sutured with either a dissolvable stitch beneath the skin (which doesn't require removal), or with non-dissolvable sutures/staples which will need removal approximately 10 days after the operation. You can shower once you get home but try to only briefly wet the wound/dressing and pat it dry as soon as you finish. The dressing can be removed entirely after a few days and the wound left open to the air. Numbness around the incision due to small sensory nerves being cut is normal and often there will be tingling in the skin over the ensuing months as these slowly heal. You will be able to return to relatively normal activity within a week of the procedure unless otherwise directed.

### What can go wrong?

The surgery is usually safe and uncomplicated however it is important that you are aware of the risks of the procedure.

**General complications** such as nausea, vomiting, sore throat and drowsiness may occur as a result of the anaesthetic. Serious drug reactions related to the anaesthetic are very rare.

### Specific problems:

- **Bleeding** – A small amount of ooze into the dressings is common. Less often a collection of blood called a haematoma can form under the wound which may need to be drained with another procedure.
- **Infection** - can occur in the wound and cause it to become red, hot and painful. If you are concerned about this please contact your surgical team as you may require antibiotics or drainage of any collection.
- **Nerve Damage** – There are many nerves in the neck which control both sensation and the innervation of muscles. Depending on the location of the incision there are varying nerves that can be at risk. The chance of permanent nerve damage is small (< 1%). The major nerves at risk include:
  - Greater auricular nerve: provides sensation to and behind the ear
  - Accessory nerve: helps to shrug the shoulder
  - Marginal mandibular nerve: moves the lower lip
  - Lingual and Hypoglossal nerves: provide taste sensation and tongue movement respectively.

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- **Need for repeat biopsy** – Occasionally the sample does not yield a diagnosis and if there is ongoing suspicion that the nodes are definitely abnormal we may wish to repeat the procedure.
- **Lymph fluid leak/seroma.** – Although uncommon, a leak of lymph fluid can occur resulting in watery fluid collecting under the skin or oozing through the wound. This can usually be dealt with by your surgeon at your review appointment but may, rarely, need another operation.

### **Discharge Instructions:**

- Keep well hydrated
- Take regular analgesia (paracetamol, oxynorm)
- Rest adequately & avoid excessive exertion
- Attend your review appointment (1 - 2 weeks post operatively)

### **How to get help:**

If you are concerned about your recovery, you can contact the ENT surgical team through the hospital switchboard on 9496 5000 or present to your GP or Emergency department for help. In an emergency call 000.