

# Sentinel lymph node biopsy and wide local excision

Information for patients



## Introduction

This booklet has been written to give you information about having a sentinel lymph node biopsy. It has been compiled by experienced staff, as well as patients, and answers the most frequently asked questions.

This information is a guide only. Your healthcare team will give you more detailed information as you need it. They are also happy to answer any questions and address any concerns you may have. We hope that you and your family will find this information both reassuring and supportive.

## What is a lymph node?

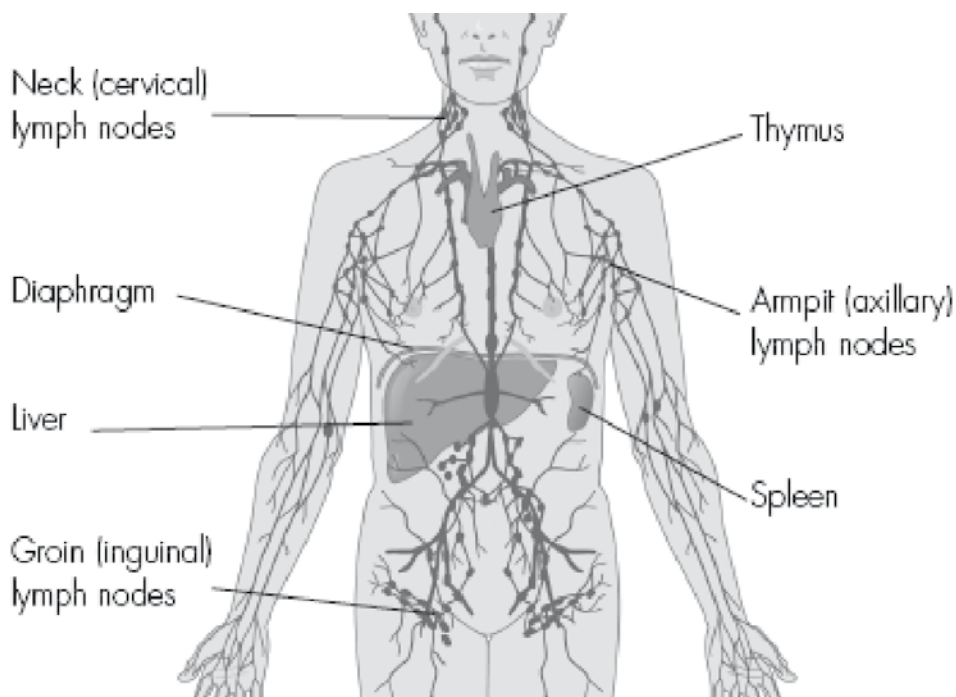
A lymph node is part of the body's lymphatic system. The lymphatic system is a network of vessels that carry a clear fluid called lymph around the body. Lymph vessels lead to lymph nodes. Lymph nodes are small, round organs that trap cancer cells, bacteria, or other harmful substances that may be in the lymph. Groups of lymph nodes are found in the neck, armpits (axilla), groin (inguinal), chest and abdomen.

## What is a sentinel lymph node?

The sentinel lymph node (SLN) is the first lymph node to which cancer is likely to spread from the primary skin cancer (melanoma). Cancer cells travel to the sentinel node before spreading to other lymph nodes. In some cases there may be more than one sentinel node. The sentinel node is usually found in the armpit (axilla), the groin (inguinal), or the neck, depending on where your melanoma was removed from.

## How do cancers spread?

Skin cancers such as melanoma and squamous cell have the ability to spread to other parts of the body; these are called metastases or 'secondaries'. Cancers spread in different ways. The majority of skin cancers spread via the lymph system. If the cancer has been 'caught' by a lymph node it can grow and multiply within the node. In time it can spread to the next node down the chain and so on.



Cancers can also spread to other parts of the body in the blood stream. These can be detected by CT (Computerised Tomography) scans of your body.

## What is a sentinel lymph node biopsy?

SLN biopsy is a procedure in which the sentinel lymph node is removed. It is then examined under a microscope to determine whether it contains any cancer cells. This shows whether melanoma cells have moved from the original melanoma into your lymphatic system. SLN biopsy is based on the idea that cancer cells spread (metastasise) in an orderly way, from the primary skin cancer to the sentinel lymph node(s), then on to other nearby lymph nodes

A negative SLN biopsy result suggests that the cancer has not spread to the lymph nodes. A positive result indicates that cancer is present in the SLN and may be present in other lymph nodes in the same area (regional lymph nodes). This information will help your doctor to work out the 'stage' of the cancer (extent of the disease within your body) and to develop an appropriate treatment plan.

The operation is performed under general anaesthetic, which means you will be asleep throughout. You may be able to go home on the same day or may need to stay in hospital overnight.

