

Sentinel Lymph Node Biopsy for Breast Cancer

Breast Care Centre
Information for patients

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Introduction

As part of your breast cancer treatment we usually recommend the removal of lymph nodes (glands) in your armpit (axilla) to determine whether or not they have been affected by the cancer. The Sentinel Lymph Node Biopsy (SLNB) can identify whether or not the lymph nodes have been affected by the cancer.

SLNB may be done before, during or after your breast cancer operation. Your surgeon or breast care nurse will explain the reasons for this. You will have a general anaesthetic.

What is sentinel lymph node biopsy (SLNB)?

SLNB allows the surgeon to identify and remove the first lymph node(s) in the armpit to which cancer cells from the breast may have spread. One to four lymph nodes are usually removed. After removal the sentinel lymph node(s) are analysed by a pathologist to see if it contains cancer cells.

If the lymph node/s are clear the risk of further cancer in the axilla is small, so no further treatment is needed to the axilla. If any cancer cells are found in the lymph node(s) it is possible there may be cancer in the other nodes. Your surgeon will discuss with you what this means and any other treatment you may require to the axilla.

There are various techniques to identify the sentinel node(s) and your surgeon will advise you of the procedure for you.

Techniques generally involve injecting a substance into the breast which travels to the sentinel lymph nodes in the axilla. This is the same pathway that cancer cells will travel from the tumour to the lymph nodes. The surgeon will then be able to remove them for testing. The lymph node(s) may be removed by surgical incision in your breast or by an incision in your axilla.

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To give feedback about this information sheet, contact InformationForPatients@uhl-tr.nhs.uk

What are the possible side effects or risks involved?

As with any operation, complications can occur. These can include:

Possible side effects:

- Tenderness, redness and discomfort in the area of the injection site.
- Very rarely, allergic reaction to the solution
- A discolouration of the skin on the breast around the area of the dye injection. This is usually temporary and will settle in a few months. Rarely, permanent staining of the skin has been reported.

What are the possible side effects or risks involved?

- Anaesthetic complications - the anaesthetist will discuss these with you on the morning of your surgery.
- Bleeding - blood transfusion is occasionally required during or after surgery.
- Bruising - at the operation site.
- Infection - this may require treatment with antibiotics.
- Deep vein thrombosis (DVT) - following this kind of surgery there is a small risk of developing blood clots in your leg veins, which occasionally travel to the lungs and cause breathing difficulty (pulmonary embolus). To minimise the risk, you may have an injection and/or special socks to wear. You will also be encouraged to get out of bed soon after your operation.

- Pain and numbness around the armpit and along the arm. You may have some discomfort and will be offered pain relief tablets to take whilst you are in hospital. You will be given a supply of painkillers to take home. The pain should settle after a few weeks. Numbness can sometimes be permanent.
- Shoulder stiffness - you may get some stiffness in your shoulder after the operation. This stiffness should steadily improve with exercise. The Breast Clinical Nurse Specialist in the pre-assessment clinic will tell you about appropriate arm exercises and give you a leaflet about these. Occasionally some patients have restricted arm movement (frozen shoulder) following surgery. If this is the case your surgeon or breast nurse will refer you to our breast physiotherapist / Occupational Therapy department.
- Seroma - this is a collection of fluid that may form at the site of your scar. If this happens, you may need this to be drained away by the nurse in clinic from time to time. This may settle by itself. The Breast Clinical Nurse Specialist in the pre-assessment clinic will give you a leaflet about seromas.
- Lymphoedema - this is a swelling caused by a build up of lymph fluid in the surface tissues of the arm and can include the hand and fingers. It can also affect the breast, chest, shoulder or the area behind the armpit. This may develop soon after surgery, or months or years after your treatment and may be triggered by infection or injury to the arm. Lymphoedema is a long-term condition that can be controlled but is unlikely to go away completely. The Breast Clinical Nurse Specialist in the pre-assessment clinic will explain what you can do after surgery to help reduce your risk of lymphoedema.

What are the benefits of SLNB?

Compared with an axillary node dissection (when most of the lymph nodes in the armpit are removed), with the SLNB there is:

- Less risk of prolonged pain / numbness under the armpit
- Less risk of a collection of fluid in the armpit (seroma)
- Less risk of a swollen arm (lymphoedema)
- Reduced stiffness of the shoulder
- Reduced length of stay in hospital

What are the disadvantages of SLNB?

- Occasionally, due to technical problems, it is not possible to identify a sentinel node. The surgeon would then perform an axillary node sampling.
- Occasionally, SLNB fails to correctly identify a lymph node containing cancer, which could result in appropriate treatment not being given.

Axillary node sampling

This is a procedure to remove a small sample of lymph nodes from under your arm.

Sampling can occasionally miss lymph nodes that contain cancer.

When will I go home?

You may be able to go home the same day as the operation or you may need to spend at least one night in hospital. Before you go home, you will be assessed to see if it is safe for you to do so. Before you come in for your operation, we will discuss the likely length of your hospital stay.

The ward nurse will advise you about wound care and tell you when the dressing can be removed.

How will I be followed up after the operation?

All the tissue removed during the operation will have been sent for analysis in the laboratories. The results of this analysis and your future treatment will be discussed by the team of health care professionals looking after you. This team is called a multidisciplinary team (MDT).

You will receive an outpatients appointment a few weeks after your operation so that we can discuss your future treatment with you.

Who should I contact for further information?

The Breast Clinical Nurse Specialists (Key Workers).

We are available from Monday to Friday from 9.00am to 4.00pm (excluding Bank Holidays).

Office telephone number: 0116 250 2513

An answer phone service is available on this number messages will only be listened to during our working hours.

For wound queries you can contact the Breast Cancer Nurse Specialist or the breast surgical ward on Tel: 0116 2502490 for advice

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على هذه المعلومات بلغة أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل

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