

Groin Dissection for Skin Cancer

Including Preparation
and After Surgery Care

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Timeline for Patients Having a Groin Dissection

1 to 2 weeks after you sign consent for surgery

1 to 2 weeks before your surgery

1

2

Your **surgeon's office** will call you with:

1. Your surgery date;
2. The date and time of any other appointments you need



Dr. Nicole Look-Hong
416-480-4210

Dr. Frances Wright
416-480-4210

The **pre-anesthesia clinic** will call you with:

The date and time of your telephone or hospital assessment.

Pre-anesthesia Assessment:

Hospital or Telephone Appointment

Date:

Time:

Check-in location for in-hospital assessment appointments:

Pre-anesthesia Clinic,
M-Wing, Ground Floor,
Room 402 (MG 402)

See pages 9–10 for how to prepare.

See Sunnybrook map on page 39 for the location of your appointments.



1 business day before your surgery

The day of your surgery

1 to 3 weeks after your surgery



3

4

5



The **Same Day Surgery clerk** will call you between 11 a.m. and 3 p.m. to tell you when you need to arrive at the hospital to register for your surgery.

Surgery

Date:

Time:

Registration

Location:

Surgical Services
Registration Desk
M-Wing, Ground Floor,
Room 502 (MG 502)

Post-Operation Appointment for Results and Staples/Stitches Removal

Date:

Time:

Location:

Odette Cancer Centre
T-Wing, 1st Floor,
Clinic D



See pages 11–13 for how to prepare.



How to Use this Guide

The information in this guide will help you get ready for your groin dissection surgery. It has information about what will happen on the day of surgery and how to manage your care after surgery.

Your surgeon and Sunnybrook nursing staff will go over this guide with you.

We know this may be a stressful time for you and you will be given a lot of information about your medical condition. This booklet will help you keep track of what you need to do for your groin dissection surgery.

On pages 2 and 3, there is a place to write the dates and times of all your appointments for your surgery. At the back of the booklet, there is a page for you to write notes of your own.

Your medical records are accessible online through MyChart, a service available to Sunnybrook patients. In order to use MyChart you will need a password, which can be picked up at the Medical Records Desk on the second floor of the Odette Cancer Centre (Room T2-212).

You can also get a password by completing the form on this webpage:

mychart.ca/pages/registration/onlineregistrationsb.cfm

The website address for MyChart is mychart.ca

A copy of this guide can be found on Sunnybrook's website at sunnybrook.ca/skincancersurgery

What are Lymph Nodes and the lymphatic system?

- Lymph nodes act as filters in the body's immune system.
- Lymph nodes also help remove excess fluid (lymph fluid) from the body.
- After lymph fluid is filtered in the lymph nodes it is delivered to the blood stream.

The Lymphatic System and Cancer

- Cancer cells can sometimes come off the main cancer and get carried in the lymph fluid and settle in the lymph nodes.
- The spread of the cancer can be detected by a sentinel node biopsy.
- The spread of the cancer can also be detected when you have a physical examination and the doctor can feel a lump (enlarged lymph node) in the groin. You may be able to feel the lump, too.
- If you have an enlarged lymph node, your surgeon or a radiologist will take a sample – or biopsy - from the lymph node to see if there is cancer in it.
- This sample is sent to a lab for analysis.
- This type of biopsy sample is called a fine needle aspirate (FNA).

Tests before Surgery

Your surgeon will arrange some imaging tests before the groin dissection surgery. The tests may involve a CT scan or a CT/PET scan.

What is a Superficial Groin Dissection?

