

Understanding NICE guidance

Information for people who use NHS services

Keyhole surgery to remove lymph nodes in the groin to treat cancer

NICE 'interventional procedures guidance' advises the NHS on when and how new procedures can be used in clinical practice.

This leaflet is about when and how keyhole surgery to remove lymph nodes in the groin can be used in the NHS to treat cancer. It explains guidance (advice) from NICE (the National Institute for Health and Clinical Excellence).

Interventional procedures guidance makes recommendations on the safety of a procedure and how well it works. An interventional procedure is a test, treatment or surgery that involves a cut or puncture of the skin, or an endoscope to look inside the body, or energy sources such as X-rays, heat or ultrasound. The guidance does not cover whether or not the NHS should fund a procedure. Decisions about funding are taken by local NHS bodies (primary care trusts and hospital trusts) after considering how well the procedure works and whether it represents value for money for the NHS.

NICE has produced this guidance because the procedure is quite new. This means that there is not a lot of information yet about how well it works, how safe it is and which patients will benefit most from it.

This leaflet is written to help people who have been offered this procedure to decide whether to agree (consent) to it or not. It does not describe cancer or the procedure in detail – a member of your healthcare team should also give you full information and advice about these. The leaflet includes some questions you may want to ask your doctor to help you reach a decision. Some sources of further information and support are on the back page.

What has NICE said?

There is not much good evidence about how well this procedure works or how safe it is. If a doctor wants to use keyhole surgery to remove lymph nodes in the groin to treat cancer, they should make sure that extra steps are taken to explain the uncertainty about how well it works, as well as the uncertainty surrounding potential risks of the procedure. This should happen before the patient agrees (or doesn't agree) to the procedure. The patient should be given this leaflet and other written information as part of the discussion. There should also be special arrangements for monitoring what happens to the patient after the procedure.

The procedure should only be carried out in centres that specialise in groin lymph node removal for cancer patients, and by surgeons with training and experience in this type of keyhole surgery.

NICE may look at this procedure again if more information becomes available.

Other comments from NICE

The procedure may result in a fewer problems than open surgery. However, it is not often performed so it may be difficult to compare the procedures.

This procedure may not be the only possible treatment for cancer.

Your healthcare team should talk to you about whether it is suitable for you and about any other treatment options available.

Keyhole surgery to remove lymph nodes in the groin

The medical name for this procedure is 'endoscopic radical inguinal lymphadenectomy'.

The procedure is not described in detail here – please talk to your specialist for a full description.

People with cancer of the penis, vulva or anus, or with melanoma of the leg, may need to have the lymph nodes in their groins removed as part of their treatment. This is usually done with an 'open' operation through a cut in the groin.

This keyhole procedure is done with the patient under a general anaesthetic. The lymph nodes are removed using special instruments inserted through three or four small cuts. Suction drains are usually inserted at the end of the procedure to remove fluid.

Summary of possible benefits and risks

Some of the benefits and risks seen in the studies considered by NICE are briefly described below. NICE looked at 6 studies on this procedure.

How well does the procedure work?

A study of 5 patients who had the keyhole procedure reported that the cancer returned in 2 patients. One had several secondary cancers and the other had cancer in a lymph node outside the groin that was later removed.

What does this mean for me?

If your doctor has offered you keyhole surgery to remove lymph nodes in the groin to treat cancer, he or she should tell you that NICE has decided that the benefits and risks are uncertain. This does not mean that the procedure should not be done, but that your doctor should fully explain what is involved in having the procedure and discuss the possible benefits and risks with you. You should only be asked if you want to agree to this procedure after this discussion has taken place. You should be given written information, including this leaflet, and have the opportunity to discuss it with your doctor before making your decision.

You may want to ask the questions below

- What does the procedure involve?
- What are the benefits I might get?
- How good are my chances of getting those benefits? Could having the procedure make me feel worse?
- Are there alternative procedures?
- What are the risks of the procedure?
- Are the risks minor or serious? How likely are they to happen?
- What care will I need after the operation?
- What happens if something goes wrong?
- What may happen if I don't have the procedure?

A study of 15 patients, in which 10 patients had the keyhole procedure on one side of the groin and open surgery on the other, and 5 had the keyhole procedure on both sides, reported that the average number of lymph nodes removed in a keyhole procedure was about 11 and about 10 for open surgery. The 10 patients who had both open and keyhole procedures had an average hospital stay of about 6 days and took 21 days to return to usual activities. The 5 who had the keyhole procedure on both sides had an average hospital stay of 24 hours and took 14 days to return to usual activities. Drains were removed sooner after the keyhole procedure (after 5 days) than the open procedure (6 days).

As well as looking at these studies, NICE also asked expert advisers for their views. These advisers are clinical specialists in this field of medicine. The advisers said that success can be assessed by the length of hospital stay and time to full recovery, whether open surgery is required to complete the procedure, whether adequate removal of lymph nodes is achieved and whether the cancer returns.

Risks and possible problems

In the study of 15 patients, lymph problems were reported after 2 of the 20 keyhole procedures and after 2 of the 10 open procedures in the 32 months following the procedure. One patient who had the keyhole procedure had leaking of lymph fluid through the skin and another

You might decide to have this procedure, to have a different procedure, or not to have a procedure at all.

developed cysts (lymph fluid collecting under the skin) that needed treatment. A patient who had the open procedure had long-lasting swelling of the leg related to the lymphatic system (lymphoedema), and another had a cyst that cleared up without treatment. A further study of 8 patients reported 3 with cysts.

In the study of 15 patients, skin problems were seen after 1 keyhole procedure and 5 open procedures. The study of 5 patients reported skin infection (cellulitis) in 2 patients, one of whom had a severe infection following a previous lymph node procedure. In a study of 16 patients, breakdown (necrosis) of the skin flap at the procedure site was reported in 1 out of 16 keyhole procedures carried out on 8 patients, and in 7 out of 16 open procedures carried out on 8 patients.

As well as looking at these studies, NICE also asked expert advisers for their views. These advisers are clinical specialists in this field of medicine. The advisers said that possible problems include damage to nerves and blood vessels in the thigh, spread of cancer via the surgical cuts, gas bubbles in the blood stream and problems caused by damage to the lymphatic system.

More information about cancer

NHS Choices (www.nhs.uk) may be a good place to find out more. Your local patient advice and liaison service (usually known as PALS) may also be able to give you further information and support. For details of all NICE guidance on cancer, visit our website at www.nice.org.uk

About NICE

NICE produces guidance (advice) for the NHS about preventing, diagnosing and treating different medical conditions. The guidance is written by independent experts including healthcare professionals and people representing patients and carers. They consider how well an interventional procedure works and how safe it is, and ask the opinions of expert advisers. Interventional procedures guidance applies to the whole of the NHS in England, Wales, Scotland and Northern Ireland. Staff working in the NHS are expected to follow this guidance.

To find out more about NICE, its work and how it reaches decisions, see www.nice.org.uk/aboutguidance

This leaflet is about 'Endoscopic radical inguinal lymphadenectomy'. This leaflet and the full guidance aimed at healthcare professionals are available at www.nice.org.uk/guidance/IPG398

You can order printed copies of this leaflet from NICE publications (phone 0845 003 7783 or email publications@nice.org.uk and quote reference N2574). The NICE website has a screen reader service called Browsealoud, which allows you to listen to our guidance. Click on the Browsealoud logo on the NICE website to use this service.

We encourage voluntary organisations, NHS organisations and clinicians to use text from this booklet in their own information about this procedure.