

Sentinel Lymph Node Biopsy (SLNB)

Breast Care

Introduction

Your surgeon has discussed having a Sentinel Lymph Node Biopsy (SLNB) as a treatment option for you. This booklet is designed to give you information about the procedure, and the care you will receive before, during and after surgery.

We hope this booklet will answer some of the questions that you have, or those who care for you may have, at this time. It is not meant to replace the discussion between you and your surgeon.

What is the Sentinel Lymph Node?

The Sentinel Lymph Node (gland) is the first lymph node in your armpit to which breast cancer can spread.

What are the benefits of having a Sentinel Lymph 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.

For some patients, removing all of the armpit nodes 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. Usually between 1 and 4 Sentinel Nodes are removed.

How do we find the Sentinel Node?

We always use a radioactive fluid and sometimes a blue dye to identify the sentinel lymph node or nodes. You will go to the nuclear imaging department where a small amount of radioactive fluid will be injected into your breast. This fluid travels to the sentinel lymph node. The surgeon will check with a probe prior to surgery. If the radioactive signal is not present or is very weak a blue dye will be injected into the breast after you go to sleep.

With the help of the radioactive signals of the probe, with or without the blue dye, the sentinel lymph node is identified. If there is any separate enlarged lymph node, that is also removed. Usually between 1 and 4 lymph nodes are removed, rarely more.

The prevention of infection is a major priority in all healthcare and everyone has a part to play.

- Please decontaminate your hands frequently for 20 seconds using soap and water or alcohol gel if available
- If you have symptoms of diarrhoea and/or vomiting, cough or other respiratory symptoms, a temperature or any loss of taste or smell please do not visit the hospital or any other care facility and seek advice from 111
- Keep the environment clean and tidy
- Let's work together to keep infections out of our hospitals and care homes.

Are there any risks?

Likely

- Slight blue colouring of the skin around the area of the injection site. (May last for some months)
- Tenderness around the injection site.

Unlikely

- Allergic reaction to the injected solution which occurs in about 1% of people.

What if we cannot find the Sentinel Node?

Occasionally it is not possible to find the Sentinel Node. With your permission, if this should happen, the surgeon, during the same operation will remove more nodes or all of the nodes. This makes sure the node which is likely to be the Sentinel Node is removed.

What if the Sentinel Node looks cancerous?

The pathologist examines the Sentinel Node under the microscope, this usually takes a couple of weeks. If the Sentinel Node contains cancer cells it is possible further cancerous nodes are still present in the armpit (about half the time). For this reason you will require either further armpit surgery to remove as many of the remaining lymph nodes as possible, or you may be offered radiotherapy to the armpit.

What would happen if I chose not to have any treatment?

If left untreated, affected lymph nodes usually grow in size and can put pressure on the major arteries, veins and nerves supplying the arm. This can affect the arm's function and can cause pain. As the cancer progresses it can cause the overlying skin to break down.

If you chose not to have any further treatment, your breast cancer would continue to grow and could spread to other parts of the body.

Every patient's case is unique and that treatment is planned differently for each individual. Therefore it is not possible to compare yourself to anyone who is having, or has had, the same operation that is planned for you.

Taking Consent

We must seek your consent for any procedure or treatment beforehand. Your surgeon will explain the risks, benefits and alternatives where relevant before they ask for your consent. If you are unsure about any aspect of the procedure or treatment proposed please do not hesitate to ask for more information

What will happen before surgery?

Now you have made a decision about your surgical treatment, confirmation of the date of surgery and admission details will be sent to you by post.

You will also receive an appointment for pre-assessment. This is to check your overall health before giving you a general anaesthetic.

At the pre-assessment appointment you will be asked questions about your medical history and certain tests may be done. You will also be asked about any medication you may be taking so it can be helpful to take a list of any medication you are taking and the dose along to your appointment.

