聖保祿醫院
St. Paul's Hospital

Procedure Information Sheet - Sentinel Lymph Node Dissection

Introduction

- Breast cancer may spread from the breast to involve the lymph nodes in the axilla.
- Sentinel lymph node is the first lymph nodes to receive metastasis from the cancer.
- This operation can make a definite diagnosis for axillary lymph node metastasis. Further treatment of the axilla is based on this result.
- Success rate of this procedure is >90%.
- In 5 % of patients, there may be metastasis in other axillary lymph nodes despite a negative the sentinel lymph node metastasis.

Procedure

1. The operation is performed under general or local anaesthesia.
2. A small dose of radioisotope or blue dye is injected around the tumor. This material is used to localize the sentinel lymph node.
3. If radioisotope is used, lymphoscintigraphy may be performed.
4. Incision is made in the skin crease in the axilla. No additional wound in total mastectomy patient.
5. If radioisotope is injected, a handheld gamma detector is used to localize the sentinel lymph node.
6. If blue dye is injected, sentinel lymph node is identified by its blue colour.
7. All hot and/or blue lymph nodes are removed as specimen.
8. Wound closed with suture.

Pre-operative preparation

1. You will need to sign a consent form and your doctor will explain to you the reason, procedure and possible complications.
2. Inform your doctor about drug allergy, your regular medications or other medical conditions.
3. Anaesthetic assessment before the operation if scheduled for general anaesthesia.
4. Keep fast for 6 -8 hours before the operation if scheduled for general anaesthesia.
5. You may need to go to X-Ray Department for pre-operative imaging and localization with the injection of isotope. Lymphoscintigraphy may be needed.
6. May need pre-medications and intravenous drip.
7. Antibiotic prophylaxis or treatment may be required.

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Possible risks and complications

A. Complications related to anaesthesia.

B. Complications related to procedure (not all possible complications are listed)

- Wound pain.
- Wound infection.
- Bleeding (may require re-operation to evacuate the blood clot).
- Hypertrophic scar and keloid formation may result in unsightly scar.
- Radioisotope carries a small amount of radioactivity. Potential harm to the human body is minimal except in pregnant women. Most of the radioactivities will be removed with the specimen and residual activities left inside the body are minimal after the operation.
- There is a rare possibility of hypersensitivity leading to anaphylaxis associated with the use of blue dye.
- If blue dye is used, discoloration of skin may persist.
- If blue dye is used, urine may be stained green and this usually clears up in 2 days.
- Lymphoedema.
- Nerve injury including long thoracic nerve, thoracodorsal nerve and rarely brachial plexus.
- Injury to the vessels.
- Frozen shoulder and chronic stiffness.
- Numbness over axilla, hand or fingers.
- Seroma collection.

Post-operative information

A. Hospital care

1. May feel mild throat discomfort or pain because of intubation.
2. Mild discomfort or pain over the operative site. Inform nurse or doctor if pain severe.
3. Nausea or vomiting are common if general anaesthesia is employed; inform nurses if severe symptoms occur.
4. You may go home on the same day or the day after the operation.

- ***Wound care***

1. In the first day after operation, you may take a shower with caution (keep wound dressing dry and clean).

2. Stitches or skin clips (if present) will be taken off around 10-14 days but not necessary when absorbable suture is used.

➢ ***Diet***

1. Resume normal diet when recover from anaesthesia.

B. Home care after discharge

1. Contact your doctor if the following events occur:
   - Increasing pain or redness around the wound.
   - Discharge from the wound.
2. Take the analgesics prescribed by your doctor if necessary.
3. Resume your daily activity gradually (according to individual situation).
4. Follow up on schedule as instructed by your doctor.

C. Further management

Further surgical operation may be scheduled after the pathology of sentinel lymph nodes is available. Adjuvant therapy such as chemotherapy, hormonal therapy, target therapy and radiotherapy may be necessary according to the final pathology and will be advised by the doctor once this is available after the operation.

D. Recurrence

Despite surgical clearance of the cancer, there is still a chance of recurrence of the disease and death. This is dependent on the initial stage of disease at the time of presentation and subsequent progression.

Remark

The above mentioned procedural information is not exhaustive, other unforeseen complications may occur in special patient groups or different individual. Please contact your physician for further enquiry.

Reference: http://www21.ha.org.hk/smartpatient/tc/operationstests_procedures.html

I acknowledge that the above information concerning my operation/procedure has been explained to me by Dr. _____. I have also been given the opportunity to ask questions and receive adequate explanations concerning my condition and the doctor's treatment plan.

Name:

Pt No.: Case No.:

Sex/Age: Unit Bed No:

Case Reg Date & Time:

Attn Dr:

Patient / Relative Signature: _____

Patient / Relative Name: _____

Relationship (if any): _____

Date: _____