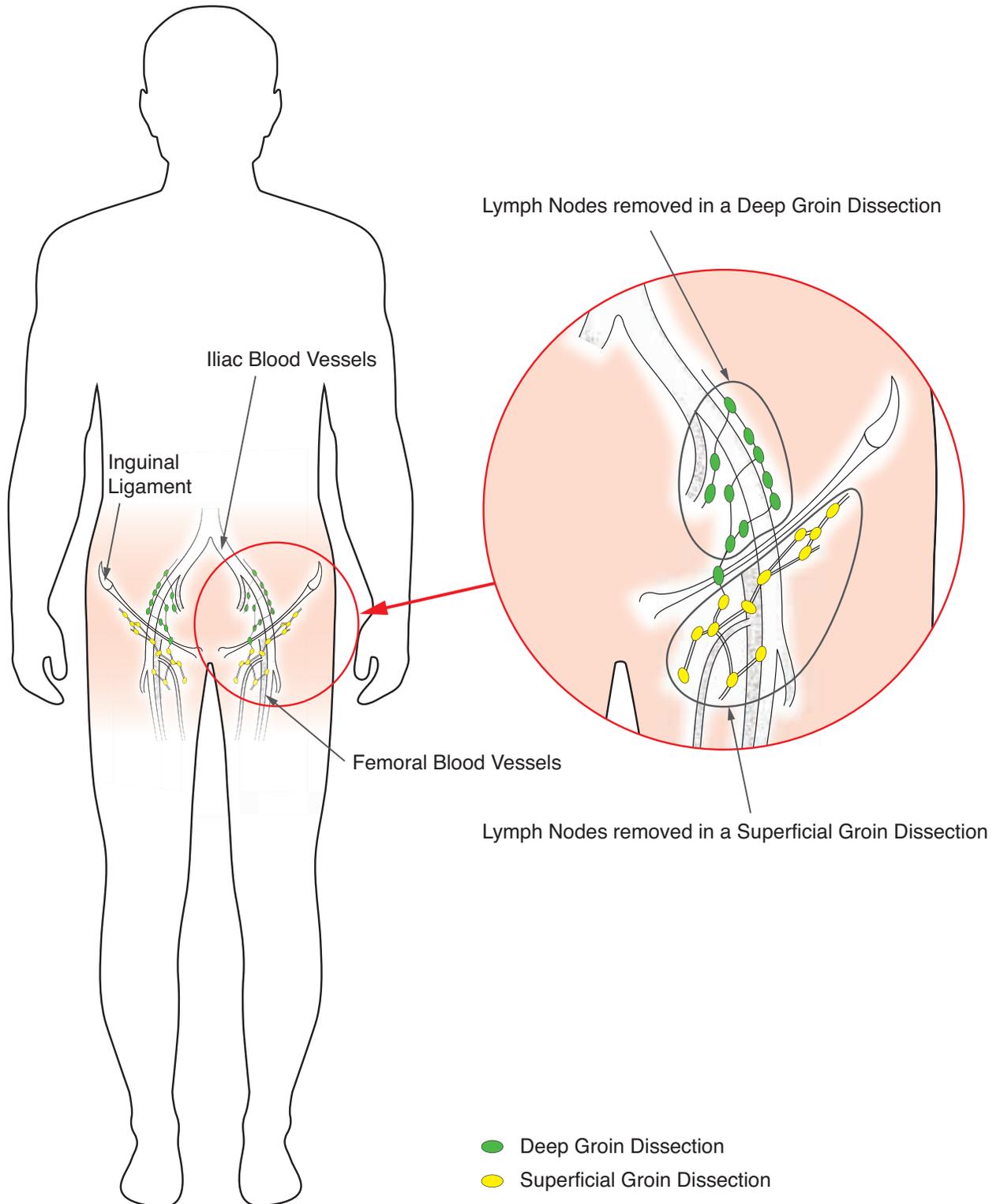
- A superficial groin dissection is also called an inguinal lymph node dissection.
- In this operation, the lymph nodes as well as the fatty tissue around the lymph nodes are removed from your groin. No muscle is removed.
- The purpose of this operation is to stop the cancer from growing and spreading any further.
- About 8 to 15 lymph nodes are removed in the surgery.
- All of the lymph nodes are sent to the lab for analysis and therefore no results will be available on the day of surgery.
- This operation takes 2 to 3 hours and is done under a general anesthetic.
- Stitches or staples will be used to put the skin back together after the skin cancer is removed.
- Two drains will be inserted and the drains may stay in up to 4 to 6 weeks.
- Your surgeon will take out the stitches and drains at your after-surgery appointment.

What is a Deep Groin (or Iliac) Dissection?

- Sometimes your surgeon may also perform a deep groin dissection, which is also called an iliac dissection.
- In this part of the operation, the surgeon removes the lymph nodes along the iliac blood vessels that are at the back of your abdomen.
- To reach these lymph nodes, the surgeon makes a cut through your abdominal wall muscle.
- During this part of the operation, another 5 to 15 lymph nodes are removed.
- This procedure, in combination with the superficial groin dissection, takes 3 to 4 hours under a general anesthetic.
- All of the lymph nodes are sent to the lab for analysis and therefore no results are available on the day of surgery.
- Stitches or staples will be used to put the skin back together after the skin cancer is removed.
- The stitches and drains will be taken out by your surgeon at your after-surgery appointment.
- Deep groin dissection can occur independent of, or in combination with a superficial groin dissection.
- The purpose of this operation is to stop the cancer from growing and spreading any further.

Groin Dissection

The diagram below shows the location of the lymph nodes that will be removed in a superficial and deep groin dissection.



Side effects from the Surgery

Short-term side effects may include:

- A small risk of bleeding, which may look like a bruise. This happens to about 5 percent of patients – or 5 out of every 100 patients.
- A risk of infection. This happens in 30 to 40 percent of cases – or 30 to 40 patients out of every 100 who have the operation. An infection is usually treated with antibiotic pills.
- Difficulty with wound healing (20 percent, or 20 out of every 100 patients). This is more likely to happen if you are a smoker or you are diabetic. This is usually treated with wound dressings.
- A fluid build-up under the cut or incision (10 percent or 10 out of every 100 patients). This is called a seroma. It can happen if the drains are not working properly or if the drains are removed. It can be drained with a needle in clinic.
- If you are a smoker, it is important to stop or cut back on smoking.
- If you are diabetic, it is important to keep your blood sugar under control (blood glucose 5 to 7).

Long-term side effects:

- Swelling of the leg or lymphedema (60 to 70 percent of patients). This can be permanent. It can be managed with lymphatic massage, wearing compression stockings and exercise. You can be referred to the lymphedema clinic. (See page 27 to 28 for more details).
- Swelling can happen in the upper part of the leg alone, or along the length of the leg – including the foot.
- Your thigh, and maybe your abdominal wall, will be numb after the surgery. The numbness may become less over time, but it will not return to the way it felt before the surgery.
- Difficulty with walking. Due to scarring or lymphedema, you may need to adjust your walking speed.

