

## **Post-chemotherapy Retroperitoneal Lymph-Node Dissection**

### **What is?**

Removal of abdominal tumors as well as a sampling of lymph nodes that exist in the back of the abdomen. Testicular cancer can commonly spread through this part of the body. Chemotherapy is commonly used to treat testicular cancer that has spread around the abdomen, occasionally patients require surgery to remove tumor that remains after chemotherapy. After these tumors are removed they are sent to a pathologist to be looked at under a microscope. About half the time the pathologist only finds scar tissue. About half the time they find a type of tumor called “teratoma” that does not respond to chemotherapy but can be cured with surgery. A very low percentage of the time, testicular cancer is found in the tumor that is removed. Typically if this is the case, these patients will require further chemotherapy.

### **What are lymph nodes?**

Lymph nodes are small organs that exist all over the body and are part of the immune system. Infections and cancers can spread to these areas. They can be safely removed with little long term impact on your overall health. Every individual has a different number of lymph nodes that are removed during the surgery as we use anatomic boundaries and remove all the lymph node tissue within those boundaries.

### **What are the complications of Retroperitoneal Lymph-Node Dissection after Chemotherapy?**

Complications include postoperative discomfort; a risk of bleeding as the operation occurs near some of the largest blood vessels in the body, however the need for a transfusion is about 10%; postoperative infections are rare but still occur. The most common type of infection is a wound infection. During any cancer operation the cancer can return after the surgery. Blood clots in the legs can occur after any major operations and is one of the main reasons we encourage early mobility. A complication called chylous ascites can occur. This is a collection of fluid within the abdomen that can persist for weeks or months. This is typically managed with drains or tubes; very rarely would it require further surgery to repair. There is a lifetime risk of a small bowel obstruction. A small bowel obstruction is when intestines become blocked by scar tissue that does not allow the material inside the intestine to pass through. This can result in abdominal bloating and pain associated with vomiting. This can occur anytime after the surgery. A hernia or a bulge at the incision is a possibility as well. A common complication after this type of surgery is a loss of the ability to ejaculate. This occurs because the nerves that control this function are in the area of the surgery and are commonly intimately involved with the tumors in this area. The surgery does not have any effect on the ability to obtain a penile erection nor the ability to experience sexual pleasure. Occasionally organs that are near to the surgical site will be injured, these organs include the intestine, kidneys, ureters which

are the tubes that drain the kidneys, large blood vessels, nerves, pancreas, spleen and liver. Occasionally, we will need to remove one or more of these organs as a part of the operation.

### **What happens if I have tumors in my abdomen, and do not have surgery?**

If the tumors are scar tissue, they will slowly shrink over time. However, if the tumors are either teratoma or active testicular cancer these areas can enlarge, spread to other parts of the body, cause pain or injury to nearby organs. We unfortunately do not have an adequate method of being able to tell what type of tumor there is without removing it with surgery.

### **What's the normal postoperative course?**

After surgery, patients will wake up with a catheter in their bladder. Occasionally a small drain is left inside the abdomen to drain excess fluid that may collect there. Patients will have their pain controlled with both IV and oral pain medications. There will be an incision in the middle of the abdomen that is about 10 inches long. The day following surgery we usually allow people to drink and eat some small meals. We allow patients to walk in the hall of the hospital and expect patients to sit in a chair for several hours during the day. The catheter draining the bladder is usually removed on the second day after the surgery. If patients are doing well they can sometimes leave in the evening of the second day after the surgery. Patients do occasionally leave three or four days after the surgery as well. You are provided with my clinic phone number should any problems arise. I usually have a planned clinic visit four to six weeks after the surgery. It is not uncommon that patients have poor appetite and energy level for several weeks. The important thing is to remain hydrated by drinking plenty of fluids. Sleep patterns, eating habits, and bowel function will return to normal over a period of several weeks. I encourage patients not to lift any object heavier than 20 pounds for a month after the surgery. I would expect a return to pre-surgery levels by six weeks after surgery.