Arm Pain after Axillary Lymph Node Dissection

What is it?

An axillary lymph node dissection is the surgery done to remove the lymph nodes found under the arm (the axilla). The surgeon makes an incision (cut) under the arm and removes most of the lymph nodes from that area. During this surgery, there is a chance that a certain nerve will be damaged. This nerve is called the intercostobrachial nerve (ICBN).

The ICBN provides sensation and feeling to:

- 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 in the axillary area, as well as during radiation therapy to this area. This article will focus on ICBN damage after axillary lymph node surgery.

It is important to note that arm pain after breast surgery can also be due to lymphedema. However, you may still have arm pain even if you do not have lymphedema. If you notice 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. This pain can present as pain on 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 described as “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 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.

When should I contact 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 motor neurologic function. Other issues will be ruled out so that you and your care team can best treat the arm pain. You may be referred to an occupational or physical therapist specialized in treating nerve pain after surgery.

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.

How do you treat ICBN?

If diagnosed with a damaged ICBN, your provider will talk to you about treatment options. Treatment options depend on the severity of your pain and your medical history and exam.

Treatment options for ICBN include:

- Oral (taken by mouth) pain medications.
- Topical (put on the skin) creams.
- Physical therapy.
- Massage and desensitization.

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