

Further help and information

Macmillan cancer support:

Email: cancerline@macmillan.org.uk

Website: www.macmillan.org.uk

Breast cancer care:

www.breastcancer.org.uk

Macmillan breast cancer nurse specialists at St Helens & Whiston hospitals:

Contact number: 01744 646053

Whiston Hospital
Warrington Road,
Prescot, Merseyside, L35 5DR
Telephone: 0151 426 1600

St Helens Hospital
Marshalls Cross Road,
St Helens, Merseyside, WA9 3DA
Telephone: 01744 26633

www.MerseyWestLancs.nhs.uk

Sentinel Lymph Node Biopsy (SLNB)

Patient information leaflet

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 دسترس پذیر 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 formie, proszę skontaktować się z członkiem personelu, który ją dla Państwa przygotowuje.

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 أخرى، أو بتنسيق يسهل الوصول إليه، يرجى التحدث إلى أحد الموظفين لترتيب ذلك لك.

Author: Consultant
Department: Burney Breast Unit
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Sentinel lymph node - What is the Sentinel Node (SN)?

The sentinel lymph node (gland), is the first lymph node in your armpit to which breast cancer can spread.

Reasons for the procedure

By removing the sentinel lymph node, we can find out whether the breast cancer has or has not spread to the arm pit lymph nodes.

This important information helps us to advise you about the stage of your cancer, and the best type of treatment for you.

Recent studies have shown that removal of the sentinel lymph node is just as safe and accurate as traditional armpit surgery, which involves removing more lymph nodes.

However after a sentinel lymph node biopsy, it will be necessary for about 20 - 25 per cent of women to go on to have more of the lymph nodes in the armpit removed (Auxiliary clearance).

Nature of the procedure

Finding the SN

Before surgery a small amount of radioactive fluid or magtrace dye will be injected under the skin of your breast.

During surgery a blue dye may be injected into the breast.

This also travels to the SN. The surgeon, using a special probe, can then find the SN which may also be stained in colour.

Further information

Nuclear medicine department

Breast sentinel lymph node injection:

- When you attend for your appointment in the Nuclear Medicine Department, the radiographer (usually a female) will take you into a clinical room and explain the procedure.
- You will be asked to come into this room on your own.
- The procedure involves an injection of a small amount of radioactive fluid around the edge of your nipple, in the region where the tumour is located.
- The injection may sting slightly – just like a bee sting. Some ladies do not feel anything at all.
- This stinging only lasts a few minutes.
- After the injection you will be asked to massage the area where the injection went in.
- **This is very important as this helps the small amount of fluid to move through the lymph channels and into the lymph nodes under your skin.**
- The surgeon will have a better chance of locating and removing these lymph nodes if you follow the instructions.

Potential risks

- **Allergic reaction** to the radioactive or blue dye is rare and can be treated if it occurs.
- Injection of dye under the skin of your breast may give slight discomfort.

Alternatives to sentinel lymph node biopsy

Traditional armpit surgery; whereby more lymph nodes are removed. Rather than just the sentinel lymph nodes, where usually 1 - 2 nodes are removed.

Consequences of not having the procedure

It is important for your doctor to find out whether the cancer has spread to the lymph nodes in your armpit, because this will influence your further treatments.

Without checking the lymph nodes in your armpit we may not be able to advise you about the stage of your cancer, or best types of treatment for you.

If you do not want to have a sentinel lymph nodes biopsy, you will be advised to have axillary lymph node clearance.

What if we cannot find the Sentinel Nodes?

Occasionally it is not possible to find the SN.

The possibility of this would have been discussed with you by your surgeon, before your surgery.

If this happens, the surgeon, during the same operation, will remove a group of lymph nodes to make sure the node likely to be SN is removed.

However, this will be discussed with you prior to your operation and your consent will be taken before your surgery.

What if the SN looks cancerous at surgery?

Occasionally, at the time of surgery, the sentinel node can look suspicious that it is cancerous.

The surgeon may proceed to remove all the nodes that appear suspicious.

This will save you a second armpit operation a few weeks later.

This is not common.

After surgery

The pathologist examines the SN under the microscope; this takes a couple of weeks. If the SN contains cancer cells, it is possible further cancerous nodes are still present in the armpit.

For this reason you may require either further armpit surgery to remove as many of the remaining lymph nodes as possible, or you may be offered radiotherapy to the armpit.

Before the operation you will need to sign consent forms

- To have sentinel lymph nodes biopsy.
- If the pathologist finds the sentinel lymph node/nodes contain cancer, you may need a second operation to your armpit to remove more lymph nodes, or the option of radiotherapy to treat.
- If the surgeon cannot find the SN or the glands look cancerous, we need your permission to remove more nodes during this operation.

If you do not want this to happen you must tell us.

Notes:

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Benefits of the procedure

- Less discomfort and more early mobility in the shoulder and arm.
- Less risk of lymphoedema (swelling of the arm).
- For more information regarding lymphoedema, please see the Breast Cancer Care leaflet 'Reducing the risk of lymphoedema'.
- Wound drains are not usually necessary.
- Shorter hospital stay and quicker overall recovery.

Risks of the procedure

- Blue dye will cause facial bluish discoloration and discolour urine, stool and tears (please remove contact lenses before surgery) for a few days. The breast skin will be discoloured for up to a few months and very occasionally a year or so.