

# Axillary node clearance for skin cancer

## Department of BESS Surgery [Patient information](#)

This is a guide for anyone having an axillary node clearance for skin cancer.

### What is an axillary node clearance?

It is a surgery performed under a general anaesthetic (which makes you sleep). We will remove the lymph nodes in your axilla (armpit).

### What does an axillary node clearance involve?

Your surgeon will make a cut in the axilla (armpit). We will remove your lymph nodes and send them away for testing. You will have a drain put in to remove any excess blood or fluid. You will have stitches which dissolve to close the wound. We will cover it with waterproof bandage.

### Why do you need an axillary node clearance?

In the body blood vessels and lymph vessels (the lymphatic system) carry fluid. Lymph vessels transport fluid called lymph, which drains through lymph nodes. Lymph nodes trap foreign or harmful substances, such as cancer cells. You have lymph nodes in many areas such as the neck, groin, and armpits. We recommend an axillary node clearance because your axilla (armpit) has cancer cells in it.

### What are the aims and benefits of an axillary node clearance?

Removing these nodes should reduce the chances of cancer cells returning in this area. It may also stop them spreading to different parts of the body.

### What will happen before the surgery?

You will come to a pre-assessment clinic where you will:

- be asked about any health conditions and tablets you are taking
- have your weight and blood pressure checked
- be screened for risks of infection and blood clots
- have blood tests and may have an ECG (heart tracing) and x-ray
- be told where/when to come on your day of surgery.
- be advised when to stop eating and drinking.

### What will happen on the day of the surgery?

Make your way to the surgical unit in your appointment letter. Your nurse will admit you and your surgeon will meet with you. This is a good time to ask any last questions you may have.

## What will happen after the surgery?

You will return to the ward. If you have a drip (a small needle in your arm attached to a bag to give you fluids into the vein) we will remove this. Please ask for pain relief if you have any discomfort. We will give you an exercise leaflet to help with any shoulder stiffness. Your upper arm may be numb. This is because we cut your minor sensory nerves. You will go home on the day of your surgery. Please arrange for someone to collect you. Have someone at home to help you for a few days.

## What will happen to the wound and dressings after the surgery?

There will be a drain in place to collect any excess blood or fluid. You may need this for up to two weeks. The ward nurses will arrange for a district nurse to visit you at home. They will remove the drain when it drains less than 50mls in two days. We will give you an extra leaflet on caring for your drain. We will cover your wound with a waterproof bandage. You may shower or bath as soon as you feel able. Please try and keep this in place for two weeks. It does not need changing before this. If it starts to lift off, apply another bandage over the top.

## What are the possible risks of an axillary node clearance?

All operations have a small risk of side effects. The following diagram may help you decide how you feel about risk:

People vary in how they interpret words and numbers.  
This scale is provided to help.



\*Royal College of Anaesthetists 2024

## Very common and common side effects (1 in 10 or 1 in 100 people):

### Infection and wound breakdown

Signs of infection include a fever, redness, or bad smell. Please let a member of the team know as you may need antibiotics. Infection may cause your wound to break down and need regular dressings until it heals.

### Seromas (tissue fluid) and haematomas (bleeding)

Tissue fluid and blood can collect in the wound. We may need to remove it using a needle and syringe. Very rarely you may need further surgery to stop the fluid/bleeding and remove this.

## Scarring

This surgery will leave a scar. This should settle over time. Once it's healed, rubbing a moisturiser or vitamin E cream in may help.

## Nerve pain

Tingling and/or stabbing pains are common after this type of surgery. Keep taking analgesia (painkillers) as prescribed. This will settle over time.

## Lymphoedema

Around 1 in 5 people may get lymphoedema (fluid swelling) in the arm. We will give you advice on how to minimise this. If fluid swelling happens we will refer you to the Lymphoedema Service. They can give you specialist compression garments and massage treatment.

## Lost or decreased sensation

We cut some of your minor sensory nerves during surgery. This may make your upper arm feel numb. For most the loss of feeling should be temporary. For some patients it may last longer.

## Uncommon side effects (1 in 1000 people):

### Reduced movement/cording

You may feel that your armpit feels tight. You may have a cord running from your armpit down your arm. This may look and feel like an elastic band. This happens because of your surgery. If this happens, we can give you exercises to help.

## Rare or very rare side effects (1 in 10,000 or 1 in 100,000):

### Blood clots in the limbs (DVT) and lungs pulmonary embolism (PE)

Blood clots are a risk with all general anaesthetic surgeries. If you have a higher risk, we will take special precautions. This may include wearing stockings. Moving around after the surgery will help to stop clots forming.

## What can you do when you get home?

### Washing

Avoid soaking your wound in the bath as this increases the risk of infection. A strip wash or shower is best. Make sure to completely dry the area after bathing.

### Work/general life

You can go back to work when your wound has healed. This normally takes two weeks. If your job involves heavy lifting, you may need to take longer. You will get a sick note on discharge. You should be able to go back to normal life within 4-6 weeks.

### Sport

You should not start any strenuous exercise for 8-12 weeks after your surgery. This may cause your wound to break open. Your surgeon will let you know when it is safe to do so.

### Driving

You cannot drive for 24 hours after surgery. Ideally you should avoid driving for 2-3 weeks. Only drive if you feel confident and can make an emergency stop. If in doubt, seek medical advice or check with your insurance company.

# When do you get the results of your axillary node clearance?

You will get an outpatient appointment for around 2-4 weeks after your surgery. We will check your wound and give you the results from your surgery. We will let you know if you need any more treatment.

## Consent

We must take your written consent to this surgery by law. We will explain all the risks and benefits. Please do not hesitate to ask us any questions.

## Contact details

If you have any queries please contact your consultant skin surgeon, skin cancer nurse specialists, or skin cancer advanced nurse practitioner.

### Consultant skin surgeons:

Your consultant's secretary can be contacted on the following numbers:

**Mr Perry: 0300 019 4870**

**Miss Clark: 0300 019 2616**

**Miss Pearce: 0300 019 2600**

**Skin cancer nurse specialists: 0300 019 5205**

**Skin cancer administrator: 0300 019 5465**

**Skin cancer advanced nurse practitioner: 0300 019 8073**

**\*The above contacts should be available Monday-Friday, 8-4pm. Evenings and weekends please phone your district nurse, 111 or go to the Emergency Department in an emergency.**

## Further information

Melanoma Focus- provides information, guidance and support for patients and carers. It has a free helpline **0808 801 0777** answered by expert skin nurses.

**[www.melanomafocus.org/support](http://www.melanomafocus.org/support)**

Use the QR code to access the patient guide.  
This includes information on surgeries.



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