Tests that may be done at pre-assessment:-

- Blood tests (including blood sugar test if you are diabetic)
- Electrocardiogram or ECG (a test that measures electrical activity of the heart)
- Blood pressure
- Temperature
- Pulse

- Height
- Weight
- Chest X-ray
- Urine test
- Skin swabs to screen for MRSA (a type of bacterial infection).

If you smoke or use nicotine replacement you may be asked to try to stop prior to surgery to help your recovery from the anaesthetic and surgery.

If any health conditions are highlighted by the pre-assessment or you have any other health problems, you may need further assessment and more tests prior to admission. The time taken to do these may delay your surgery for a short while. Although you may feel anxious about the delay, it should not make a difference to the outcome of your treatment. If you have any questions or concerns please call your Breast Care Nurse (Telephone Number 01902 695144) who will be happy to discuss these with you.

What will happen on the day of the operation?

Prior to your operation you will be given advice as to when you can last have something to eat or drink before the operation. You will be seen by an Anaesthetist prior to surgery and prescribed any pre-medication that may be required.

Before you are taken to theatre, you will be asked to remove any jewellery, nail varnish and make-up before surgery. If you have any jewellery that cannot be removed, discuss this with the ward staff as it may be possible to secure it with tape.

It is common for the surgical team to use a marker pen to draw on your skin on the morning of your operation to mark the site of the operation.

You may be given anti-embolism stockings (elasticated support stockings) to wear during your stay in hospital and may be advised to keep these on for up to 6 weeks following surgery, to reduce the risk of harmful blood clots forming. You may also be given a small injection to further reduce this risk.

You will be encouraged to get out of bed as soon after surgery as you feel able. The sooner you start to move, the better you will feel. Some people can feel dizzy when they first get out of bed so it is advisable to ask for help from the nursing staff when you get up for the first time.

After Surgery

You may appear to have a grey pallor and some discolouration of your urine, but only if the blue dye has been used. This will settle 24 - 48 hours post-surgery.

Possible Complications

Bleeding: Some bruising is inevitable after Sentinel Lymph Node surgery. However, very occasionally blood collects underneath the wound (known as a haematoma). If this occurs and causes you discomfort it is often possible to remove the fluid in clinic using a needle and syringe. Occasionally further surgery is required to remove any blood clots from under the skin.

Seroma: This is a collection of serous fluid which can build-up in the armpit area following surgery. It can get quite big and hard and feel like a golf ball or even a tennis ball. It is normal and will settle over several weeks. If it becomes very painful it can be drained by one of the Breast Care Nurses.

Infection: A wound infection can happen any time after surgery until the wound is completely healed. It usually takes around 3 weeks for the skin to heal and 6 weeks for the internal stitches to dissolve.

Any of the following symptoms could indicate a wound infection:

- Your wound feels tender, swollen or warm to touch
- Redness in the area
- Discharge from the wound

- Feeling generally unwell with a raised temperature.

If you think you may have a wound infection contact your GP as you may need a course of antibiotics.

How should I look after my dressing?

Your wound will be covered with a dressing. This should remain in place until your follow-up appointment unless you are given alternative instructions by your surgeon. The wound dressings are splash proof and you will be able to have a bath or shower as long as you take care to keep your dressings and any drain sites dry. If you do happen to splash your dressing you are advised to pat the dressing gently until it is dry.

The dressing will be removed at your follow up appointment. Once the dressing has been removed, it will not harm you to get your wound wet when taking a bath / shower. You are advised to treat the wound gently and when drying your skin it is better to pat rather than rub the area dry. Do not use any scented skin products until your wound has healed fully healed.

Steri-strips (little strips of plaster) are often used across the wound to give extra support. Once the top dressing is removed, you can get these wet. They will over time start to loosen, and can then be eased off as you would an ordinary plaster.

Will I need to have stitches removed?

You will have dissolvable stitches. These do not require removal.

If you have any concerns about your dressing or your wound please contact your Breast Care Nurse who will be happy to advise.

Tel 01902 695144 Monday to Friday 8:30am to 4:00pm.