Important Reminders:

- Please bring this booklet with you to your pre-anesthesia assessment appointment and on the day of your surgery.
- Please bring your Ontario Health Card and your Sunnybrook card on every visit to the hospital.
- If you do not read or speak English, please bring someone with you who can translate.



Before Surgery

You will have an appointment before the day of your groin dissection surgery

- **The appointment is to make sure you are fit and safe for surgery. This is called the pre-anesthesia assessment.**



Pre-anesthesia Assessment

The pre-anesthesia assessment is an appointment that happens before you have your surgery. During this appointment a nurse will ask you about your medical history and the medications you take. The nurse will also talk to you about any special needs you might have after your surgery.

- The assessment may be done over the phone or in-person at the hospital.
- Patients who don't have other medical conditions are usually assessed over the phone.
- The pre-anesthesia clinic will phone to tell you whether you will have an assessment by phone or in-person at the hospital.
- The pre-anesthesia clinic will also tell you the date and time of the appointment.

If you have a telephone assessment appointment:

- Make sure the hospital has a phone number where you can be reached during the day.
- The nurse will call your daytime number around the time of your appointment. Please keep in mind the nurse may fall behind schedule with other patients. The nurse may call you at any time within the hour of your scheduled appointment.

If you have an in-person hospital assessment appointment:

- Please check-in at M Wing, on the Ground Floor, Room 402 (MG 402).
- The visit will take place in the pre-anesthesia clinic (located in room MG 223) and last about 2 hours.
- You will meet with a nurse and may also meet with a pharmacist and the doctor (the anesthesiologist) who will put you to sleep in the operating room when you have surgery.
- Please eat and take all your regular medications before you come to this appointment.

What do I need to bring to the in-person hospital assessment appointment?

If you do not read or speak English, it is helpful to bring someone who will be your translator. Please bring only 1 family member or friend to the appointment.

Please bring:

- This booklet
- Your Ontario Health Card and your Sunnybrook card
- The name and telephone number of your family doctor
- The names and telephone numbers of any specialists who treat your medical conditions
- All of your medications in the containers they came in. These include pills, inhalers or puffers, injections, and eye drops. Also bring any herbal medicines or vitamins you take. Staff at the pre-anesthesia clinic will tell you which medications to take on the day of surgery.



Occupational Therapist/Physiotherapist guidance.

Your surgeon's office will arrange for you to meet with either an occupational therapist or a physiotherapist before your surgery.

- You will be taught how to do the exercises that will help you recover after your surgery.
- Your surgeon highly recommends that you follow these instructions.

Getting Ready for Surgery

When will I know the date and time of my surgery?

- Your surgeon's administrative assistant will give you a surgery date 1 to 2 weeks after you have signed the consent for surgery. Please call if you do not hear from us by then. (See page 37 for phone numbers.)
- The Same Day Surgery Department will call you the day before your surgery between 11:00a.m. and 3:00p.m. to tell you what time you need to come to the hospital to register for your surgery. Please make sure the hospital has a phone number where you can be reached.
- For a Monday surgery, you will be called on Friday.
- Your registration time could be as early as 6:00 a.m.
- Please tell your surgeon's office if you have a cold, fever or illness of any kind a few days before the surgery. Your operation date may need to be changed.

Please note that the surgery date might change. If this happens, your surgeon's office will call and give you a new date for surgery as soon as possible.

➔ What do I need to do to get ready for surgery?

Jewelry

Take off all jewelry (including wedding bands) and all body piercing before you come to the hospital. If you cannot remove rings, they will be cut off.

Jewelry left on can cause harm including:

- Burns from the equipment
- Swelling and less circulation in fingers and toes
- Choking or other injuries from mouth jewelry
- Infections
- Skin tearing near the jewelry
- Risk of injury to the hospital staff

EXCEPTION:

Medic-alert bracelets should be worn



Make-up

- Take off all make-up and remove all nail polish from your fingers and toes.
- Some surgical equipment does not work as well through nail polish.
- **DO NOT** use perfume, cologne, scented cream, body lotion or hair products on the day of your surgery. Sunnybrook Health Sciences Centre is a fragrance-free hospital.

Bathing

- You may shower and wash your hair on the morning of your surgery.
- **DO NOT** shave the area where you will have surgery.
- **DO NOT** use body lotion, hair products, talcum powder or baby powder on the day of your surgery.

Food and Drink



- **DO NOT** eat any food after 12 midnight on the night before your surgery.
- **DO NOT** drink milk, orange juice (or any juice with pulp), chicken/beef broth, or alcohol after midnight.
- Up to 2 hours before surgery, you may drink up to 300 millilitres (1 glass) of clear fluids such as water, clear juices (apple juice, cranberry juice, or Gatorade) or coffee/tea **WITHOUT** milk, cream or whitener.

Medications

- **DO NOT** take any medications with acetylsalicylic acid or ASA (Aspirin) 7 days before surgery.
- If you take blood thinners (such as Warfarin, Clopidogrel, Rivaroxaban, Apixaban), your surgeon will give you instructions on when to stop them.
- **DO NOT** take any herbal remedies or homeopathic medicines (prescribed or over-the-counter) for 14 days before your surgery. They can cause bleeding problems during your surgery.
- Bring this instruction booklet with you on the day of surgery so the nurses will know which medications you took.

