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Sentinel Lymph Node Biopsy in Skin Cancer

Department of Plastic Surgery Division of Surgery

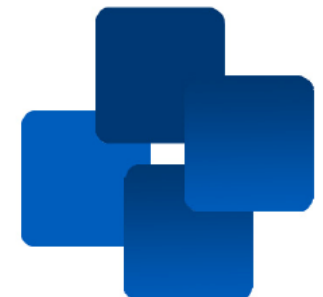


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What is a Sentinel Lymph Node Biopsy (SLNB)

A sentinel lymph node biopsy is a surgical investigation offered to a specific group of patients with skin cancer. The sentinel node is the first lymph gland that drains the area of skin from which the cancer arises and therefore most likely to contain tumour if it has spread. This additional procedure will remove the sentinel lymph gland that drains the site of your original skin cancer.

What are the lymph nodes?

The lymphatic system is a part of the body's immune defence system, it consists of vessels similar to veins which carry the lymph around the body. At certain points in the body for example neck, armpit, groin the vessels flow into groups of nodes or glands, which filter germs and cancer cell brought to them by the vessels. Each group tends to receive lymph from a specific area of the body. After passing through these nodes, the lymph is finally delivered into the blood stream.

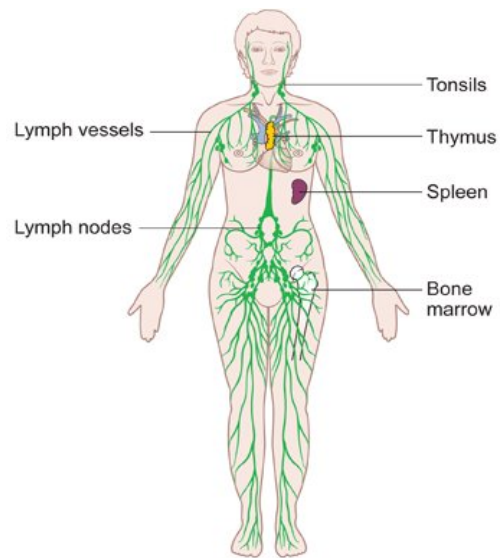


Diagram of the lymphatic system
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Risks and complications

The risk There is a small risk that we may not be able to locate a sentinel lymph node or that we have a false negative result.

Complications that people sometimes have:

- Bleeding (haematoma)
- Allergy reaction to the dye
- Infection
- Seroma (collection of fluid at site)
- Lymphoedema (swelling of arm/leg)
- Nerve injury (numbness/ tingling/ weakness of muscle)
- Scarring
- Wound healing problems

How does cancer spread to the lymph nodes?

Sometimes cancer cells can get detached from its original site. These cells are carried in the lymph fluid and are trapped in the lymph nodes draining that area. They can grow there causing swelling of the lymph nodes. When these glands reach a certain size they can be felt by you or the doctor. This is how some cancers spread.

Sentinel Lymph node biopsy is a surgical procedure carried out to find out if any of your lymph glands contain secondary melanoma/cancer cells even before any changes can be felt by you or your doctor. If you imagine the lymph glands to be a bunch of grapes, with this procedure, we need to find the one grape in the bunch which looks after the area where your skin cancer was.

The Process

Once the diagnosis of your skin cancer is confirmed, you will be seen in the plastic surgery clinic. The procedure called sentinel lymph node biopsy will be explained to you. The risks, scarring, sequel and complications will also be discussed (see page 5).

In addition you will be offered a wide local excision around the site of your original operation. This involves further removal of the area of skin from where your cancer arose. The reason for this operation is to reduce the risk of the cancer recurring in the same place.

You will have an opportunity to ask any questions you may have and have support and an assessment by the skin cancer clinical nurse specialist

As this procedure is usually carried out under general anaesthetic you will also have a pre-operative assessment a few days prior to your operation.

On the day of the biopsy

At the time of the procedure, you will be admitted to the ward. One of the nursing team will check you in and then a member of the plastic surgery team and anaesthetic team will see you. The sentinel lymph node biopsy and wide local excision procedure will once again be explained to you and you will be asked to sign a consent form.

You will be taken to the Nuclear Medicine Department. for a scan (if you have not come the day before surgery). In the Nuclear Medicine department you will be given an injection of radioactive tracer around the site of your skin cancer. This tracer will be taken up by the lymphatic vessels to the sentinel lymph node. Usually, the scanner locates the node straight away but sometimes it can take several hours and you may need to be re-scanned.

The site is marked on your skin by the radiologist, for the surgeon to see when you go to theatre. Please do not wash away the mark made.



Taking the biopsy and wide local excision

The biopsy is done under a general anaesthetic. It is usually performed at the same time as a wide local excision.

A blue dye is injected around the site of your original skin cancer and this again drains via the lymphatic vessels to the sentinel lymph node. A cut (incision) is made and the sentinel lymph node is located using a handheld gamma probe, which detects the radioactive tracer. The blue dye provides additional visual confirmation that this is the correct node which is then removed and sent to the pathologist to be examined under a microscope.

You then go to the recovery area until you are stable enough to go back to ward. The surgeon may have placed a small drain in the wound. This will be removed either before you are discharged, or when you come back to our dressings clinic on ward 11B.

If you feel well, you will be able to go home the same evening or you may need to stay over night.

The results of the biopsy take about two weeks to come back and you will come back to the out-patient department on ward 11B to discuss whether or not you need further treatment.