聖保祿醫院
St. Paul's Hospital

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Procedure Information – Sentinel Lymph Node Dissection

Visit No.:	Dept.:
Name:	Sex/Age:
Doc. No.:	Adm. Date:
Attn. Dr.:	
Patient No.: PN	*Please fill in / affix patient's label*

Introduction

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

The Procedure

1. The operation is performed under general or local anaesthesia.
2. A small dose of radioisotope, blue dye, indocyanine green (ICG), iron oxide or equivalent substance is injected around the tumour. 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. For ICG and iron oxide, relevant detectors are used.
6. If blue dye is injected, sentinel lymph node is identified by its blue colour.
7. Intraoperative frozen section may be done, axillary dissection may proceed if the result is positive.
8. All hot and/or blue lymph nodes are removed as specimen.
9. Wound closed with suture.

Risk and Complication

There are always certain side effects and risks of complications of the procedure. Medical staff will take every preventive measure to reduce their likelihood.

Possible risks and complications

1. Complications related to anaesthesia.

1. Cardiovascular complications: myocardial infarction or ischaemia, stroke, deep vein thrombosis, pulmonary embolism, etc.
2. Allergic reaction and shock
3. Respiratory complications: atelectasis, pneumonia, asthmatic attack, exacerbation of chronic obstructive airway disease

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2. Common procedural related complications: (not all possible complications are listed):

1. Wound pain
2. Wound infection
3. Hypertrophic scar and keloid formation may result in unsightly scar
4. Bleeding (may require re-operation to evacuate the blood clot)
5. 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.
6. There is a rare possibility of hypersensitivity leading to anaphylaxis associated with the use of radiopharmaceuticals and blue dye.
7. If blue dye is used, discoloration of skin may persist
8. If blue dye is used, urine may be stained green and this usually clears up in 2 days
9. Lymphoedema
10. Nerve injury including long thoracic nerve, thoracodorsal nerve and rarely brachial plexus.
11. Injury to the vessels
12. Frozen shoulder and chronic stiffness
13. Numbness over axilla, hand or fingers
14. Seroma collection

Before the Procedure

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

After the Procedure

1. Usually after operation

1. May feel mild throat discomfort or pain because of intubation.
2. Mild discomfort or pain over the operative site. Inform nurses or doctor if pain severe.
3. Nausea or vomiting are common if general anaesthesia is employed; inform nurses if severe symptoms occur.
4. Inform nurse when feeling of nausea, vomiting or wound pain; antiemetic and pain killer can be taken as necessary if prescribe by your doctor.
5. You may go home several days after the operation

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- ***Wound care:***

1. After the first day of operation, you may take a shower with caution (keep wound dressing dry).
2. Stitches or skin clips (if present) will be taken off around 10-14 days. May not be necessary when absorbable stitches are used.

- ***Diet:***

1. Resume diet when recover from anaesthesia

2. Things to take note on discharge:

1. Contact your doctor or the Accident & Emergency Department 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 as instructed by your doctor.

3. 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.

4. 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.

Remarks

This is general information only and the list of complications is not exhaustive. Other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. For further information please contact your doctor.

Reference

Hospital Authority – Smart Patient Website

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.

Patient / Relative Name	Signature	Relationship (if any)	Date