

Useful Telephone Numbers

ENT Partnership

Surrey Clinic – 01252 852552

Hampshire Clinic – 01256 377733

Frimley Park Hospital

Switchboard – 01276 604604

Parkside – 01276 604703

FI (Children's Ward) – 01276 604226

ENT Ward – 01276 604130

North Hampshire Hospital

Switchboard – 01256 473202

DTC – 01256 313332

The Hampshire Clinic

Switchboard – 01256 357111

Lyde Ward – 01256 377773

Enbourne Ward – 01256 377772

Clare Park Hospital

Switchboard – 01252 850216

The ENT Partnership – Surrey Clinic

Spire Clare Park Hospital Crondall Lane Crondall Farnham GU10 5XX

T 01252 852552 **F** 01252 851331

E infosurrey@entpartnership.co.uk www.entpartnership.co.uk

Also at The ENT Partnership – Hampshire Clinic

Basing Road Old Basing Basingstoke Hampshire RG24 7AL

T 01256 377733 **F** 01256 354483

E infohampshire@entpartnership.co.uk www.entpartnership.co.uk

Information for Patients on

Lymph Node Biopsy

Introduction

Your body contains dozens of lymph glands. They are found in clusters in the neck, in the armpits and in the groin. They are part of the body's immune system and can be thought of like little factories producing white blood cells and antibodies in response to infection, inflammation and other processes, or disease conditions.

The ENT Consultants are

Jonathan Blanshard FRCS (ORL).

Appointed to North Hampshire Hospital in 1996. Special interest in ear surgery including middle ear reconstruction and also voice problems.

Jonathan Hern FRCS (ORL).

Appointed to Frimley Park Hospital in 2003. Special interest in rhinology including rhinoplasty surgery and also voice problems.

David Jonathan FRCS.

Appointed to Frimley Park Hospital in 1991. Special interest in ear surgery, including implantable hearing aids. Involved in the regional training of ENT surgeons.

Andrew McCombe MD FRCS (ORL).

Appointed to Frimley Park Hospital in 1995. Special interest in head and neck surgery. Involved in the management of NHS services. Special interest in medicolegal work.

Paul Spraggs FRCS (ORL).

Appointed to North Hampshire Hospital in 1998. Special interest in head and neck surgery and facial plastic surgery.

Any Questions

The team involved in your care have written this information booklet to make your admission as smooth as possible. However, it does not cover every aspect of your care and staff will always be happy to answer any other questions or points of concern.

Sources of additional information

The Surrey & Hampshire ENT Partnership
www.entpartnership.co.uk

British Association of Otorhinolaryngologists
www.entuk.org

National Institute for Health and Clinical Excellence (NICE)
www.nice.org.uk

Problems with the Lymph Glands that Require Surgery

As humans so frequently get upper respiratory tract infections, swollen glands in the neck are also very common. Normally though, these swollen glands will shrink down once the infection has passed.

Sometimes, swollen lymph glands may persist. There are very many reasons for this and most of them are quite simple and harmless. However, persistent swollen glands can suggest more serious problems somewhere in the body.

Normally, your own doctor will have watched these swollen glands for a period of time. If they do not settle down, then you may be referred to a specialist. Some times the specialist will arrange an ultrasound scan and/or a needle test to take a small biopsy from the lymph gland.

Sometimes the results of the needle test are not helpful. Sometimes the nature of the gland, or the problem, is such that a needle test will not help to give the right answer. In these situations, a formal lymph node biopsy may be suggested.

About the Operation

Lymph node biopsy can be done under a local or a general anaesthetic. This decision will normally be made between you and the doctor whilst in the clinic. It is more common to have this done under a local anaesthetic, rather than a general (fast asleep).

The operation may involve removal of the whole of the lymph gland if it is not too large. If it is very large, then a small portion (a bit like a slice of cake) will be removed.

This specimen is then sent to the pathologists so that a formal diagnosis can be made.

The operation itself normally takes between 20 and 40 minutes. A small incision is normally made over the lymph gland and the lymph gland removed in whole or in part.

There are many important blood vessels and nerves within the neck and therefore the surgeon will take great care to try and avoid damage to any of these structures.

At the end of the operation the incision (wound) is normally sewn up with stitches.

What to expect after the procedure.

Normally, after the operation, if it has been done with local anaesthetic, you should feel fairly normal with only an area of numbness where the local anaesthetic has been injected. As this wears off, you may feel some discomfort, which should respond to simple painkillers (Paracetamol or simple anti-inflammatories).

Over the next few days, there may be a little bruising and swelling around the wound. The stitches that have been used to close the

incision should be removed about one week after surgery. This can normally be arranged with your doctor's surgery.

Sometimes dissolving stitches are used so removal is not required.

Normally, only a day or two off work is required. This is something that can be discussed with your surgeon at the time of the operation.

Recognised Complications.

As with all operations, there is a risk of bleeding or infection, although these are uncommon in this operation.

The main specific risks in this operation relate to damage to nerves passing through the neck close to the lymph gland that is biopsied.

If a sensory nerve is damaged, this may lead to an area of numbness in the skin in the region of the incision.

If one of the motor nerves (movement nerves) is damaged, this may lead to some weakness in the area supplied by this nerve. Nerves that may be affected by this are as follows:-

- A branch of the facial nerve, causing some weakness at the corner of the mouth.
- The accessory nerve, causing some weakness and stiffness of the shoulder on that side.
- Damage or injury to other motor nerves is extremely uncommon. Concerns about these risks should always be discussed with your surgeon prior to the operation.