Stop taking these medications before your surgery:

Name of medication:

- _____
- _____
- _____

Date of Last Dose: _____

Your surgeon wants you to take these medications with a few sips of water in the morning before you leave for the hospital:

- _____
- _____
- _____
- _____
- _____
- _____

If you have diabetes:

- **DO NOT** take any insulin or oral diabetic medication on the day of surgery.
- Check your blood sugar and if your sugar is low, drink a small glass of clear apple juice.
- Once you are eating regular food after the surgery, you will go back to your regular diabetes medication.

If you smoke:

Smoking or vaping nicotine can affect your healing and increase your chances of getting an infection after the surgery.

Quitting Aids:

- Try to stop, or smoke/vape less before your surgery.
- **DO NOT** smoke or vape any tobacco products or recreational drugs on the day of your surgery.
- Speak to your doctor or nurse if you would like to quit smoking or you need help with withdrawal symptoms after your surgery.
- You can find information about quitting smoking on Sunnybrook's website: [sunnybrook.ca/quitsmoking](https://www.sunnybrook.ca/quitsmoking).



The Day of Surgery

**Please bring this booklet with you on the day of your surgery.
Before you go into the operating room, you will need to Register.**



Registration

Where do I check in?

- When you get to the hospital, check in at the Surgical Services Registration Desk. It is in M-Wing, Ground Floor, Room 502 (MG 502).
- Bring your Ontario Health Card and your Sunnybrook card.
- You will be given a locker space to store your clothes and personal items, such as eye glasses.

Please do not bring:

- Money
- Jewelry



Please label with your name and contact information:

- Cell phones
- iPads or other electronic devices

The hospital will not take responsibility if they are lost or stolen.

How many family members or friends can come with me on the day of surgery?

- Please bring ONLY 1 person with you to the hospital. Your companion will be asked to stay in the waiting room until you are ready for surgery. The person can then be with you until you are called for surgery.
- During your surgery, your family member or friend can wait in M-Wing, Ground floor, Room 502 (MG 502).

Note:



Surgical times and dates are estimates only. Delays happen. Sometimes surgery cases are cancelled because there is someone else who needs emergency surgery. If this happens to you, you will be contacted by your surgeon's office and a new surgery date will be booked as soon as possible.

Operating Room

After registration, you will be taken to the Same Day Surgery Unit. Nurses will do the final checks and an intravenous (IV) needle will be started in your hand. You will then be brought into the operating room.

What will happen during the surgery?

- Several monitors will be placed on your body to check your heart and lungs during surgery.
- You will be put to sleep using a general anesthetic. Medication to make you sleep will be given through an intravenous needle.
- A tube will be placed in your throat after you are asleep to help you breathe.
- A catheter or tube may be placed in your bladder if you have having a deep or iliac groin dissection. It will be removed before you wake up but when you urinate it may burn a little. The burning goes away within 24 hours. You may also have difficulty starting urination for up to a week after surgery.
- An incision will be made around your groin. Some skin and fatty tissue will be removed. No muscle is removed.
- If you are having a deep groin or iliac dissection then your surgeon will make an incision through your lower abdominal wall. This part of the incision is the most sore after surgery.
- All the tissue that is taken out will be sent to a lab to be examined by a pathologist (a doctor).
- The incision is closed with stitches or staples on the outside of the skin. Two plastic tubes will be placed near the incision to drain fluid from the area. The drains and stitches or staples will be removed by the surgeon at your follow-up appointment after surgery.
- A dressing, or bandage, is then placed over the stiches or staples.
- Your surgeon will discuss the results at your follow-up appointment in the clinic.

Recovery

What happens after my surgery?

- You will be taken to the recovery room.
- When you wake up, you will be moved back to the Same Day Surgery Unit in Room MG 601.
- A nurse will call your family member or friend to come and visit you.
- Most patients leave hospital the same day as surgery.
- Your surgery team will give you a prescription for pain medication before you leave the hospital.
- One of the nurses from the cancer centre will call you the next business day after your surgery.

Note:

You must have a responsible adult to take you home. It is dangerous for you to drive for 24 hours after your surgery because of the long-lasting effect of the anesthetic and pain medication.



When will I see my surgeon for a follow-up appointment?

- An appointment will be made for you to see your surgeon 1 to 2 weeks after your operation.
- The surgeon will check how your wound is healing.
- Your surgeon will see you again either in 1 or 2 weeks to check your wound.
- Your surgeon will discuss the results of the tests done on the tissue removed during surgery. This result usually takes 2 to 3 weeks to be ready. Any further treatment options will also be discussed.

After Surgery Care

How will I feel after my surgery?

- You may have a sore throat from the breathing tube that was in place during your surgery.
- You may feel sick to your stomach and tired from the medications you were given during and after your surgery. Tiredness can last up to 6 or 8 weeks.
- You will have some bruising and tenderness in the area of your operation.
- You may have numbness in your groin.
- Feelings of tightness, heaviness, tingling, burning, or more sensitivity are also common. Gently rubbing and tapping the area can help get rid of these sensations.
- Your surgeon may prescribe you medication (gabapentin) for these feelings.



