

## Operation Information

### Sentinel Lymph Node Biopsy

#### Introduction

Sentinel Lymph Node Dissection is one of several breast cancer surgeries that involve removing axillary lymph nodes. The doctor will inject blue dye or radioactive material (or both) to locate the lymph nodes that are most at risk for cancerous changes. These lymph nodes are known as the “sentinel lymph nodes” and are most likely the first place of metastasis.

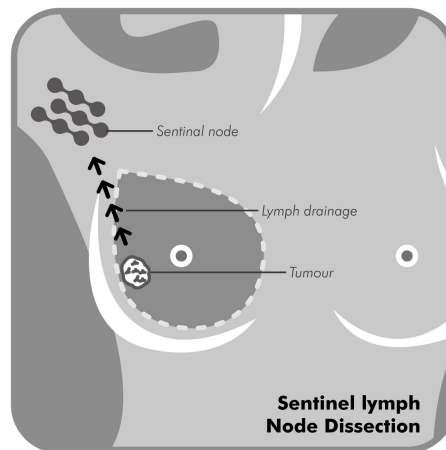
#### Procedure

Few hours before operation:

- Patient is brought to the Medical Imaging Department for an injection of a radioactive substance.
- Patient will be sent back to the operating theatre after the injection.

During operation:

- The operation is performed under general anaesthesia
- The doctor will inject a blue dye if needed and use special equipment to trace the radioactive material and locate the sentinel lymph nodes
- The doctor will identify the targeted lymph nodes and send them for frozen section
- Axillary Dissection (Level II) will be contemplated if biopsy revealed metastasis



#### Possible Risks and Complications

1. Further axillary lymph nodes dissection may be required if occult nodal metastasis was subsequently proven on paraffin section (5%).
2. Procedure risks
  - i) Wound infection, accumulation of blood or fluid (may require drainage)
  - ii) In rare cases, patient may develop neuralgia (pain in one or more nerves)
  - iii) In extremely rare cases, patient may develop lymphoedema (localized fluid retention and tissue swelling)
3. Risks related to radioactive substance used during the procedure:
  - i) with the exception of pregnant women, the effect of radiation is extremely low
  - ii) Most of the radioactive substance is removed during the dissection of the lymph nodes, thus leaving a miniscule amount in the body
  - iii) Allergic reaction to the radioactive substance is rare

\*\* It is impossible to mention all the possible complications that may happen and the above is only a few important complications which may occur. Before agreeing for the operation, patient must acknowledge and accept the fact that no matter how ideal the situation may be, these events may occur. It may require another operation to deal with the complications.

## **Pre-operation Preparation**

1. The doctor will explain the reason, the procedure and the possible complications to the patient. The patient will need to sign the consent form.
2. Nursing staff will instruct the patient to use antiseptic for cleaning the skin. Shave underarm hair completely.
3. No food or drink is allowed six to eight hours before operation.
4. Remove loose objects (e.g. undergarment, dentures, jewellery and contact lens etc) and change to operation attire.
5. Empty bladder before surgery.

## **Post-operation Instruction**

### General

1. Patient may have sore throat after general anaesthesia.
2. Patient may also feel tired, drowsy, nauseated or vomit after general anaesthesia. Inform nurse(s) if severe symptoms occur.
3. After becoming fully conscious post-surgery, the nursing staff will evaluate you. Under normal circumstances, the intravenous (IV) line can be removed and you can gradually return to normal diet.
4. It is normal for urine to appear blue and blue specks to appear on skin after surgery (if blue dye is used), but this should stop after a few days
5. Please inform the nurse(s) for wound pain. Analgesics may be given as prescribed by the doctor.
6. Avoid having the blood pressure taken on the affected side.

### Wound Care

1. After operation, the wound will be covered by a sterile transparent waterproof dressing.
2. Nurse will empty the drain as per doctor's instruction. The drain can only be removed when the drainage is minimal.
3. Please keep the wound clean and dry.
4. Wear loose clothing to avoid pressure on the affected area.

### Activities

1. The day after operation, patient can get out of bed and commence the limb exercise (as according to the doctor's instruction). The nursing staff will instruct and reinforce the exercise as according to the progress. Patient may take a pain reliever half an hour before exercising if necessary.
2. Early mobilization promotes rapid recovery.
3. Do not lift or carry heavy objects with the affected limb.
4. Usually discharged one week after operation.

## **Advice on discharge**

1. Please contact the attending doctor or return to hospital in the event of severe wound pain and redness, tenderness, pus or blood oozing, fever (body temperature over 38°C or 100°F) etc.
2. Drainage : The drain can only be removed when the drainage is minimal. Nurse will teach patient the drain care if patient discharged with the drain.
3. Activities : Resume the daily activities gradually and continue the limb exercise.
4. Follow up: Please attend the follow-up as arranged.

Remarks: Should you have any enquiries, please consult the attending doctor.

### Reference

*University of California, San Francisco – Breast Care Centre*

Compiled by Union Hospital Consent Form Taskforce

The above information is for reference only, please enquire your physician for details  
Our Hospital reserves the RIGHT to amend any information in this leaflet without prior notification