How long will I stay in hospital?

You may be discharged home the same day or on the day after you operation. The length of stay in hospital will depend on the time of day you have your surgery and the time you take to recover.

Visiting is allowed on the day of your operation. For visiting times please ask the nurse who admits you on the day of surgery. Remember you may feel "sleepy" following your operation and it may be a good idea to restrict visitors to close family or friends.

What are the after effects of surgery?

- **Pain and discomfort:** You are likely to have some pain or discomfort after surgery but everyone's experience is different.

If you experience pain when you are in hospital, tell the nursing or medical staff, so that you can be given medication to relieve the pain or discomfort. What you are given will depend on your needs.

If following discharge home, you find the painkillers are not effective, you are advised to ask your General Practitioner to review the medication you have been given.

You may find that initially, having your arm on a pillow when you are sitting or lying helps to reduce pain and discomfort by reducing the swelling and stiffness that often occurs following surgery.

- Please note that not moving the arm following surgery as instructed can result in shoulder stiffness or reduced ability to move the shoulder.
- **Nausea:** Not everyone will feel nauseous (sick) after surgery. Any sickness is usually short term and will have settled by the time you are discharged home.

During your stay in hospital anti-sickness medication (anti-emetics) can be given to help to relieve any nausea. If you feel nauseated following discharge home you are best to seek advice from your GP who may prescribe some medication to help this settle down.

- **Bruising and Swelling:** Bruising is common after surgery and will disappear over time. Swelling is also common and is a normal part of the healing process.

Swelling is expected to lessen 6-8 weeks after surgery.

Some women find wearing a supportive bra day and night can help during this time.

- **Haematoma:** Blood occasionally collects in the tissues surrounding the wound causing swelling, discomfort and hardness. The blood will eventually be reabsorbed by the body but this can take a few weeks. If a very large haematoma develops after surgery your surgeon or Breast Care Nurse may suggest removing it by drawing the blood off using a needle and syringe. Very occasionally a small operation may be advised to remove it.
- **Scars:** Looking at and feeling the scar for the first time can be difficult, however being able to look does seem to help you adjust and accept any changes that result from having surgery. Having someone with you when you first look at the site of surgery can be helpful for some, while others will want to be by themselves. If you feel worried about looking at the site of surgery, the ward staff and Breast Care Nurses will be on hand to support you.

It should be stressed that this is the worst that your wound will look. Scars are often initially red but will fade and become less obvious over time.

- **Lymphoedema:** Lymphoedema can occur due to damage to the lymphatic system due to surgery. Lymphoedema is a swelling caused by a build-up of lymph fluid in the surface tissues of the body. Lymphoedema can occur in the tissue of the chest wall, the arm or hand on the affected side. Although this type of swelling can be controlled, it may never completely go away. It can occur weeks, months or even years after surgery. If you are concerned about your risk of developing Lymphoedema, talk to your surgeon or Breast Care Nurse.
- **Cording:** Cording refers to tightness that can occur following surgery resulting in pain and restricted movement of the arm on the affected side. The cord is not always visible but sometimes you can feel it. The cord starts in the armpit and can vary in length. It may be just in the armpit, or may travel down to the elbow or wrist. Cording can occur months after surgery. No-one is sure what causes cording, but it may be due to hardened lymph vessels (vessels that carry lymph fluid). Stretching and gentle massage can improve symptoms. Stretching the cord can cause discomfort and it is advisable to take pain relief before stretching. Cording usually gets better with stretching and exercise. If you think you have cording you are advised to tell your surgeon or Breast Care Nurse.
- **Change in sensation:** The effect of surgery on the nerves under the arm can result in loss of sensation to the underside of the upper arm. Usually this change in sensation is temporary and will improve over time however sometimes the loss of sensation may be prolonged or even permanent.

What will happen following discharge?

An appointment will be made for you to attend the outpatients clinic to see your surgeon following discharge for a review following surgery and to discuss any results.

