

**Information sheet: SENTINEL LYMPH NODE BIOPSY**

You have been recommended a sentinel lymph node (SLN) biopsy as part of your surgical treatment for breast cancer. Under general anaesthesia the first group of lymph nodes under the arm (axilla) is removed through a small incision. The operation usually lasts up to one hour and is usually performed as a day-case. The lymph nodes drain lymphatic fluid from the arm and breast and sometimes the breast cancer can spread to these lymph nodes. As the sentinel lymph nodes are the “first” group of lymph nodes under the arm, they are the nodes most likely to contain tumour cells if the cancer has spread. This information is important for planning your treatment after surgery.

During your operation you will have an injection of blue dye and a fluorescent dye (ICG) in the skin close to the nipple to help identify the SLN(s). Both dyes will help us to identify the SLN(s) during the operation, which are then removed, and sent to pathology for analysis. If there are tumour cells present further surgery to remove the majority of the lymph nodes will be required. This is called an axillary clearance.

**Possible side effects of surgery**

**Allergic reaction:** Both dyes are associated with allergic reactions ranging from a mild urticarial rash to an anaphylactic reaction requiring more intensive support. The risk of this happening to any degree is  $\leq 1\%$  and can usually be easily managed by the anaesthetist during the operation.

**Seroma:** You may have small a collection of fluid under the wound following surgery. It will usually resolve spontaneously but if not it can be easily drained using a small needle.

**Numbness:** This can occasionally occur under the arm or in the upper arm after this operation.

**Blue dye staining:** can remain in the skin of the breast for several months and gradually fades with time.

**Lymphoedema:** Although SLN biopsy is a much smaller operation than axillary clearance, a very small risk of lymphoedema of the arm has been reported in published trials following SLN biopsy. This does not appear to be a significant issue in routine clinical practice.

Professor Gordon Wishart; Information Sheet: Sentinel Node Biopsy, May 2015

For more information please visit [www.gordonwishart.com](http://www.gordonwishart.com)