



Mr Nicholas Agar

GEELONG
Head and Neck

Lymph node biopsy

Normal lymph nodes in the neck are oval in shape, relatively soft, mobile and less than 1.5cm in size. Each person has 30-50 lymph nodes in the neck on each side. When a lymph node becomes progressively enlarged, abnormally round or firm, a needle biopsy is typically undertaken. If this is not diagnostic or raises the concern of lymphoma, an excisional biopsy is required.

The Operation

A lymph node biopsy is a day stay procedure. The operation utilises a 2-3cm skin crease incision and can either be performed under local anaesthetic or with a light general anaesthetic for approximately 30 mins.

The Recovery

I recommend 1 week off work but you may feel up to returning to light duties after only a few days. I will use a long acting local anaesthetic so there will be minimal pain initially, however this will wear off after 3-4 hours. Numbness around the incision is normal and often there will be tingling in the skin over the ensuing months as these slowly regenerate.

Post Op Medications

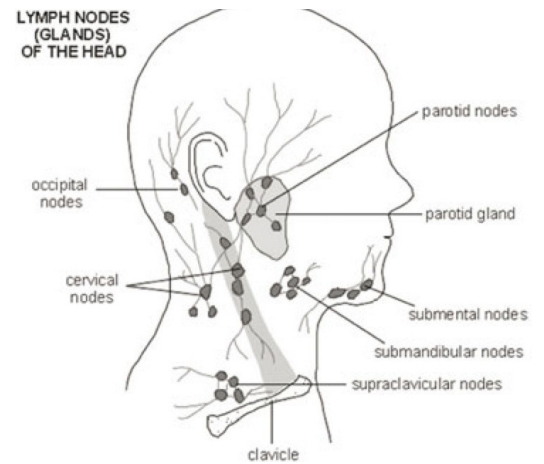
Prescriptions will be individualised according to other health issues, age, weight and any allergies. I will typically prescribe regular use of both Paracetamol four times daily & Celebrex (an anti-inflammatory) twice daily for 5-7 days.

Post Op appointment.

I like to see you approximately 1 week after the surgery to check your wound and discuss your pathology results. Please call my rooms if you do not have an appointment.

Scar Management. The scar is in a cosmetically sensitive area and it's normal to be anxious or concerned about its appearance. I use a fine dissolvable mono-filament suture which is buried under the surface of the skin. I apply steri-strips along the incision to keep the skin edge flat while healing. Please leave this dressing in place for the first week, have brief showers only and try to keep it dry. If it falls off it is fine to leave the incision open to the air. At your appointment I usually apply an "Advanced Healing" Band Aid which is an excellent product available from chemists for scar management.

A normal scar will initially be pink and a little raised, it will feel firmer than the surrounding skin, and there is often some mild surrounding bruising that fades over a week. By 2 months the redness of the incision line will lessen and by a year it is usually a thin white line.



What can go wrong?

The surgery is usually safe and uncomplicated. Serious complications or drug reactions related to the anaesthetic are very rare.

•Need for repeat Biopsy -occasionally the sample doesn't yield a diagnosis and if there is ongoing suspicion that the nodes are definitely abnormal I may need to repeat the procedure.

•Bleeding - significant bleeding or associated swelling under the wound may signify a collection of blood. Contact me if concerned.

•Infection - is uncommon, but may cause your wound to become red, hot and painful. This can only really occur from day 3 onwards. If concerned please contact me.

•Nerve Damage - permanent damage is rare <1%. The major nerves at risk depend on the location of the lymph node being removed. The most relevant nerves are:

- 1) the marginal mandibular nerve, which courses below the jaw line. Injury to this can give you a weak lower lip and an asymmetric smile.
- 2) the accessory nerve, which runs down the side of the neck towards your shoulder. Injury can give you weakness in raising your shoulder.

•Lymph fluid leak/seroma -uncommonly a leak of lymph fluid can occur resulting in watery fluid collecting under the skin or oozing through the wound. This usually settles by itself but may rarely need another operation.

If you need help....

- 1) In hours call me via my office 52218490.
- 2) After hours call me on my mobile 0425746617.
- 3) If urgent Call 000 or attend the emergency department at either St John of God or Barwon Health. Please do not attend the Epworth as I do not work there.