What are some things I need to do after my surgery?

Deep breathing and coughing:

- Do deep breathing exercises as soon as possible to keep your lungs clear after surgery.
- For the first 2 days after surgery take 10 deep breaths 4 to 5 times a day.
- After your deep breaths, cough 2 to 3 times.
- Coughing up a bit of sputum (saliva and mucus) after surgery is normal.

Will I have pain after my surgery?

- You may have some mild pain or discomfort following surgery.
- You will be given a prescription for pain medicine before you leave the hospital.
- Be sure to fill your prescription for pain medicine as soon as possible so that you have it available if you should need it.
- Take your pain medicine exactly as it is directed so that you can have good pain control.
- If you are still having pain after taking your pain medicine, or you have concerns about your pain medicine, call the Melanoma Site Nursing Team at 416-480-5000.

Will I be able to move or walk after my surgery?

- Keep your affected leg raised 80 percent of the time while you have your drains in to help reduce swelling. For example, put your leg on a pillow while lying in bed or sit in a reclining chair with the foot-rest elevated.
- When out of bed, walk normally. There is no need to use a cane, walker or crutches unless you did so before surgery.
- When walking upstairs, lead with the unaffected leg.
- When walking downstairs, lead with the unaffected leg.
- **DO NOT** use leg weights or do repetitive movements with the leg – such as bike riding or long walks – for 4 to 6 weeks.
- If you are given a tensor bandage to wear on the leg, keep this on especially during movement and walking.

How do I take care of my surgical incision (cut)?

- You may take off the outer dressings 48 hours after surgery.
- You will have a dressing around your drains which will be changed every 1 to 2 days.
- You may shower 48 hours after your surgery.
- If you have stitches on the groin dissection, they may be rough and stick out from the skin. A dry gauze dressing may be put over the stitches until the stitches are taken out so they don't bother you.
- The stitches and drains will be taken out by your surgeon at your follow-up appointment. Please **DO NOT** let other physicians remove your stitches unless authorized by your surgeon.
- A small amount of blood on the dressing is normal.
- You may be on antibiotic pills to prevent infection for the first 1 to 2 weeks.

What about my other regular medicine?

- Restart your regular medicine after surgery unless your surgeon has told you not to.
- If you normally take acetylsalicylic acid (ASA or Aspirin), or a blood thinner (such as Coumadin), ask your surgeon when you can start these medicines after surgery.
- If you have any questions about your other regular medicines, please contact your family doctor.

What can be done about constipation?

You may become constipated after surgery. Constipation can happen for many reasons. Certain medicines, a change in your diet and less physical activity can all lead to constipation.

If you have trouble having a bowel movement:

- Drink a lot of fluid after your surgery.
- Use a stool softener, such as Colace, which is available at a pharmacy.
- Or, use a laxative such as Senokot, which helps the bowels to move. Take 1 to 2 Senokot tablets twice a day as needed. Senokot is available at a pharmacy.
- Eat prunes or drink prune juice.
- If these things don't help, please call the nursing phone line at 416-480-5000.

How can I help the scar to heal?

- Scar massage helps to get rid of the sensitivity, tightness, and itchiness around the scar.
- It also helps to soften and loosen the scar area so that you can better move your leg.
- You may start scar massage 4 to 6 weeks after surgery, once the incision has healed and the drains and stitches/staples are out.
- Scar massage should be done for 2 to 3 minutes, 2 to 3 times a day.
- **DO NOT** use any creams, oils or ointments unless instructed by your surgeon.

How do I do scar massage?

- Put 2 fingers on the scar area.
- Move your fingers in an up and down zigzag pattern one way across the scar and then move your fingers in circles the other way across the scar.



When should I get medical help if I run into problems?

If within 72 hours of your surgery:

- You have a lot of bleeding from where you had your surgery. “A lot of” means a completely soaked bandage.
- Or, you have a lot of very bloody drainage in the drain (need to empty 3 times in 8 hours).

Call your surgeon’s office. (Please see page 37 for the phone number.) If you cannot get in contact with the surgeon’s office, phone the general surgery resident on call at 416-480-4244.



If you have any of the symptoms listed below — and it is between 9 a.m. to 4 p.m. Monday to Friday — call the Melanoma Site Nursing Team at 416-480-5000.

If the symptoms happen outside of these times, call the general surgery resident on call at 416-480-4244 or go to the closest Emergency Department.

- Your incision (cut) gets red, swollen or very tender to touch. You may have an infection that needs to be treated with antibiotics.
- You have a temperature of 38 degrees Celsius or 100 degrees Fahrenheit or higher for over 24 hours. You may have an infection that needs to be treated with antibiotics.

Drain Care

What is a “drain”?

After your surgery, you may have drains in the area of your surgical incision (cut).

- A drain keeps fluid from collecting in the surgical area.
- A drain is held in place with 1 or 2 stitches.



◀ A drain will be used to collect fluid from your surgical site.

What nursing help will I get to help care for my drain?

- Your surgeon’s office will make a referral for you to get help with drain care from a nurse.
- A nurse will call you after you leave the hospital.
 - A nurse will see you either in your home or at a community clinic.
 - The nurse will continue to see you while your drain is in place.
 - The nurse will receive instructions from your surgeon when to remove the drain.



