SOUTHWEST
breast clinic

SENTINEL NODE BIOPSY

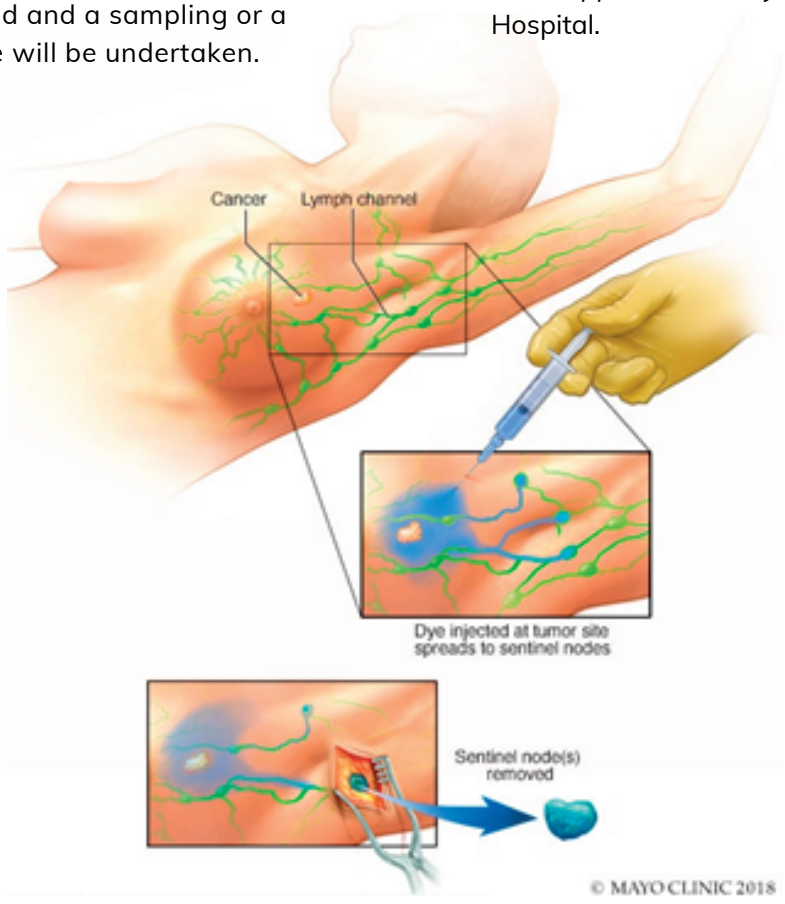
WHAT IS A SENTINEL NODE BIOPSY?

Lymph nodes are glands that filter and drain fluid that circulates around the body. They are located through-out the body, including in the breast and armpit (axilla).

A sentinel node biopsy involves injecting a dye into your breast to determine which lymph node/s it spreads to first. This is known as the sentinel node. The surgeon removes the sentinel node/s during the breast cancer surgery and they are tested by a pathologist to determine if cancer cells are present. If they are cancer free, other nodes are unlikely to be affected and therefore do not need to be removed. If cancer is found in the sentinel nodes, you may require a second surgery to remove some or all of the remaining nodes. In a small number of cases, the sentinel node is unable to be identified and a sampling or a full axillary clearance will be undertaken.

POST-OPERATIVE COURSE

A sentinel lymph node biopsy is performed under general anaesthesia most often in combination with a mastectomy or lumpectomy. Hospital stay will depend on your breast surgery.
A dressing is place over your surgery site and will be managed by hospital staff as per your surgeon's directions. You may have a tubular compression bandage in place on your arm post-surgery which you should wear for 3-4 weeks.
South West Breast clinic staff will ensure you are seen by a lymphatic specialist post-surgery.
Everyone recovers differently but most people are back to most normal activities by 4 to 6 weeks.
A review appointment at South West Breast Clinic approx. 7-10 days post discharge from Hospital.



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POTENTIAL RISKS OF SURGERY

Bleeding/haematoma: Any bleeding after surgery is usually minor. However, rarely you may bleed enough to require a return to theatre to drain the blood and stop any further bleeding.

Infection: Uncommon, however if it does occur you may be required to commence antibiotics. If you have an expander it may need to be removed.

Wound separation/delayed healing: This is uncommon however small areas may break down and required dressings or revision surgery in the future.

Scar widening/hypertrophy: This can occur with any scar. Your wound will be carefully closed however some people may develop widened or elevated scars. You will be provided with education on how to monitor for this and avoid this potential complication.

Fluid collection (seroma): This can occur in up to 10% of people. If a collection does accumulate then it will need to be drained, which can generally be performed in our rooms.

Shoulder pain and stiffness: You will be seen by a physiotherapist post operatively and they will guide you on the appropriate exercise program.

Lymphoedema: When lymph nodes are removed the natural flow of fluid from your breast and arm can be restricted. When this happens, swelling occurs and it is called lymphoedema. While there is no known cure for lymphoedema, early diagnosis and treatment make it easier to manage. It is important to remember that not all women who have lymph nodes removed develop lymphoedema.

Axillary web syndrome or "Cording": Can happen weeks or months after surgery. It's caused by hardened lymph vessels and feels like a tight cord running from your armpit down the inner arm, sometimes to the palm of your hand. Your physiotherapy team will help manage this.

Numbness in the upper arm: Whilst every effort is made to preserve the nerves supplying feeling to the inner arm, occasionally they may be damaged as well as local blood vessels.

Anaesthetic complications: Sore throat, nausea/vomiting, other rare complications (i/e. allergic reaction to anaesthetic) can be discussed with your anaesthetist.

Deep venous thrombosis (DVT)/pulmonary embolus (PE): Risk of a DVT is 1 in 100. Rarely these can be fatal if they become a PE. Special precautions are taken in hospital to avoid this.

If there are any questions or concerns, we encourage you to contact WPRS to discuss these either with your surgeon or the dedicated team at Southwest Breast Clinic.

I ..... have read and understand the procedure and potential risks. I have no further questions regarding my surgery.

Yes ☐ No ☐

I consent to Southwest Breast Clinic using my images for presentations and educational purposes.

Yes ☐ No ☐

Signed:.....