Lymph Node Biopsy
Ear, Nose and Throat Department

We can provide interpreters for a variety of languages, information in larger print or other formats (e.g. audio) - please call us on 01932 723553.

To use the Text Relay service, prefix all numbers with 18001.

Jeżeli chce, aby te informacje na innym języku, proszę zadzwonić 01932 723553

Ashford Hospital
London Road
Ashford, Middlesex
TW15 3AA
Tel: 01784 884488
Website: www.ashfordstpeters.nhs.uk

St. Peter's Hospital
Guildford Road
Chertsey, Surrey
KT16 0PZ.
Tel: 01932 872000

Ashford and St. Peter's Hospitals
NHS Foundation Trust

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Further Information

We endeavour to provide an excellent service at all times, but should you have any concerns please, in the first instance, raise these with the Matron, Senior Nurse or Manager on duty. If they cannot resolve your concern, please contact our Patient Advice and Liaison Service (PALS) on 01932 723553 or email pals@asph.nhs.uk. If you remain concerned, PALS can also advise upon how to make a formal complaint.
A very uncommon but serious complication during a lymph node biopsy is nerve damage. There are different nerves that may be damaged depending on the location of your lymph node and these will have been discussed with you in clinic by your surgeon at the time of booking your operation. The most common nerve that can be damaged is the accessory nerve which can cause some stiffness of the shoulder.

Any further worries?

If you are concerned after the procedure, these please consult your GP, the ward you were admitted to or in an emergency the A&E department at the Royal Surrey County Hospital, Guildford (not St. Peter’s or Ashford Hospitals), where we have on call ENT staff 24 hours a day.

Day Ward, St. Peter’s Hospitals: 01932 722770
Day Ward, Ashford Hospitals: 01784 884127
Royal Surrey County Hospital: 01483 571122
Further information: http://www.entuk.org/patient_info/

Consultants and Specialists

Miss Pandora Hadfield, Consultant ENT Surgeon
Mr John Hadley, Consultant ENT Surgeon
Miss Lisa Pitkin, Consultant ENT Surgeon
Mr Peter Valentine, Consultant ENT Surgeon
Mr Pramod Kumar, Associate Specialist ENT
Miss Marysia Kalinkiewicz, Associate Specialist ENT

Lymph Node Biopsy

Introduction

Lymph nodes are part of the immune system and produce white blood cells and antibodies in response to infection, inflammation or disease processes. They are found in clusters in the neck, armpits and groin. In the head and neck alone, there are over 300 individual lymph nodes.

Lymph Node Enlargement

Enlargement of the neck lymph nodes (“swollen glands”) is a very common occurrence in response to an upper respiratory tract infection (“cold”, “flu”, tonsillitis etc). Normally though, the swelling goes once the infection has passed.

Sometimes lymph nodes may remain enlarged. There are many reasons for this and most of them are harmless, however persistent lymph node enlargement can sometimes mean that there is a more serious problem going on.

You will have been referred to us (in the Ear, Nose & Throat department) by your GP as your lymph node enlargement hasn’t settled. Usually this will need to be investigated and we will organise this for you. It is common to get an ultrasound scan as a first line investigation to see the exact size of the lymph nodes, to see if there is more than one lymph node enlarged and what the characteristics of the lymph node are. In adults we usually ask...
the Radiology doctor to put in a needle to get some cells out of the lymph node for analysis at the same time.

Depending on the results of the ultrasound scan and the needle biopsy test you may need to go on and have a lymph node biopsy – we will explain the investigation findings to you and help you understand why you need an operation.

**Lymph node biopsy – about the operation**

A lymph node biopsy removes lymph node tissue to be looked at under a microscope for signs of infection or a disease, such as cancer.

A lymph node biopsy can be done under a local anaesthetic or a general anaesthetic. We will discuss the best way for you in clinic as this depends on exactly where the lymph node is in the neck. Children will nearly always require a general anaesthetic.

If you are having a local anaesthetic, you will feel only a quick sting from the needle to numb the biopsy area. You may feel some pressure **but not pain** during the procedure. If you have general anesthesia you will **not be awake** during the biopsy. After you wake up, you will also feel sleepy for several hours and generally tired for 1-2 days. You may also have a mild **sore throat** if a tube was used to help you breathe during the biopsy. Using throat lozenges and gargling with warm salt water may help with the sore throat.

The operation itself normally takes between 30 and 45 minutes. A small incision (cut) is made over the lymph gland and the lymph gland is removed. If the lymph gland is very large then a small portion (wedge) will be removed. There are many important blood vessels and nerves in the head and neck and we will obviously take care to avoid damaging these structures. The wound will be stitched up with either dissolvable or removable sutures (the latter will need to be taken out about one week later in your GP surgery.

After the biopsy, the area will feel tender, firm, swollen, and bruised. You will be given pain killers to help this on your discharge from hospital. The tenderness should go away in about a week, and the bruising usually fades within 2 weeks. The firmness and swelling may last for 6 to 8 weeks. In addition the skin around the biopsy site will be numb and this can take several months for the sensation to return to normal. Do not do any heavy lifting or other activities that stretch or pull the muscles around the area for 1-2 weeks after the procedure – your surgeon will advise you on the exact time period of rest required after the operation and how much time you need to be off work / school.

**Recognised Complications**

As with all operations there is a small risk of bleeding and infection. Bleeding after the operation is extremely uncommon as any bleeding is dealt with at the time in theatre. There is a chance of an infection at the biopsy site – this can occur after 48 hours and will cause redness, increased pain and swelling. An infection will need to be treated with antibiotics.

Occasionally fluid can collect near the biopsy site and this sometimes needs to be drained by needle aspiration in clinic.