Sentinel Node Dissection

MRN:
NAME
Date of Procedure:
DOB:
Attending:
Dictating:
PREOPERATIVE DIAGNOSIS: IB midline vulvar cancer.
POSTOPERATIVE DIAGNOSIS: IB midline vulvar cancer with 2 left and 2 right sentinel lymph nodes that were both hot and blue.
PROCEDURE:
Sentinel lymph node injection, identification, and removal of bilateral inguinal-femoral sentinel lymph nodes.
SURGEON:
FIRST ASSISTANT:
ANESTHESIA:
ESTIMATED BLOOD LOSS:
COMPLICATIONS:
OPERATIVE FINDINGS:
Previously, Tc99 was injected at the leading edge on both sides of the prior midline vulvar scar. Intraoperatively, Lymphazurin blue, 2.5 mL, was injected at the same sites. The gamma probe, as well as following the Lymphazurin blue channels, were then used to identified the sentinel lymph nodes. There were 2 sentinel lymph nodes on the left. Left sentinel lymph node #1 was blue and hot with the gamma probe measurement of 1471. Left sentinel lymph node #2 was blue and hot with gamma probe measurement of 250. On the right, right sentinel lymph node #1 was blue and hot and the gamma probe measurement was 2287. Right sentinel lymph node #2 was blue and hot, and the gamma probe measurement was 357. There were no other blue or hot areas noted in the dissection beds. The sentinel lymph nodes removed were not grossly suspicious for metastatic disease.

PROCEDURE:
The patient was taken to the operating room, where anesthesia was found to be adequate. She was prepped and draped in the normal sterile fashion in dorsal lithotomy position. Foley catheter was placed in the bladder. 2.5 mL of Lymphazurin blue was injected into the left leading edge of her incisional scar from her previous vulvar resection. The sentinel node had been previously marked by the nuclear medicine team after her technetium-99 injection the prior day. An approximately 4 cm incision was made overlying the candidate sentinel lymph node parallel to the inguinal ligament. This dissection was then carried down to the underlying layer of the fascia. The fascia was incised and careful dissection was performed until blue channels were noted. The lymph nodes were identified and noted to be hot and blue. These lymph nodes were then carefully dissected away from the surrounding tissue using a combination of cautery and blunt dissection. The sentinel nodes were then measured off the field for a 10 second count, as noted above. Excellent hemostasis was noted. The area was copiously irrigated. The subcutaneous tissue was then reapproximated with 2-0 Vicryl, and the skin was then closed with a 4-0 Biosyn in a running fashion. Attention was turned to the right sentinel node dissection; 2.5 mL of Lymphazurin blue was injected in the right leading edge of the previous resection scar. An incision was made over the previously marked lymph node approximately 4 cm parallel to the inguinal ligament. This was carried through to the underlying layer of fascia. The fascia was incised, and careful dissection was performed to find the blue channels. The blue channels were then traced to the blue nodes, which were then carefully dissected away from the underlying tissue with combination of blunt and cautery dissection. Excellent hemostasis was noted. They were measured off the field, as noted above. Copious irrigation was performed. The fascia was then closed with multiple interrupted sutures. The skin was then closed in a running fashion. The patient tolerated procedure well. Sponge, lap and needle counts were correct x2, and she was transferred to the PACU in stable condition.

ATTESTATION STATEMENT: Dr. _____was present and participated in the entire procedure.