Arm Pain after Axillary Lymph Node Dissection

During an axillary lymph node dissection, the surgeon makes an incision (cut) under the arm and removes most of the lymph nodes from the area. During this procedure, there is a chance that your intercostobrachial nerve (ICBN) may be damaged. The ICBN is a nerve that runs from your armpit to the upper, inside part of your arm.

The ICBN helps you sense and feel:

- Parts of the axilla (armpit).
- A part of the breast.
- The outside part of the chest wall.
- The inside of the arm to just above the elbow.

Damage to the ICBN can also happen during other surgeries and radiation therapy in the axillary area. This article will focus on ICBN damage after axillary lymph node surgery.

Arm pain after breast surgery can be due to lymphedema. If you see or feel swelling in your arm, call your provider right away.

**What does the arm pain feel like?**

If your ICBN was damaged during surgery, you may have arm pain that does not go away on its own. It can be pain in the upper inner arm, the shoulder, the chest wall near the breast and armpit, or the upper back. Because a nerve was damaged, this pain is often called “neuropathic” or nerve pain. This nerve pain can start shortly after surgery and can last for as long as a few years after surgery. You may have:

- Tingling.
- Aching.
- Burning pain.
- Shooting/stinging/stabbing pain.
- Numbness or increased sensation (feeling) in the arm.

If your ICBN has been damaged and it goes untreated, there is a chance you will have long-term problems, such as:

- Weakness in the arm.
- A change or decrease in range of motion of your arm/shoulder.
- Stiffness.

**How do you treat ICBN damage?**

If your ICBN is damaged, your provider will talk to you about treatment options. Treatment options depend on your pain and your medical history and exam.

Treatment options for ICBN damage are:

- Oral (taken by mouth) pain medications.
- Topical (put on the skin) creams.
- Physical therapy (PT).
- Massage and desensitization.
When should I call my provider?

If you have any of the symptoms listed above, call your provider. Your provider will do a physical exam of your arm, axilla, and chest wall. Tests may be done to check your sensory and brain/nerve function. Other issues will be ruled out so that you and your care team can best treat the arm pain. You may need to see an occupational or physical therapist that works in treating nerve pain.

Call your provider right away if you have:

- Sudden, new, or worsening severe pain.
- Pain that comes with sudden weakness or swelling.
- An area of redness or heat on the arm.

If you have had surgery and have any of the symptoms listed above, talk with your provider. If you are about to have an axillary lymph node biopsy, ask your provider if arm pain could happen to you.

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