What does emptying the drain mean?

Emptying the drain means draining fluid out of the container (the bulb) that holds the fluid which comes out of the wound.

- Empty your drains at least every 8 hours once you are at home. Emptying more frequently is not harmful if required.
- You will be given a “drainage record” sheet in your post-operative (after-surgery) information package to help you keep track of the amount of fluid in your drains.
- Write down the amount of fluid that you empty from each of the drains and the time of day.
- The nurse will look at the drainage record sheet.
- The fluid will be red at first and then will become pink in colour.
- Over time, the fluid will look like the colour of apple juice.
- It is normal to see small clots of blood or tissue in the drains.

How do I empty the drain?

You will be shown how to empty the drains by a nurse before you leave the hospital.

- 
1. Wash your hands thoroughly with soap and warm water. Dry your hands with a clean towel.
 2. Take the plug (cap) out of the top of the bulb.
 3. Empty the fluid from the drain into a measuring cup.
 4. Squeeze all the air out of the bulb.
 5. While squeezing the bulb, put the plug back in the top.
 6. Once you have recorded the amount, empty the fluid from the cup into the toilet to be flushed away.

What if there is no fluid in the drain?

Some of the reasons why there may not be any fluid include:

- The drainage bulb has lost its suction.
- The drainage tubing is blocked.
- There is no more fluid to drain.

To create suction in the bulb, open the plug on the bulb — and while squeezing the bulb with your hand — re-close the plug.

How do I “milk the drain?”

To stop the tubing from getting blocked, you will need to “milk the drain.”

- “Milking the drain” helps to clear fluid, tissue and clots from the tubing so that the drain continues to work properly.
- You will need to “milk” the drain every 3 to 4 hours only while you are awake.
- A nurse will show you how to milk the drain before you leave the hospital.
- Be sure when “milking” to secure the drain at the skin site.
- A family member may be able to help you.

What do I do if fluid is leaking around the drain?

- This means the drain is blocked.
- Try milking the drain again to get out the clot.
- If this does not work, call the Melanoma Site Nursing Team at 416-480-5000.

When will my drain be removed?

- You will have the drains for at least 3 weeks.
- Your drains will come out when the drainage is less than 30 millilitres (just over 2 tablespoons) in 24 hours for 2 days in a row.
- Your surgeon will remove the drains.
- You may have a small amount of fluid come out of the hole where the drain was in your body. This will stop in 24 to 48 hours. You can put a small gauze dressing over the hole.

Watch a video

To see a video on how to work the drain, go to [sunnybrook.ca/skincancersurgery](https://www.sunnybrook.ca/skincancersurgery)



Other Possible Concerns After Surgery

What is a seroma?

- After your drains are removed, a pouch of body fluid may collect in the surgical area. This is called a “seroma.”
- The pouch of fluid is caused by continued drainage into the surgical site.
- A seroma is common and is not an emergency.
- Seromas can happen a few weeks after your drains are removed and may take several weeks to disappear.
- If you think you have developed a seroma and it is large and uncomfortable, or you are concerned, call the Melanoma Site Nursing Team at 416-480-5000.

What is lymphedema?

- Lymphedema is swelling caused by lymphatic fluid that collects in your leg.
- Lymphedema is different than a seroma or the swelling that might happen right after surgery.
- Lymphedema can develop weeks, months, or years after your surgery.
- Lymphedema can be managed but should be reported to the Melanoma Site Nursing Team

What are the early signs of lymphedema?

- Feelings of heaviness, aching or tingling.
- Feelings of tightness in clothing and jewelry.
- A feeling of heat.
- Swelling.

What can I do to prevent lymphedema?

It is not known why some people with the same risk factors develop lymphedema while others do not. To help lower the risks of developing lymphedema:

- Maintain a healthy body weight. Obesity is a major risk factor.
- Exercise regularly and follow the instructions from the physical and occupational therapists.
- Avoid infections in the leg where the surgery occurred. Apply antibiotic cream to cuts, scratches and insect bites.
- Keep your feet clean.
- Once the incision is healed, use a moisturizer regularly on your leg and foot.
- Report any prolonged swelling, or changes in sensation, colour, temperature or skin condition to the Melanoma Nursing Team or your physician.

Will removing my lymph nodes affect my body's ability to fight off infection?

- You can be at higher risks of infection in the leg that had the groin dissection.
- If you notice redness and pain around a cut, you should contact a doctor to see if you need antibiotic pills.
- Immunizations (vaccinations) are safe after your surgery.

How do I learn more about lymphedema?

- There is a weekly lymphedema information class for patients and families.
- The class is held every Thursday from 12:30 p.m. to 1:30 p.m. and is located at the PEARL (Patient Education and Research Learning centre) in the Odette Cancer Centre on the 1st floor beside the main Reception Desk.
- Please call 416-480-4534 for more information about the class and to register.
- If you develop symptoms of lymphedema, your doctor can refer you to Sunnybrook's lymphedema clinic for an assessment.



Getting Back to Daily Activities

Keep your leg elevated on a pillow for 80 percent of the time for the first 2 to 3 weeks after surgery.

You may do the exercises in this booklet in your non-resting time.



Is there anything I cannot do after surgery?

