

# Breast Surgery: Sentinel lymph node (SLN) biopsy +/- axillary sample/ clearance

## Overview

You have been recommended to undergo a biopsy of lymph glands in the armpit (axilla) as an axillary staging procedure and/ or treatment for your breast cancer. This will be performed under general anaesthetic.

The operation usually lasts up to one hour and is usually carried out as day procedure.

This information leaflet explains some of the aims, benefits, risks and alternatives to this procedure (operation/treatment).

We want you to be informed about your choices to help you to be fully involved in making any decisions so please ask about anything you do not fully understand or wish to have explained in more detail.

If you would like this information in another format or language or would like help completing the form, please ask a member of our staff.

## Please bring this form with you to hospital

Please read this form carefully and bring it back to the hospital on the day of your operation. You and your surgeon (or other appropriate healthcare professional) will sign it on the day to document your consent.

Remember, you can change your mind about having the procedure at any time.

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### For staff use only:

Does the patient have any special requirements? (eg requires an interpreter or other additional communication method)

.....

## About the procedure

Breast Side:.....

A sentinel lymph node biopsy involves making a small incision in the armpit (axilla) and removing about one to four lymph nodes.

The biopsy of the sentinel lymph glands in the armpit will help us to plan the next stage of your treatment.

Lymph nodes ('glands') are concentrations of immune cells within the lymphatic system. Lymph draining from the tissues passes through them. Cancer cells can also escape from a tumour and lodge in lymph nodes. This information will help us plan the next stage of your treatment.

In the past, surgery involved removing most of these lymph nodes, even though we know that cancer cells affect lymph nodes in only a third of all patients. SLN biopsy is a new technique that has recently been developed that allows us to examine the first lymph nodes that drain the breast and using this information, remove only the lymph nodes that are affected.

We call the first lymph nodes draining the breast, sentinel lymph nodes (SLNs). Several hours (usually between one to six hours) before your surgery, a small amount of radioactive tracer will be injected around the areola (pigmented area around the nipple). Immediately before your operation and under general anaesthesia, blue dye will be injected around the areola. Both the radioactive tracer and the blue dye will help us to identify the SLNs during the operation, which are then removed, and sent to the pathology department for analysis.

Very rarely during the operation, it will be obvious by eye, that the SLNs are affected by cancer. If this is the case, we will remove the remaining lymph glands in your armpit. This is called axillary clearance.

In all other cases, we will do no further surgery to the armpit. After your operation, we will need to wait for the result of the detailed pathological analysis. This will show us whether the SLNs have cancer cells in them. If we find cancer cells in the SLNs, you will be offered a second operation to remove further lymph nodes in the armpit. This second operation will usually take place approximately two to four weeks after your pathology results are available.

Sometimes during the first operation we cannot identify the SLNs. This is for technical reasons - neither dye nor tracer has reached the lymph nodes in the armpit. This occurs in approximately 4 to 5 % of patients. If this happens, we will take a cautious route and remove four random lymph nodes from different parts of the axilla (axillary sampling).

## **Before your procedure**

You will be seen at the pre-admission clinic by a qualified nurse or a member of the surgical breast team and you can discuss any concerns about the operation with the staff present.

Details of your medical history will be obtained, a clinical examination may be performed and any investigations deemed necessary will be carried out. If you are taking any tablets or other forms of medication, please bring a list of your medications with you.

This procedure involves the use of general anaesthesia, which means you will not be conscious during the surgery. The anaesthetist will see you before the procedure to assess your state of health and discuss the details with you.

## **After the procedure**

After your operation, you will wake up in the recovery room. You might have an oxygen mask on your face to help you breathe and you may also wake up feeling sleepy.

Breast Surgery

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You will have a small, plastic tube in one of the veins in your arm. This may be attached to a bag of fluid (called a drip), which feeds your body until you are well enough to eat and drink by yourself.

When you wake up, you will have tubes (drains) coming from your wound. These drains collect tissue fluid in a small collecting chamber, which is measured daily. You will be discharged from hospital within 24-48 hours, with instructions on management and removal of drain by the district nurse. When the amount of fluid is less than 50mls in 24 hours the drain will be removed by the district nurse.

While you are in the recovery room, a nurse will check your pulse and blood pressure regularly. When you are well enough to be moved, you will be taken to the ward. Sometimes, people feel sick after an operation and might vomit. If you feel sick, please tell a nurse and you will be offered medicine to make you feel more comfortable.

**Eating and drinking:** After the operation, you will be able to eat and drink when you are fully awake again. This usually takes two to four hours. How quickly you return to a normal diet will depend on how you feel. Most patients recover their appetite very quickly.

**You will pass blue/green urine and the colour of your face may appear a bit grey because of the blue dye. These effects generally disappear within 24-48 hours.**

**Getting up and about:** Generally, it is best to get out of bed as soon as you feel you can. If, on the first day, you cannot get out of bed, you will be encouraged to move your legs in bed to prevent blood clots forming.

