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Warrington Road,
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Teaching Hospitals
NHS Trust

Skin Cancer Services

Sentinel Lymph Node Biopsy (SLNB)

If you need this leaflet in a different language or accessible format please speak to a member of staff who can arrange it for you.

اگر به این بروشور به زبان دیگر یا در قالب دسترس‌پذیر نیاز دارید،
لطفاً با یکی از کارکنان صحبت کنید تا آن را برای شما تهیه کند.

Jeśli niniejsza ulotka ma być dostępna w innym języku lub formacie,
proszę skontaktować się z członkiem personelu, który ją dla Państwa przygotuje.

Dacă aveți nevoie de această broșură într-o altă limbă sau într-un format accesibil,
vă rog să discutați cu un membru al personalului să se ocupe
de acest lucru pentru dumneavoastră

如果您需要本传单的其他语言版本或无障碍格式，请联系工作人员为您安排。

إذا احتجت إلى هذه النشرة بلغة أُخرى، أو بتنسيق
يسهل الوصول إليه، يرجى التحدث إلى أحد الموظفين لترتيب ذلك لك.

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This booklet should be read in conjunction with the Understanding Melanoma and Treatment with Surgery Information booklet produced by Macmillan.

Introduction

The doctor or nurse has explained to you that you have a type of skin cancer that requires further treatment and may benefit from additional tests. This information leaflet describes a test called a Sentinel Lymph Node Biopsy (SLNB).

What are lymph nodes

Lymph nodes, also known as glands, are small and approximately the size of a peanut. It is normal to have lymph nodes but they cannot usually be felt. They occur in groups especially in the arm pits, neck and groin as well as other parts of the body.

Lymph nodes are an important part of the immune system. They filter bacteria, viruses and cancer cells, which may be carried in the lymphatic fluid that circulates around the body via tiny lymphatic channels.

What is a Sentinel Lymph Node (SLN)?

The Sentinel Lymph Node is the first lymph node to which your skin cancer may have spread. Sometimes there is more than one sentinel lymph node and these may be found at more than one site in the body, depending upon the location of your original skin cancer.

Further help and information

Ward 3A

Whiston Hospital
Level 3
Warrington Road
Prescot
L35 5DR

Tel: 0151 430 1520

Dressing Clinic

Whiston Hospital
Level 3 Green Zone
Warrington Road
L35 5DR

Tel:0151 430 1520

Macmillan Cancer Support/Information Centre

St Helens Hospital
Lower Ground Floor
Marshalls Cross Road
St Helens
WA9 3DA

Tel:01744 646985

Research /Clinical Trials

Research is a core function of the NHS, we need research and innovation to improve health and wellbeing for our patients now and in the future.

At St Helens and Knowsley Teaching Hospitals NHS Trust (STHK) we are committed to looking into new ways to prevent, manage and treat diseases. Research is a way of gaining new knowledge; it is important as it helps us to make better decisions and improves treatments and services.

Clinical trials are medical research studies involving people. Doctors use them to assess any new treatment before it can be made available to patients more widely.

Research at STHK ranges from: genetic studies and questionnaires, testing new drugs, new surgical techniques, improvements to existing treatments and screening tests.

Clinical trials show whether new treatments are safe, what their side effects are, and whether they're better than what is currently used.

By participating in research you may feel as though you are taking a more active role in your healthcare. You will also be helping others, and possibly yourself, by helping to identify more effective treatments.

To find out more about research and whether any studies may be right for you, please speak to your doctor or nurse.

Alternatively, the team may contact you and offer you the choice to participate in a research trial if appropriate. However, you do have the right to refuse, and this will not affect the care that you receive.

What is a Sentinel Lymph Node Biopsy (SLNB)?

A SLNB is a test used to discover if the skin cancer has spread from the skin to the nearest group of lymph nodes. **It is carried out at the same time as the operation to remove the scar** from your previous surgery. This is known as a wide local excision (cut) and is done to reduce the risk of the skin cancer coming back at the same site. Performing the wide local excision and SLNB requires a general anesthetic, and is carried out by a plastic surgeon at Whiston Hospital.

The reasons for the procedure

Skin cancer can spread from the skin to the lymph nodes. This procedure helps us find out if your cancer has spread to the lymph nodes and offers access to further treatment and clinical trials if eligible.

Which patients are offered a SLNB?

Patients with the following are offered a SLNB:

- An ulcerated melanoma regardless of Breslow thickness or non ulcerated melanoma with a Breslow thickness of equal or greater than 0.8mm.
- Some patients with other types of skin cancers such as Merkel cell carcinoma.

This is a standard criteria that is used by most other hospitals in the UK and the rest of the world. However, some patients may not be suitable for a SLNB because they have pre existing medical conditions or an allergy to food colourings or latex.