- **DO NOT** drive a motor vehicle home and for at least 1 week after surgery because of medications and healing.
- **DO NOT** drink alcohol while taking prescription pain medication because taking both together can be dangerous.
- **DO NOT** lift anything weighing more than 10 pounds for 4 weeks after the surgery because it may damage the incision.
- **DO NOT** use leg weights, or go to the gym, or go bike riding, or take long walks for 4 weeks after the surgery because these activities may damage the incision.
- **DO NOT** swim or use a hot tub/bath if the skin of the wound is open, or if the drains are still in.

Will I feel tired during my recovery?

- It is normal to feel tired for up to 2 months after your surgery.
- This may make it hard for you to do all of your regular activities.
- Learning ways to best use your energy will help you to complete activities and get through the day:
 - Listen to what your body tells you.
 - Set small goals for the day and don't worry if you don't get everything done.
 - Take rest breaks often.

When can I wash?

- You may have a shower 48 hours after surgery.
- Remove the dressing around the drain when you shower.
- When showering, loosely tie a scarf or bandana around your thigh so you can clip your drains to it.
- Sitting on a bathchair while you shower can make it easier to wash. You can rent a bathchair from a medical supply store.
- **DO NOT** scrub the incision.
- **DO NOT** use soaps, creams or lotions over the incision until it is fully healed.
- Gently pat dry using a clean towel.
- When dry, put on a clean dressing around the drain.
- When getting dressed, wear loose comfortable clothing.
- When putting on underwear and pants, dress the leg/side that was operated on first and when you are undressing that leg will come out last.
- **DO NOT** soak in a bathtub and **DO NOT** go swimming in a pool, lake or ocean until at least 4 weeks after the surgery.

What should I eat after surgery?

- You can return to your regular diet when you feel hungry.
- There is no special diet after surgery. However, adding more fibre to your diet will help to prevent constipation.
- A dietitian is available to answer your questions about food and nutrition.
- Please call 416-480-4623 to make an appointment.

When can I start my normal activities?

- Keep leg elevated and resting 80 percent of the time on a pillow for 2 to 3 weeks after surgery.
- You can walk around the house and outside – but rest most of the time.
- You may do the exercises in this booklet in your non-resting time.
- Make sure the drains are pinned or clipped to your pants or clothing to help keep them secure.
- No heavy lifting for 4 weeks

When can I go back to work?

- Discuss restarting work with your surgeon because other treatments may be required after surgery.

Exercises After Surgery

- Returning to normal movement is important after surgery. If you have problems moving, your doctor can refer you to a physiotherapist.
- Begin the following exercises 1 day after surgery. The exercises should be done 3 times a day until you have full movement.
- If pain is stopping you from doing your exercises, use your pain medication 30 minutes before exercising.
- It is normal to feel a gentle stretch while exercising but you should not feel a sharp pain.
- Wear comfortable loose fitting clothing while doing the exercises



The following exercises will help you recover from surgery.



- They help with healing by keeping your legs moving and strong.
- They help prevent blood clots.
- It is also important to go for short walks every day after your surgery.

1. Ankle Pumps



- 1 Sit or lie on your back.
- 2 Bend and straighten your ankles keeping your knees straight.
- 3 Repeat 5 to 10 times.

2. Knee Bends



- 1 Lie on your back.
 - 2 Bend and straighten your leg on the side you had surgery.
 - 3 Repeat 5 to 10 times.
-

3. Hip Abduction



- 1 Lie on your back.
 - 2 Keeping your leg straight, bring the one where you had the surgery out to the side as far as you can move.
 - 3 Return to the start position.
 - 4 Repeat 5 to 10 times.
-

4. Leg Squeeze



- 1 Lie on your back.
- 2 Tighten all the muscles in your legs at the same time.
- 3 Hold for 3 seconds and then relax.
- 4 Repeat 5 to 10 times.

5. Leg Raises



- ❶ Lie on your back with your legs out in front of you.
- ❷ Place a rolled towel under your knee.
- ❸ Bend and straighten your knee and push it down against the towel.
- ❹ Hold for 3 seconds and then relax.
- ❺ Repeat 5 to 10 times.

When can I return to my regular exercise routine?

- You can start or return to your exercise program 4 to 6 weeks after surgery.
- Start back slowly and gradually.
- Being active helps with your recovery from surgery.

Coping After Surgery

How will I cope emotionally?

- Your emotional recovery is just as important as your physical recovery.
- You may have feelings of fear, sadness, or anger.
- Ask for help from family and friends.
- You may wish to speak to an oncology nurse from the Melanoma Site Nursing Team.
- Please feel free to ask questions to help you understand your diagnosis and treatment

What help can I get?

Sunnybrook Odette Cancer Centre Resources:

Call the Patient and Family Support Program at **416-480-4623** or ask your surgeon or oncology nurse to refer you to any of the following services:

- Social Worker
- Drug Reimbursement Specialist – helps patients find funding for medications not covered under the Ontario Drug Benefit Program
- Psychologist
- Psychiatrist (a doctor's referral is needed to see a psychiatrist)
- Dietitian

Other Important Sunnybrook Contacts:

- Occupational Therapist
416-480-6100, extension 5335
- Physiotherapist
416-480-6100, extension 80541

Community Resources:

Ask your team for more information about these programs:

- Canadian Cancer Society — Peer Support program
- Wellspring
- Gilda's Club
- Melanoma Network of Canada
- Save Your Skin Foundation

Who to Call if I Have Questions

If you have questions about your surgery date, your pre-anesthesia assessment, or your post-surgery appointment, please call your surgeon's office.