We might arrange for the physiotherapist to visit you on the ward to give advice and exercises, depending on the type of axillary surgery you have had.

We advise you to bring a supportive and well-fitting bra into the ward with you. This may be put on after your surgery, providing support and comfort to the wound. The ward staff will advise you when to put the bra on.

**Special measures you need to take AFTER the procedure:** You will be given more detailed information about any special measures you need to take after the procedure. You will also be given information about things to watch out for that might be early signs of problems (eg infection).

Experienced staff are available to help you. Please tell your nurses or doctors about any concerns that you have, they will try to help you resolve them.

The skin stitches are dissolvable and will not need to be removed. You will have a light dressing covering your wound to keep it clean, and this will usually be in place for the first day or so. The dressing is waterproof and you will be able to shower the day after your operation (avoid sitting in a bath until the wound has healed). The wound may be secured he wound may be secured with

steri-strips which are like small pieces of tape. They help healing and support the wound. These will gradually come off in the bath or the shower.

The wound may feel hard and lumpy for a few days after your operation. This is due to normal healing of tissues and it generally settles down in a few weeks.

**When you can leave hospital:** The time that you stay in hospital will depend on how you are feeling after your operation, the type of operation, and your doctor's opinion.

**When you can resume normal activities including work:** You can usually begin gentle work within a week or two, but you might need to wait a little longer for more vigorous activity.

It is not uncommon to feel a bit 'down' after any operation, so do ask your doctor or breast care nurse if you feel you need more psychological support.

**Check-ups and results:** You will be given a date to return to clinic for the results of your surgery. By then the tissue removed at the operation will have been examined and your results discussed by the Breast Care Team. Any further treatment, if recommended, will be discussed with you then. **Please contact the breast care nurses if you do not receive an appointment to come back to the clinic two to three weeks from your operation.**

## Alternative procedures that are available

The alternatives to this procedure are axillary sampling or axillary clearance (removal of all glands). However, the present recommendation by the breast team is that in your case, an SLN biopsy is the best form of staging procedure.

## Serious or frequently occurring risks

All operations have a small risk of side effects, such as pain, bleeding and infection. The risks associated with general anaesthesia include potential breathing and heart problems, as well as possible reactions to medications. For a woman who is otherwise in good health, the risk of a serious complication due to general anaesthesia is less than 1%.

**Sentinel node biopsy:** Worldwide, this more 'conservative' approach has been studied and we have found that there is a small possibility when we remove only one or two nodes, that an occasional node containing cancer cells might be left behind. This occurs in less than 5% of all patients who have diseased lymph glands in the armpit.

We do not expect any risks or side effects from the low-dose radioactive tracer because the total amount of radiation that you receive is less than you would receive from the environment over three months.

The blue dye itself is not known to be harmful. You might, however, notice some blue discolouration of your urine for a few days following the operation. The skin of the breast can also stay blue for up to three months after the operation. Mild allergic reactions to the blue dye can

Breast Surgery

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occur in 1.8 % of patients. More severe allergic reactions are rare and can occur in 0.2 % of patients (ie in 2 patients for every 1000 patients treated).

It is hoped that the complications and side-effects of the sentinel node biopsy will be minimal, **but it is possible that you may experience some of those associated with axillary clearance (see below).**

**Axillary sample/ clearance:** If it has been necessary to proceed to axillary clearance, you may experience numbness and discomfort in the armpit and upper arm, as well as shoulder stiffness. The numbness usually lessens slowly, after treatment, but might not resolve completely. Performing shoulder exercises (taught to you after the operation) improves mobility.

**Seroma:** Seroma is a collection of fluid under the arm after surgery. This fluid may need to be drained through a needle. Draining is a very simple procedure that can be done by a member of the breast team.

**Lymphoedema:** Lymphoedema is a possible complication of axillary clearance. Swelling occurs in the tissue below the skin caused by lymph fluid which cannot drain away. This can occur when the lymph glands are removed (by surgery) or blocked (by radiotherapy) secondary to scar tissue formation. The hand and or arm may swell at any time after the surgery. It can affect about 15 to 20% of women but only around 5% to a significant degree. There are certain precautions you need to take to prevent lymphoedema, these will be discussed with you by the breast care nurse.

## Information and support

Additional information will be given to you in the form of a patient information breast care pack. Do feel free to speak to a member of staff if you have any questions or anxieties.