## What will happen before the operation?

We will ask you to come to the pre-operative assessment clinic. At this appointment, the nurse will check your weight and blood pressure. We will also ask you about your medical history and any medications that you may be taking. You will have blood tests and may also have an ECG (electrocardiogram) to measure the activity of your heart as well as a chest X-ray.

On the day before or the morning of your operation you will need to have a lymphoscintigram. This is a type of scan that shows where the lymph from the patch of skin containing the melanoma would drain to. The scan **does not** tell us that the melanoma has spread, just the path it would take if it had spread.

## What happens during the lymphoscintogram?

This scan is carried out in the nuclear medicine department at the John Radcliffe Hospital. The radiographer (specialist in X-rays and scans) will explain the process to you in greater detail.

Before the scan, we will put some anaesthetic cream around your melanoma scar and will cover it with a dressing. This will be done a short while before the scan and will numb the area around your melanoma scar.

Once the area is numb, a small amount of radioactive liquid will be injected around your melanoma scar. You will be asked to lie still for 15 minutes and then the scan will be taken. You may be asked to change position for different views of your scar. You may also be asked to return to the waiting room and walk around for up to an hour to encourage uptake of the radioactive liquid by the lymph node. Further scans will then be taken.

The position of what are called the “hot” node(s) that have taken up the most of the radioactive liquid will be marked on your skin. Please do not wash this mark off.

## The day of your operation

On the day of your operation you will need to come to the ward where you will be admitted by the nurse. Please remember to follow any instructions on when to stop eating and drinking. These instructions will have been given to you at your pre-operative assessment appointment.

The anaesthetist (the specialist doctor who gives you the anaesthetic that sends you to sleep) will see you and explain the anaesthetic to you. Your surgeon will also come to see you to go over the details of the operation and the risks and benefits. Your surgeon will then ask you to sign the consent form to say that you are happy for the

operation to go ahead. If you have any questions or concerns, please speak to your surgeon before signing the form.

Your surgeon will mark the side of your body where you are having the operation. If you have any questions about this, please ask your surgeon.

## What does the operation involve?

When the anaesthetist has given you the anaesthetic and you are asleep, the surgeon will inject blue dye around your melanoma scar. The surgeon will then use a hand held scanner over your skin to find the sentinel lymph node (SLN) containing the radioactive liquid. When they locate this node, a cut will be made in your skin (sometimes more than one) so that the surgeon can look for the node stained with dye. Once they have found the SLN it is removed. It will then be sent to the pathologist (a doctor who identifies diseases by studying cells and tissue under a microscope). It takes approximately 10 - 14 days before the results are available.

The wound will be stitched, usually with dissolvable stitches, which do not need to be removed.

During the operation you will also have more skin removed from around your melanoma scar. This is called a 'wide excision'. This significantly reduces the risk of melanoma returning in this area and removes the majority of the injected blue dye. There may be some blue stain still left behind but this will disappear over the next few months. Where possible, the wound is stitched together but if the wound is too big, a skin graft or flap may be needed.

## What will happen after the operation?

You will return to the ward with a 'drip' in your arm. This is a small tube which gives you fluids into a vein until you can drink. You may be wearing a face mask to give you oxygen and the nurse will check your blood pressure and pulse. The nurse will also check your wound dressings and drains.

When you pass urine you may notice that it is green. This is the normal way your body gets rid of the blue dye.

### **Wound**

Your scars will be covered with Micropore tape and sometimes with a white absorbent dressing. Please remove the white dressing after 24 hours. The tape is water-resistant and you can shower with this still in place. Allow the area to air dry. Do not rub your wound.

### **Moving**

We will encourage you to get out of bed as soon as you feel able to do so. This helps to minimise the risk of you developing a blood clot or deep vein thrombosis (DVT). The ward staff will be able to help you.

# What is the risk of complications and side effects?

## **Bleeding**

Sometimes excessive blood can collect under the skin and form a clot called a haematoma. If there is bleeding from your wound, apply firm pressure for 15 minutes. If it does not stop please contact the ward.

## **Discomfort**

You may experience discomfort after the surgery at the SLN site or your melanoma scar. This can be relieved with over the counter painkillers. This discomfort may last up to 2 weeks.

You may experience small stabbing or shooting pains from time to time around the wound. This can be helped by gently massaging the area. These feelings are common and will slowly settle over time. You may have a tight feeling where the sentinel node was removed. This is not uncommon but usually gets better over 6 weeks.

## **Fluid collection**

Rarely, fluid can collect where the SLN was removed. This may need to be drained to prevent it from bursting or becoming infected. We can be do this in the outpatient clinic by removing the fluid with a needle and syringe.

