



SENTINEL NODE BIOPSY INFORMATION

Before the Procedure

Before your operation you will have a scan, called a lymphoscintigram, to find the sentinel node. This is done in the Nuclear Medicine Department a few hours before the operation.

The Procedure

Using the ultrasound to image the lesion, several injections of a small amount of radioactive fluid (technetium-labelled antimony colloid) will be given near the cancer. This will feel painful (like a local anaesthetic) for about 5 minutes. The doctor will ask you to massage over the area to help disperse the fluid into the lymphatic system. After a specified period of time further scans will be taken to indicate where to look for the sentinel node(s). The skin over the sentinel node is marked with a pen. During the operation a probe that detects small amounts of radioactivity is used to help identify the sentinel node(s).

During the operation, blue dye is also injected near the tumour. The dye quickly moves into the lymph vessels and often stains the sentinel node(s) blue. This helps to find and remove them. The dye stains the urine blue or green for 1 day or so after the surgery. The blue dye usually disappears from the breast within a few days, but sometimes it stains the breast for longer.

The blue dye and the radioactive fluid are both safe. Allergic reactions such as redness or itching occur occasionally, but are rarely severe and can be treated promptly. The injections into the breast are usually uncomfortable, sometimes painful and may cause bruising. The amount of radiation in the radioactive fluid is about one-fiftieth of the dose used for a bone scan, and more than 95% of it is gone by the end of the operation.

Often there is only one sentinel node, but there may be a few (rarely more than 4). Sentinel nodes are usually in the armpit, but sometimes they are elsewhere in or near the breast. In a sentinel node biopsy, the surgeon aims to remove all sentinel nodes.

After the Procedure

Once the sentinel node(s) have been removed, a frozen section of the node/nodes is performed by the pathologist, if positive, a completion axillary dissection is carried out. If the frozen section contains no cancer cells, the small wound is closed and no further surgery is required.

Other treatments following surgery will be recommended and prescribed according to standard guidelines.