- For Dr. Look Hong's office, call: 416-480-4210
- For Dr. Wright's office, call: 416-480-4210
- For Dr. Lipa or Dr. Snell's office (plastic surgeons), call: 416-480-6069

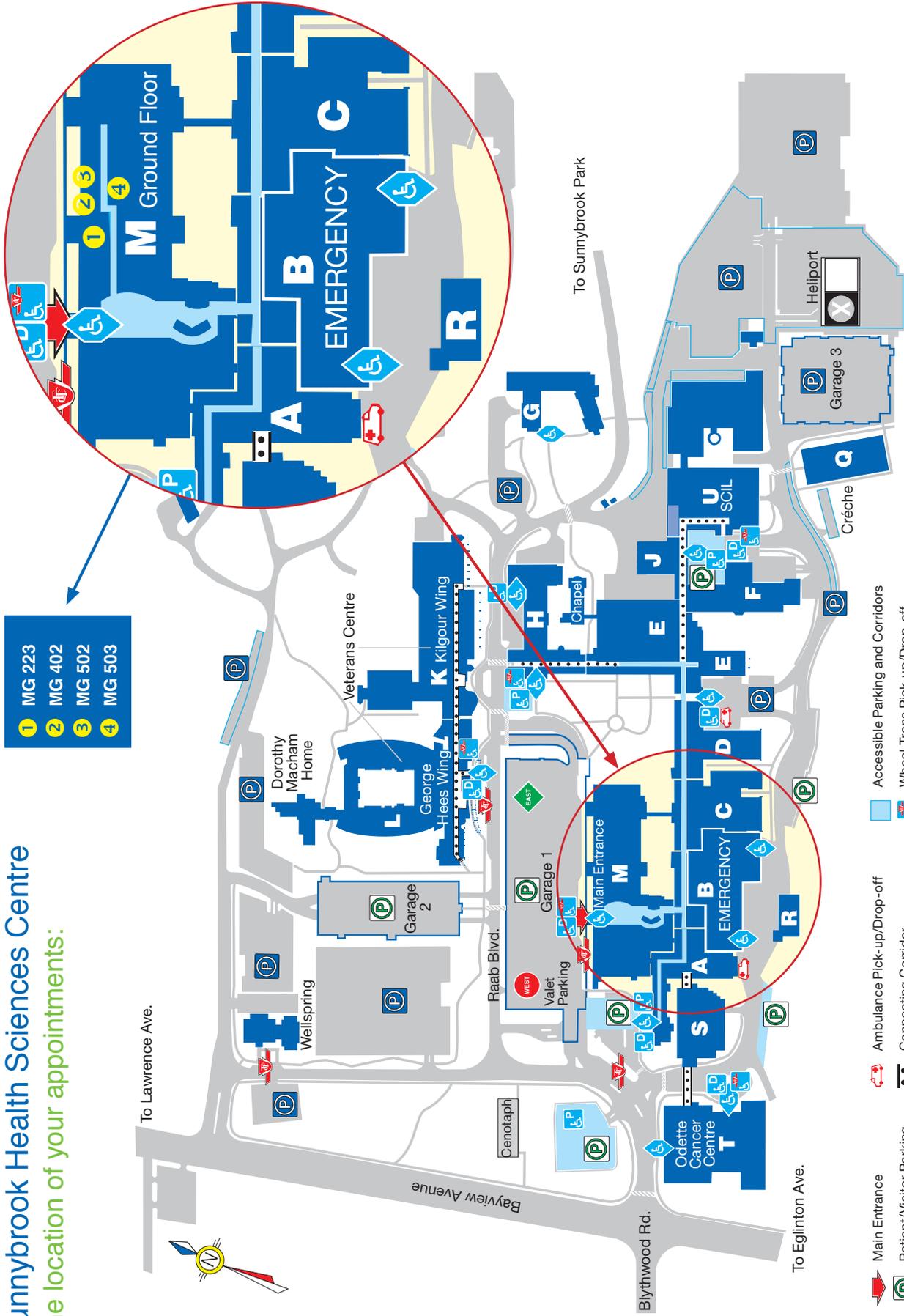
If you have questions about your surgery or after-surgery care, please call the Melanoma Site Nursing Team at 416-480-5000.



Sunnybrook Health Sciences Centre

The location of your appointments:

- 1 MG 223
- 2 MG 402
- 3 MG 502
- 4 MG 503



- Main Entrance
- Patient/Visitor Parking
- TTC Bus Stop
- Pathways
- Crosswalk
- Ambulance Pick-up/Drop-off
- Connecting Corridor
- Main Corridor
- Staff Parking Lot
- Accessible Parking and Corridors
- Wheelchair Pick-up/Drop-off
- Wheelchair Accessible Wing Entrance
- Passenger Pick-up/Drop-off
- Lot with Accessible Parking

Odette Cancer Centre
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Toronto, Ontario M4N 3M5

sunnybrook.ca/odette