

## Operation Information

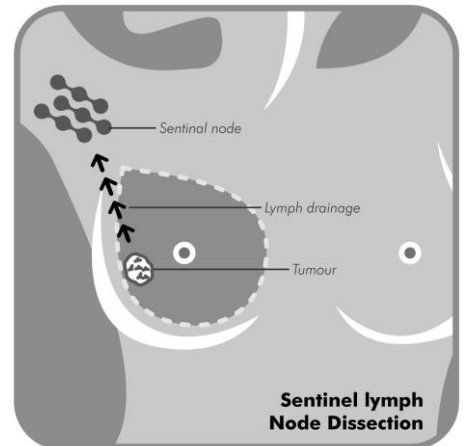
### Sentinel Lymph Node Biopsy/ Dissection

#### Introduction

Sentinel Lymph Node Dissection (SLND) 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.

#### Outcomes

If negative Sentinel Lymph Node Biopsy (SLNB) result indicates that cancer has not spread to axilla lymph nodes. This could save patient from undergoing axillary dissection which reduces chance to develop postoperative morbidity.



#### Procedures

Few hours before operation:

- You are brought to the Medical Imaging Department for an injection of a radioactive substance.
- You 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

\*\* The risks listed above are in general terms and the possibility of complications is not exhaustive. Please understand that even though all operations are carried out with utmost professionalism and care this does not rule out the possibility of complications arising. In the event of peripheral organ damage or post-operative haemorrhage or leakage, further operations may be required.

## **Pre-operative Preparations**

1. Good hygiene can prevent surgical wound infection. Therefore, we advise you to clean up yourself on the day of operation.
2. The procedure and possible complications will be explained by the doctor and a consent form must be signed prior to the operation.
3. Please inform the doctor and nurse all your past medical history, previous surgical operations, current medication and any complication with drug or anaesthesia.
4. Nursing staff will instruct you to use antiseptic for cleaning the skin. Shave underarm hair completely.
5. No food or drink six to eight hours before operation.
6. Please change into a surgical gown after removing all belongings including undergarments, dentures, jewelry and contact lenses.
7. Please empty your bladder before the operation.

## **Post-operative Instructions**

### **General**

1. After general anesthesia, you may:
  - experience discomfort in the throat after tracheal intubation.
  - experience side effects of anesthesia including feel tired, drowsy, nausea or vomiting. Inform the nurse if symptoms persist or worsen.
2. 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.
3. 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
4. Please inform the nurse(s) for wound pain. Analgesics may be given as prescribed by the doctor.
5. 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, you 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. You 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.

## **Advices on Discharge**

1. Immediately consult your doctor or return to hospital for professional attention in the event of severe wound pain and redness, tenderness, pus or blood oozing, shivering, high fever over 38°C or 100°F, or any other unusual symptoms etc.
2. Drainage: The drain can only be removed when the drainage is minimal. Nurse will teach you the drain care if you discharged with the drain.
3. Activities : Resume the daily activities gradually and continue the limb exercise.
4. Any follow-up consultations should be attended as scheduled.

Should there be any enquiries or concerns, please consult the attending doctor.

Under the professional care of the doctor, you will gradually recover. We wish you all the best during your treatment and recovery.

If you have any questions after reading the entire leaflet, please write them down in the spaces provided in order for the doctor to further follow-up.

---

---

---

Compiled by Union Hospital Operating Theatre (OT) Governance Committee

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

