



Information for Breast Patients having a Sentinel Node Biopsy

Women and Children's Health, Breast Care

Excellent



What is sentinel node?

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

What is sentinel node biopsy?

By removing the sentinel lymph node, we can find out whether the breast cancer has or has not spread to the armpit nodes. This important information helps us to advise you about the stage of your cancer and the best type of breast cancer treatment for you.

Studies have shown that removal of the sentinel lymph node is just as safe and accurate as traditional armpit surgery which removes more nodes.

Some effects of armpit surgery

For some patients armpit node removal can cause temporary shoulder stiffness, nerve pain and/or permanent lymphoedema (swelling of the arm). The side effects of armpit surgery increase with the number of nodes removed. This means if we remove only the sentinel node side effects are less than traditional armpit surgery where more nodes are removed. Occasionally there is more than one sentinel node.

Finding the sentinel node

Before surgery a small amount of radioactive fluid will be injected into your breast. This fluid travels to the sentinel node. You may have a scan to mark the position of the sentinel node. During surgery a blue dye will be injected into the breast. This also travels to the sentinel node. The surgeon using a special radiation detection probe can then find the sentinel node which is also blue.

What if we cannot find the sentinel node?

Occasionally it is not possible to find the sentinel node. If this happens the surgeon will remove more nodes to make sure the node which is likely to be the sentinel node is removed. This will be done in the same operation, and only with your permission.

What if the sentinel node looks cancerous at surgery?

Occasionally at the time of surgery it can be obvious that the lymph nodes are cancerous. With your permission the surgeon may proceed to remove as many nodes as possible. This will save you a second armpit operation a few weeks later. This is not common.

After a diagnosis of breast cancer it is common to feel low in mood. This may happen a long time after treatment. Please speak to your breast care nurse for support.

After surgery

The pathologist examines the sentinel node under the microscope. It may take two or more weeks for the results to be available.

If the sentinel node contains cancer cells it is possible further cancerous nodes are still present in the armpit. For this reason you will require further armpit surgery to remove the remaining lymph nodes (on average 30% of people will need more surgery).

What are the benefits of a sentinel node biopsy compared to axillary clearance?

- Less discomfort and more early mobility in the shoulder / arm
- Less risk of Lymphoedema
- No drains
- Shorter hospital stay and quicker overall recovery

What are the disadvantages of a sentinel node biopsy?

• Blue dye will discolour urine, stools, contact lenses (please remove before surgery), tears etc. for a few days. The breast skin will be discoloured for up to a few months and very occasionally a year or so.

• Allergic reaction to the blue dye can rarely occur whilst under anaesthetic. This can be treated but can (very rarely) be severe.

• Injection of radioactivity into the breast may give slight discomfort.

• If the pathologist finds in that the sentinel node/nodes contain cancer, you will need more armpit treatment. This may require a second armpit operation.

• There is a small risk (less than 5%) that the procedure doesn't identify the right lymph node. In this instance it is possible that a lymph node containing cancer cells could be left behind undetected. The surgeon can inform you of the risk of a "false negative" is in your own individual case.

Before the operation you will need to sign a consent form agreeing:

• To have the sentinel node biopsy using radioactive fluid and blue dye.

• That if the surgeon cannot find the sentinel node or the glands look cancerous we are able to remove more nodes, whilst under the same anaesthetic. If you do not want this to happen you must tell us.

This leaflet has been adapted from the Royal College of Surgeons of England New Start Training Programme © 2005

Contact details

Should you require further advice or information please contact the Breast care clinical nurse specialist team. Telephone 01257 245690

Sources of further information

www.lancsteachinghospitals.nhs.uk www.nhs.uk www.patient.co.uk www.accessable.co.uk

All our patient information leaflets are available on our website for patients to access and download:

www.lancsteachinghospitals.nhs.uk/patient-information-leaflets

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If you want to stop smoking you can also contact the Quit Squad Freephone 0800 328 6297.

Please ask if you would like help in understanding this information. This information can be made available in large print and in other languages.

Gujarati:

આ માહિતીને સમજવામાં સહાયતા જોઇતી હોય તો કૃપ∣કરીને પૂછો. આ માહિતી મોટા છપાણ માં અને અન્ય ભાષામાં ઉપલબ્ધ કરી શકાય છે.

Romanian:

Vă rugăm să întrebați dacă aveți nevoie de ajutor pentru înțelegerea acestor informații. Aceste informații pot fi puse la dispoziție în format mare și în alte limbi."

Polish:

Poinformuj nas, jeśli potrzebna jest ci pomoc w zrozumieniu tych informacji. Informacje te można również udostępnić dużym drukiem oraz w innych językach

Punjabi:

ਜੇ ਤੁਸੀ ਇਹ ਜਾਣਕਾਰੀ ਸਮਝਣ ਵੱਚਿ ਮਦਦ ਲੈਣੀ ਚਾਹੋਗੇ ਤਾਂ ਕਰਿਪਾ ਕਰਕੇ ਇਸ ਬਾਰੇ ਪੁੱਛੋ। ਇਹ ਜਾਣਕਾਰੀ ਵੱਡੇ ਪ੍ਰੀਟਿ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵੱਚਿ ਮੁਹੱਈਆ ਕੀਤੀ ਜਾ ਸਕਦੀ ਹੈ।

Urdu:

دو سر ی زبانوں او ر برڑ ی اگر آپ کو دی معلومات سمجھنے کے بئےل مدد یک ضرورت ہے تو ی،چھپا یہ یہ یہ ابیدست ہو یسکت ہے برا نے مہر یہان ہو ےیچہ دی معلومات

Arabic:

مطبو عةَّ بـاً حر ف كبـــير ة و بلغــات إذا كنتَ تــر يـد مسا عدةً فــي فهـم هذه لمعلــو مات يُر جي أن يتطلــب أخرى يمـكن تــو فــير هذه المعلــو مات

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