Advantages & Disadvantages of SLNB

Possible advantages of sentinel lymph node biopsy	Possible disadvantages of sentinel lymph node biopsy
The operation helps to find out whether the cancer has spread to the lymph node. It is better than ultrasound scans at finding very small cancers in the lymph nodes.	The purpose of the operation is not to cure the cancer. There is no good evidence that people who have the operation live longer than people who do not have it.
The operation can help predict what might happen in the future. For example, in people with a primary melanoma that is between 1 and 4mm thick: • Around 1 out of 10 die within 10 years if the sentinel lymph node biopsy is negative. • Around 3 out of 10 dies within 10 years if the sentinel lymph node biopsy is positive.	The result needs to be interpreted with caution. Of every 100 people who have a negative sentinel lymph node biopsy, around 3 will subsequently develop a recurrence in the same groups of lymph nodes.
People who have had the operation may be able to take part in a clinical trial of new treatments for melanoma. These trials often cannot accept people who have not had this operation.	A general anaesthetic is needed for the operation.
	The operation results in complications in between 4 and 10 out of every 100 people who have it.

As recommended by NICE – National Institute for Health and Care Excellence Guideline 2015

The green dye works very well for melanomas found on the head and neck, arms and legs but is less effective for melanomas found on the chest or back.

Plastics Consultant Surgeon

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Tel: 0151 426 1600 (Whiston Hospital main switchboard, ask to be put through to your Consultant's secretary)

Macmillan Clinical Nurse Specialist - Skin Cancer

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Tel: 01744 646791

Information may vary according to individual circumstances.

Please do not hesitate to contact your surgeon or key worker (usually the clinical nurse specialist) for more information.

There is a small possibility of a false negative result. This means that skin cancer may be in the surrounding lymph nodes although the SLNB result was negative.

What are the alternatives to the SLNB procedure?

SLNB is not a compulsory test.

After discussing the advantages and disadvantages of this test with your surgeon, you may decide that you do not wish to proceed with this test and simply continue with follow up in clinic.

All patients will be regularly seen in the outpatient clinic regardless of whether they have a SLNB.

Indocyanine Green (ICG) tracer

When the radioactive fluid is not available an alternative method using a green dye (Indocyanine Green ICG) can be used as an alternative. You don't have to attend the Xray department for this injection.

The tracer is routinely used in finding the sentinel lymph node in other cancers such as breast cancer and gastrointestinal tumours.

You will receive a single injection under the skin close to your scar of the dye with or without blue dye while you are asleep.

Allergic reaction to ICG dye is very rare and less than blue dye. Overall ICG is safe with no additional complications and as per current research is more sensitive than blue dye alone for SLNB localisation.

The nature of the procedure – what it involves

- On the morning of your surgery or sometimes the day before, you will attend the Radiology Department (Nuclear Medicine) at Whiston Hospital. Here, a small and safe amount of radioactive fluid will be injected under the skin at the site of your skin cancer or skin cancer scar.
- The movement of the radioactivity is then monitored by a scanner to identify the first lymph node(s) in the area(s). This does not mean that you have cancer in this lymph node(s).
- The Radiographer will then mark the skin above the lymph node(s) with a pen. This helps the surgeon identify it during the surgery.
- All of this is done whilst you are awake and may take 2–3 hours.

During the afternoon (or possibly morning if you have attended Radiology the day before) you will then be taken to theatre:

- Whilst you are asleep, a blue dye will be injected into the skin at the site of your skin cancer or skin cancer scar. Like the radioactive injection, this also helps identify the location of the SLN(s).
- Using the pen mark on the skin, the blue dye and a hand held scanner, the surgeon will identify and remove the sentinel lymph node(s) through a small cut in the skin.
- Occasionally the sentinel lymph node(s) may not be found.
- The sentinel lymph node(s) is/are then removed and sent to the pathology laboratory and examined under the microscope for evidence of tiny deposits of melanoma.

Will I need any further treatment following the SLNB?

You will be given an outpatient appointment within 4-6 weeks where the results will be explained to you.

If the SLNB shows no evidence of skin cancer (is negative), no further surgical treatment is required. However, you will be seen regularly in the outpatient clinic to check for any signs of skin cancer returning.

If the SLNB does show evidence of skin cancer (is positive), the amount of skin cancer within the lymph node influences what further treatment is required. This will be discussed with you at your outpatient appointment.

Will I need to sign a consent form?

Yes. Before surgery you will be required to sign a consent form.

How long will I be in hospital?

The surgery may be done as a day case or may require an overnight stay.

After a general anesthetic you will need 1–2 weeks to recover.

After your surgery your wounds may need to be checked at your GP surgery, walk-in centre or plastics dressing clinic.

The discomforts of the procedure

- The injections of the radioactive fluid under the skin does sting and is painful for a short time. The number of injections depends on the size of your scar.
- You may require pain relief after surgery.
- The scanner used to identify the lymph node is placed close to the skin for approximately 20mins. This may give you a feeling of claustrophobia. Please let the radiology staff know if you suffer from this.

What are the risks of the SLNB procedure?

Complications can occur after all operations. The overall risk of a complication following SLNB is approximately 4%.These include the following:

- The site where the SLNB is taken from can be quite uncomfortable and sore following the procedure.
- Numbness in the surrounding skin at the wider excision and the SLNB sites.
- Scar.
- Wound infection.
- Bleeding from the wound.
- Seroma or a collection of fluid at the biopsy site. This can be removed in the clinic with a syringe if necessary.
- Allergy to the injection/dye (this is very rare).

Please let your surgeon know if you have any allergies to blue food dye or latex