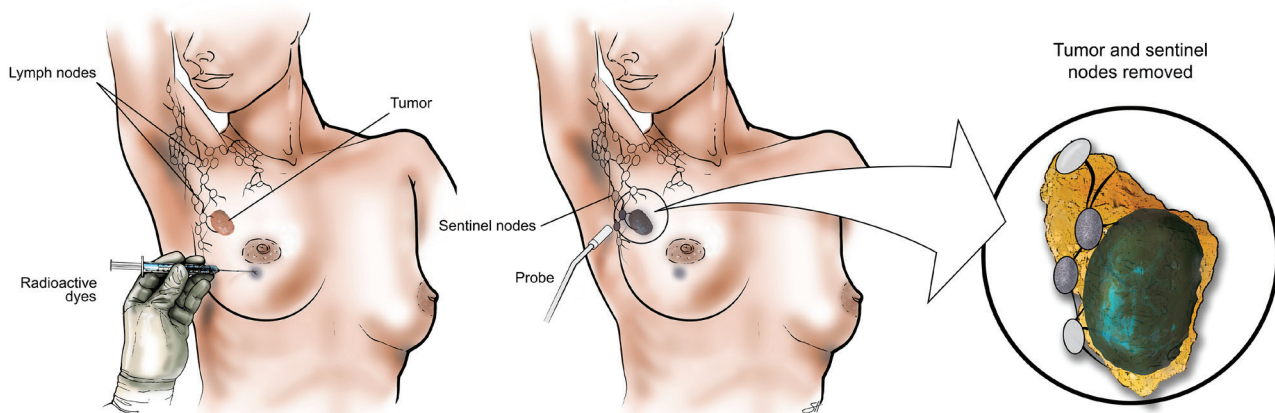


Surgery

SENTINEL LYMPH NODE BIOPSY

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A sentinel node biopsy is a surgical procedure that helps determine if cancer has spread outside of the breast and into the lymphatic system. The sentinel nodes are the first layer of lymph nodes where a tumor will drain. During this procedure, a tracer material is injected to help the surgeon find the sentinel nodes, which are then taken out and looked at in a lab. If the cancer hasn't spread and the sentinel lymph nodes are clear, there's no need to take out any more lymph nodes. However, if cancer is found, your doctor may discuss additional treatment such as removal of more lymph nodes or radiation.



MyChart is a great way to get in touch with your surgery team by sending secure messages. You may also attach photos if you have concerns about your incision site. If you do not have Baylor MyChart, call the office and the staff will assist you in setting it up.

If you have an urgent surgical concern after hours, please call the office number. The answering service will connect you with the on-call surgeon.

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Types of Lymph Node Biopsies

There are a few different ways the surgeon may look for the lymph nodes and they will discuss which technique they recommend for you.

Nuclear Medicine Injection

This method involves injecting a weak radioactive solution close to the tumor. Your lymphatic system absorbs this solution and sends it to the sentinel nodes. Typically, the radioactive solution is injected either the day before the sentinel node removal or a few hours before.

Blue Dye

Your surgeon may use a blue dye in addition to a nuclear medicine injection. Your lymphatic system sends the dye to the sentinel nodes, which turns them bright blue. You might notice a change in your skin color at the injection site. You might also notice for a short time that your urine is blue. This color usually disappears with time.

Magtrace

This is an iron oxide injection that is a dark brown color. Your lymphatic system absorbs this solution and sends it to the sentinel nodes. You might notice a change in your skin color at the injection site.

During Surgery

- You will be given anesthesia, so you will be asleep and pain-free.
- You will receive fluids and other medicines during the surgery through an intravenous line (IV).
- A tube will be placed down your throat to help you breathe during the surgery. This will usually be removed before you wake up.
- The surgeon starts by making a small incision or cut where the lymph nodes are. If this sentinel lymph node biopsy is performed at the time as a lumpectomy or mastectomy, the surgeon may use the same incision.
- If you were given a nuclear medicine injection before the procedure, the surgeon uses a small device called a gamma detector to see where the radioactivity has gathered and find the sentinel nodes.
- If the blue dye is used, it turns the sentinel lymph nodes bright blue, which makes them easy for the surgeon to see.
- If Magtrace is used, your surgeon will use a special magnetic probe to find the lymph nodes.
- The sentinel nodes are then taken out by the surgeon. A sample of one to five lymph nodes (out of the 20-30 total axillary lymph nodes) will be removed and sent to the pathologist, who will look for signs of cancer under a microscope.

After Surgery

Recovery - What to Expect

Before being discharged, your health will be monitored to keep track of any complications from being under anesthesia or from the biopsy itself. This is typically a day surgery and you will be able to go home the same day after you wake up from anesthesia.

The results of your biopsy will be discussed with you in your follow-up visit two weeks after surgery.

The dye used during the procedure may impact the color of your urine and stool. This usually only lasts a day or two after the surgery.

Pain

- The area next to your incision will be uncomfortable or painful. Take ibuprofen (Advil) or acetaminophen (Tylenol) for the pain
- You may feel tenderness, numbness, tingling or sharp pain in your armpit or down the back of your arm on the side where lymph nodes were removed. This can last for several weeks but should improve over time.
- If you also had a lumpectomy or mastectomy, the pain under your arm may be worse than in the breast.

Activity

- If your surgeon discussed doing arm exercises after surgery, please refer to the other packet given to you.
- The day after your biopsy, you can do most of the things you did before. But talk to your doctor or nurse before doing heavy workouts like cardio and lifting weights.

Incision Site

- The incision is covered with Steri-Strips (a paper tape with adhesive backing) or surgical glue. Allow the strips or glue to fall off on their own.
- Keep the incision site dry and clean.
- Inspect the incision site every day for increased redness, drainage, swelling or separation of the skin.
- You may shower 24 hours after surgery. You may wash the incision site with soap and water and pat dry. Avoid scrubbing the incision.

Follow-up

Your follow-up appointment will be scheduled and communicated to you before you are discharged. It will be set up for two weeks after your surgery. It takes about two weeks to get the final pathology report back, which will help determine next steps. Your surgeon will review your pathology report with you at your post-operative visit.

Call your doctor right away if you have any of the following symptoms:



- Any chest pain
- Shortness of breath
- Rapid, irregular heartbeat
- Any unusual bleeding
- Fever of 101°F or higher, or chills
- Signs of infection around the incision (redness, drainage, warmth or pain)
- Incision that opens or pulls apart
- Persistent nausea or diarrhea
- Trouble concentrating
- Dizziness or lightheadedness