## Useful Contacts

### Breast Care Nurses:

Bridget Ashdown  
01234 792057  
Bridget.Ashdown@bedfordhospital.nhs.uk

Rachel Bryce  
01234 792057  
Rachel.Bryce@bedfordhospital.nhs.uk

Alison Borromeo  
01234 355 122 ext. 5268  
Alison.Borromeo@bedfordhospital.nhs.uk

**Cancer BACUP:** 0808 800 1234

**Breast Cancer Care:** 0808 800 6000

# Consent form

**Consultant:**

**Name of proposed procedure:**

Sentinel lymph node (SLN) biopsy +/- axillary sample/ clearance

**Side (left/right).....**

**For staff use only:**

Surname:  
 First names:  
 Date of birth:  
 Hospital no:  
 Male/Female:  
 (Use hospital identification label)

## Statement of health professional

(To be filled in by a health professional with an **appropriate knowledge of the proposed procedure**, as specified in the hospital's consent policy)

I have explained the procedure to the patient. In particular, I have explained:

- How it will be performed
- The intended benefits of the procedure
- Any serious or frequently occurring risks including those specific to the patient e.g. **infection, bleeding, seroma, lymphoedema, shoulder stiffness, blue discolouration of breast, allergic reaction to blue dye** extra procedures that might become necessary during the procedure .....

Blood transfusion     Other procedure (please specify) .....

I have discussed what the treatment / procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

The following information leaflet has been provided:.....Version/Date/Ref:

This procedure will involve:

General and/or regional anaesthesia     Local anaesthesia     Sedation

**Health professional's signature**

**Date:**

**Name (PRINT):**

**Job title:**

**Contact details (if patient wishes to discuss details later).....**

I have offered the patient information about the procedure but s/he has declined information.

## Important notes: (tick if applicable)

The patient has withdrawn consent (ask patient to sign/date here) .....

See also advance directive/living will (eg Jehovah's Witness form)

## Statement of the interpreter (if appropriate)

I have interpreted the information to the best of my ability, and in a way in which I believe s/he can understand:

**Interpreter's signature:**

**Date:**

**Name (PRINT):**

**Copy accepted by patient: yes / no (please circle)**

<p><b>For staff use only:</b></p> <p>Surname:                  First names:                  Date of birth:                  Hospital no:                  Male/Female:                  (Use hospital identification label)</p>
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## Statement of patient

Please read this form carefully. If your treatment has been planned in advance, you should already have your own copy, which described the benefits and risks of the proposed treatment. If not, you will be offered a copy now. Do ask if you have any further questions - we are here to help you. **You have the right to change your mind at any time, including after you have signed this form.**

Training doctors and other health professionals is essential to the continuation of the health service and improving the quality of care. Your treatment may provide an important opportunity for such training, where necessary under the careful supervision of a senior doctor. You may, however, decline to be involved in the formal training of medical and other students without this adversely affecting your care and treatment.

**Please tick boxes to indicate you understand and either agree/disagree to the statements below.**

	Yes	No
<b>I agree</b> to the procedure (or course of treatment) described on this form.	<input type="checkbox"/>	<input type="checkbox"/>
<b>I understand</b> that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.	<input type="checkbox"/>	<input type="checkbox"/>
<b>I agree</b> that any tissue (including blood) removed as part of the procedure or treatment may be used for diagnosis and audit, stored or disposed of as appropriate and in a manner regulated by appropriate, ethical, legal and professional standards.	<input type="checkbox"/>	<input type="checkbox"/>
<b>I agree</b> that tissue (including blood) not needed for my own diagnosis or treatment can be used for the following purposes that could benefit other patients: <b>Teaching</b> <b>Research which may include genetic research</b>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<b>I understand</b> that all research will be approved by a research ethics committee and undertaken in accordance with appropriate ethical, legal and professional standards.	<input type="checkbox"/>	<input type="checkbox"/>
<b>I understand</b> that the research may be conducted within a hospital, university, not for profit organisation or a company laboratory.	<input type="checkbox"/>	<input type="checkbox"/>
<b>I agree</b> to the use of photography for the purpose of diagnosis and treatment.	<input type="checkbox"/>	<input type="checkbox"/>
<b>I agree</b> to anonymised photographs being used for medical teaching	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
<b>I understand</b> that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia.)	<input type="checkbox"/>	<input type="checkbox"/>
<b>I understand</b> that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.	<input type="checkbox"/>	<input type="checkbox"/>
<b>I have been told</b> about additional procedures which may become necessary during my treatment. I have listed below any procedures that <b>I do not wish, without further discussion, to be carried out.</b>	<input type="checkbox"/>	<input type="checkbox"/>

**Patient's own signature:**

**Date**

**Name (PRINT):**

If the patient is unable to sign but has indicated his/her consent, a witness should sign below. Young people may also like a parent to sign here (see guidance notes).

**Witness's own signature:**

**Date:**

**Name (PRINT):**

**Confirmation of consent** (to be completed by a health professional when the patient is admitted for the procedure, if the patient has signed the form in advance)

On behalf of the team treating the patient, I have confirmed with the patient that s/he has no further questions and wishes the procedure to go ahead.

**Signature:**

**Date:**

**Name (PRINT):**

**Role:**

*Adapted with kind permission from Addenbrooke's Hospital*