## **Infection**

If you develop redness and tenderness around the wound, this is a sign it has become infected. This can be treated with antibiotics.

## **Numbness**

The area around the scars may feel numb after the operation but this should wear off over time.

## **Lymphoedema**

This is the most significant complication of SLN biopsy. Rarely, after SLN biopsy of the armpit (axilla) there can be temporary swelling (lymphoedema) of the arm or breast. This is permanent in less than



1% of people. This is due to disruption of the lymph drainage by the operation.

After SLN biopsy of the groin the lymphoedema can be permanent in 5-10% of people. This means you will need to see the lymphoedema team after your operation. They will arrange for you to have compression stockings, to prevent lymph fluid from staying in your leg.

### **Wound opening**

Any of the above problems can cause the wound to open. If this happens the underlying problem will be treated and the wound dressed until it heals. In certain circumstances a further operation might be needed and the wound will need to be re-stitched.

### **Scarring**

Your operation will leave a scar. This will start off feeling tight and looking red but will settle over the next 12 - 18 months. Once the wound is healed, massage the scar with simple moisturising cream, as this helps it to soften and get back normal sensation.

### **Cording**

After the operation you may feel some temporary tightness in your arm (if you have had SLN biopsy of your armpit) or leg (if you have had SLN biopsy of your groin). This is due to scar tissue in the lymph vessels. This will settle over the first three months. You should continue to move your arm or leg as much as you are able.

## How will I feel at home?

### **Tiredness**

At first you will feel rather tired, and should spend the first week or so taking it very easy. After this you will be able to slowly return to your usual activities. It is important to get moving at home from the start, but avoid strenuous activities.

### **Driving**

You will be able to start driving once you feel up to it. For most people this will take about two weeks. Do not drive unless you are well, alert and able to carry out an emergency stop. It is advisable to check with your insurance company before you start driving.

### **Working**

You will be able to start work again once you feel up to it. If you need a sick note, please ask your doctor while you are in hospital. If your job involves a lot of lifting or heavy work, you will need to stay off work for longer. In this case you will need to get a sick note from your GP, which states clearly what tasks you can and cannot carry out when you return to work.

### **Everyday activities**

You will need help at home for one week with activities such as shopping, laundry, lifting children and housework.

## What are my follow up arrangements?

Before you leave the ward, arrangements will be made for us to see you in the dressing clinic, usually one to two weeks after the operation. Your wounds will be checked and your dressings changed. We will give you your pathology results at this appointment.

## How should I care for my wound?

Usually you will go home with Micropore tape on your wound. When you come to wash, it is better to have a shower rather than a bath. Pat the tape dry with a towel or use a hairdryer on a cool setting. If the tape you have on your wound begins to peel away, simply trim it back with scissors.

## What should I look out for?

Before the operation, your surgeon will discuss with you possible complications associated with a SLN biopsy. Occasionally you may experience complications after the operation such as:

- pain that is not controlled with painkillers
- inflammation or redness of the skin on or around a wound, which may be hot to touch
- on-going oozing or bleeding from any of your wounds
- high temperature (not from a head cold or flu)
- offensive odour from wound dressings.

**If you do experience any of the above side effects please contact the following numbers for advice:**

SSIP Ward, West Wing, John Radcliffe Hospital

Tel: **01865 231 233**

Blenheim Ward, Churchill Hospital

Tel: **01865 223 537**

(If you experience problems getting through to the ward for advice, please contact either your GP or the Hospital Switchboard on 01865 741166 and ask to speak to the On Call Registrar for Plastic Surgery.)

## Further information

If you have any questions about the information that you have read, please contact the Skin Cancer Clinical Nurse Specialist:

**Tel: 01865 228 233**

### **Macmillan Cancer line**

Provides support to people affected by cancer

Tel: 0808 808 00 00

Website: [www.macmillan.org.uk](http://www.macmillan.org.uk)

### **Maggie's Cancer Information Centre**

This Centre is based at the Churchill Hospital and provides information, guidance and support to anyone affected by cancer.

Tel: 01865 751 882

Website: [www.maggiescentre.org.uk](http://www.maggiescentre.org.uk)

If you have a specific requirement, need an interpreter, a document in Easy Read, another language, large print, Braille or audio version, please call **01865 221 473** or email **[PALSJR@ouh.nhs.uk](mailto:PALSJR@ouh.nhs.uk)**

Oliver Cassell, Heidi Allen and Ma Hong  
Skin Cancer Patient Information Working Group  
April 2015  
Review: April 2018  
Oxford University Hospitals NHS Trust  
Oxford OX3 9DU  
[www.ouh.nhs.uk/information](http://www.ouh.nhs.uk/information)

