

Your Sentinel Lymph Node Procedure explained (NSENT)

Please read this leaflet carefully as it contains information about preparing for the scan

Reference Number: ULHT-LFT-3647 v1

Issued: March 2022

Review Date: March 2024



Aim of the leaflet

This leaflet is for patients having a Sentinel Lymph Node procedure. It aims to tell you what a Sentinel Lymph Node procedure is and to tell you what will happen.

What is the Sentinel Node (SLN)?

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

What is Sentinel Node Biopsy (SNB)

By removing the sentinel lymph node, we can find out whether the breast cancer has or has not spread to the arm pit 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.

Recent studies have shown that removal of the sentinel lymph node is just as safe and accurate as traditional armpit surgery which removes more nodes.

Benefit and risks of the test

Everyone receives some radiation everyday from the radioactivity in the air, food we eat and even from space. The amount of radiation in a nuclear medicine test is similar to your natural exposure over one year so the risks associated with it are low.

The main benefit of the test is making the correct diagnosis, so you can get the treatment that is right for you. This benefit is far greater than the small risk from radiation.

What does the procedure involve?

On the morning of your surgery, or the day before your surgery, you will attend Nuclear Medicine where a tiny amount of radioactive fluid is injected into the skin of your breast. The radioactivity used is less than required for a mammogram. Once the injection has been given you will return to the ward to prepare for surgery, or return home.

The radioactive fluid is derived from human serum albumin. Please contact the nuclear medicine department if you have any queries about this.

The radioactive fluid is carried along the lymph vessels to the sentinel lymph node. During your operation the surgeon will use a special probe to remove the radioactive node as this is the node most likely to be the SLN.

What are the benefits of SNB?

- Less discomfort and more early mobility in the shoulder/arm
- Less risk of lymphoedema
- No drains
- Shorter hospital stay and quicker overall recovery

What are the disadvantages of SNB?

- Injection of radioactivity into the breast may give slight discomfort
- If the pathologist finds the sentinel lymph node/nodes contain cancer, you will need more armpit treatment. This may require a second armpit operation.

Department of Nuclear Medicine

Lincoln County Hospital 01522 573103

Pilgrim Hospital, Boston 01205 445326

Grantham Hospital 01476 464777

RE 4.442

References

If you require a full list of references for this leaflet please email

patient.information@ulh.nhs.uk

United Lincolnshire Hospitals NHS Trust endeavours to ensure that the information given here is accurate and impartial.

If you require this information in another language, large print, audio (CD or tape) or braille, please email the Patient Information team at patient.information@ulh.nhs.uk