Groin Dissection
(Ilioinguinal lymphadenectomy)

For patients preparing for surgery

Read this brochure to learn more about:

- What to expect before, during and after surgery
- How to take care of yourself at home
- Problems to watch for
- Who to contact in case of emergency
What is a groin dissection?
A groin dissection is surgery to remove the **lymph nodes** from one or both sides of the groin area. Lymph nodes are part of the body’s immune system, which helps to fight infections. The lymph nodes remove waste and damaged cells, and can contain cells that fight infections.

Why am I having this surgery?
You may be having surgery to see if the cancer has spread to the nodes. This is called “superficial inguinal groin dissection”.

Or, you may be having surgery to remove cancer that is already in the lymph nodes. This is called “deep inguinal groin dissection”.

lymph nodes in a man’s groin area
Getting ready for surgery

What happens before surgery?
You will have an appointment at the Pre-admission Clinic.

During your visit we will test your blood, do an ECG (electrocardiogram — a record of your heart’s electrical activity) and/or a chest x-ray. You might also see an anesthetist and a medical doctor during this appointment.

We will teach you how to do deep breathing and coughing exercises and a special exercise called Incentive Spirometry. Doing these exercises after your surgery will help get air into your lungs and lower your chances of getting pneumonia.

We may also start you with bowel preparation. Depending on what kind of surgery you’re having, we’ll ask you to drink clear fluids, take a laxative, and/or an enema.

What to do the day before my surgery

• Only drink fluids.

• If you were given a laxative, take it as directed.

• Do not eat or drink anything for at least 6 hours before the surgery. Your stomach has to be empty.
Your hospital stay

Arrive **2 hours** before your scheduled surgery
Sprott Surgical Admission Unit (SAU)
Peter Munk Building – 2nd Floor, Toronto General Hospital

A nurse will prepare you for surgery. We will give you an intravenous (IV). This is a small needle that we put in a vein in your arm. We use it to give you:

- fluids
- antibiotics
- pain medicine

**What to expect after the surgery**
You wake up in the Post-Anesthetic Care Unit (PACU). Once you are stable, we move you back to the Nursing unit. When you wake up, you will be attached to some tubes:

**IV**
To give you fluids and medicines.

**Foley catheter**
A tube that goes into your bladder to drain urine. It might cause muscle spasms in your bladder that will give you a cramping feeling. You may feel like your bladder is full and you need to urinate.

We can give you suppositories to help with the cramping feeling and pills to help with the bladder spasms.

**JP drain (Jackson Pratt drain)**
A tube that we put in your groin area to drain any extra fluid. It’s removed when you no longer need it. We usually take it out in 1 or 3 days.
Oxygen
We usually give patients oxygen while they are still in the PACU to help with breathing. We use nasal prongs or a clear plastic mask. We remove the oxygen before you return to the Nursing unit or the day after your surgery.

Staples
The staples along your incision line will be taken out 7 days after your surgery. We might also give you support stockings while you are in the operating room to prevent your legs from swelling.

How will I feel?
Although your incision (cut) may be large, your pain will be kept under control with medicine. We will give you either Patient Controlled Analgesia (PCA), which is a pump that you control yourself, or an epidural. We can give you more information about different kinds of pain relief.

The muscle spasms in your bladder might make you uncomfortable. We can give you suppositories to help relieve the spasms. Once you can drink, we can also give you another medicine called Ditropan.

A few days after your surgery, you will probably start to have gas pain. The best thing to do is walk to relieve the pain.

How do I take care of myself after surgery?

• If you had a deep groin dissection, you may need to stay in bed for 2 or 3 days to give yourself time to heal.

• If you had a superficial groin dissection, you should walk the first day after your surgery. A nurse will help you.

• You will start doing deep breathing and coughing exercises. You should also do Incentive Spirometry. A nurse will show you how to do this exercise.
• Wiggle your toes while you are in bed. This helps the blood to flow through your legs.

• Take showers instead of baths. A nurse will help you shower while you are in hospital.

Recovering at home

How do I take care of myself at home?

• You can go back to your everyday activities when you feel ready. If you are getting tired easily, listen to your body and don’t push yourself.

• Take short walks to help with blood flow and to lower the chance of getting blood clots.

• Take showers instead of baths.

• Do not put creams on your incision (cut). Wash with soap and water and pat the incision area dry.

Swelling and tenderness
After surgery you may have swelling and tenderness in the groin area. To help with the swelling:

✓ Raise your scrotum while you are sitting and standing.

✓ Wear briefs underwear. They support the scrotum and help ease swelling.

If you had a deep groin dissection, the swelling in your legs may be an ongoing problem. Talk to your doctor if you have any questions.
Who to call

Call your Surgeon’s office to make or change appointments, but not to ask medical or surgical questions. Please do NOT call the Princess Margaret Cancer Centre Clinic with questions about post-surgery.

Call the 6B Munk Nursing Unit if you have:

- Heavy bleeding when you urinate and the blood is bright red (not dark old blood), and the bleeding does not decrease when you rest and drink more water
- A fever (temperature higher than 38 ºC or 101 ºF)
- Redness or pain at your incision site

⚠️ Go to the emergency department if you have pain, redness or swelling in your calf or inner thigh area.

Your follow-up appointment

You will visit with your doctor in about 4 weeks.

How to contact us

Dr. Finelli Phone: 416 946 2851
Dr. Fleshner Phone: 416 946 2989
Dr. Hamilton Phone: 416 946 2909
Dr. Kulkarni Phone: 416 946 2246
Dr. Perlis Phone: 416 946-2957
Dr. Zlotta Phone: 416 586 4800 ext. 3910
6B Munk Nursing Unit Phone: 416 340 3521
Clinical Coordinator, Leah Jamnicky Phone: 416 340 4666

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