Heavy lifting, pushing, pulling is not advisable for 1-2 weeks after surgery. It very much depends on the individual as to how much you feel able to do and when. It is important that you continue with your arm exercises once you have left hospital, although you must work at your own pace and should not over do these if you start experiencing any pain. If you have any questions or concerns, you are advised to contact your Breast Care Nurse for further information or advice:

Tel 01902 695144. Monday to Friday 8:30am to 4:00pm

Driving

Before resuming driving, you should be free from the sedative effects of any painkillers you may be taking. You should be comfortable in the driving position and able to safely control your car, including freely performing an emergency stop. Some companies will not insure drivers for a number of weeks after surgery, so it is important to check what your policy says and are advised to inform your insurance company about your operation.

Although adjustments may not be easy after your surgery it is important that you try and return to normal activity as soon as possible. You can go back to work as soon as you wish, although you may find that you need some time to get over the emotional and physical strain.

Are there any complications that can occur?

Complications are rare and rarely serious. If you think there may be a problem please call the Breast Care Nurses for advice:

Tel 01902 695144 Monday to Friday 8:30am to 4:00pm

The Breast Care Nurses are available to give advice, information and support throughout the course of your treatment and follow-up care.

For the first 10 days following your discharge (or until your wound drains have been removed), The Surgical Assessment Unit (Tel 01902 694004 or 695004) can also be contacted for support outside the Breast Care Nurse working hours.

Tel 01902 695144 Monday to Friday 8:30am to 4:00pm

After 10 days from discharge out of hours support will be provided by your GP.

Local Support

Breast Cancer Action Group

Meet in the Seminar Room, First Floor, Deanesly Centre, New Cross Hospital, Wolverhampton on the Second Wednesday of the month 7:00pm to 9:00pm.

Contact: 07933 583388 for further information.

The Macmillan Cancer Support and Information Centre New Cross Hospital

The centre is open Monday to Friday 10am to 4pm

Contact: 01902 695234 for further information.

National information and support

Breast Cancer Care

Breast Cancer Care has a helpline for information and support: 0808 800 6000 or email bcc@breastcancercare.org.uk.

It has a website with information on benign (non-cancerous) breast conditions and breast cancer www.breastcancercare.org.uk

Macmillan Cancer Support:

0808 808 0000

Website: www.macmillan.org.uk

English

If you need information in another way like easy read or a different language please let us know.

If you need an interpreter or assistance please let us know.

Lithuanian

Jeigu norėtumėte, kad informacija jums būtų pateikta kitu būdu, pavyzdžiui, supaprastinta forma ar kita kalba, prašome mums apie tai pranešti.

Jeigu jums reikia vertėjo ar kitos pagalbos, prašome mums apie tai pranešti.

Polish

Jeżeli chcieliby Państwo otrzymać te informacje w innej postaci, na przykład w wersji łatwej do czytania lub w innym języku, prosimy powiedzieć nam o tym.

Prosimy poinformować nas również, jeżeli potrzebowaliby Państwo usługi tłumaczenia ustnego lub innej pomocy.

Punjabi

ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਰੂਪ ਵਿਚ, ਜਿਵੇਂ ਪੜ੍ਹਨ ਵਿਚ ਆਸਾਨ ਰੂਪ ਜਾਂ ਕਿਸੇ ਦੂਜੀ ਭਾਸ਼ਾ ਵਿਚ, ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

ਜੇ ਤੁਹਾਨੂੰ ਦੁਭਾਸ਼ੀਏ ਦੀ ਜਾਂ ਸਹਾਇਤਾ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

Romanian

Dacă aveți nevoie de informații în alt format, ca de exemplu caractere ușor de citit sau altă limbă, vă rugăm să ne informați.

Dacă aveți nevoie de un interpret sau de asistență, vă rugăm să ne informați.

Traditional Chinese

如果您需要以其他方式了解信息，如易读或其他语种，请告诉我们。

如果您需要口译人员或帮助，请告诉我们。