Patient Information to be retained by patient

NHS
Royal Cornwall Hospitals
NHS Trust

Sentinel node biopsy

affix patient label

Sentinel Node Biopsy

What is a sentinel node biopsy?

The lymphatic drainage from your breast moves up the lymph nodes in your axilla (armpit) in a stepwise fashion. The **sentinel** lymph nodes are the first nodes that would contain cancer cells if they have spread from cancer in the breast. A sentinel node biopsy involves identifying and removing these first nodes and establishing if they contain tumour cells. A sentinel node biopsy typically involves removing between 1 and 3 lymph nodes.

Why do I need this procedure?

Knowing whether the lymph nodes contain cancer cells is important in order to stage the breast cancer. If the sentinel node is positive your surgeon will discuss several options with you when you are seen in clinic after the operation. This may be surgery (to remove the rest of the lymph nodes), radiotherapy (an X-ray treatment to your armpit), or occasionally no further treatment.

What alternative treatments are there?

Prior to the development of sentinel node biopsy, breast surgeons often carried out an axillary sample. This involved removing four lymph nodes from the lower axilla (armpit). Evidence has shown that sentinel node biopsy is a more accurate way of staging the axilla and may result in fewer side effects than a sample.

In a very small group of patients (less than 5 in 100) the techniques for identifying the sentinel node fail. Under these circumstances we would carry out an axillary node sample.

Axillary Surgery

How do I prepare for it?

Most patients attend a pre-admission clinic where we will ask for details of your medical history and carry out any necessary clinical examinations and investigations. Please ask us any questions about the procedure, and feel free to discuss any concerns you might have. You will also have the opportunity to discuss any concerns or queries with a member of the breast care nursing team.

Do **not** eat anything for at least **6 hours** before your operation. This is to make sure your stomach is empty when you have your anaesthetic. Drinks containing fats (eg tea or coffee with milk) and sweets all count as food. You **can** drink water or a drink without fats in it (eg black coffee) until **2 hours** before your operation. You may also have small sips of water to take tablets. There is a hospital leaflet about having an anaesthetic. Ask the staff for a copy if you would like one.

You will be given a general anaesthetic during the operation, which will keep you asleep. The anaesthetist will come and see you before your operation to discuss this with you. You will be able to ask them questions about the anaesthetic.

A member of the surgical team will also see you on the ward. This is usually the surgeon that will perform your operation. Feel free to ask any questions you have about the operation or what will happen after the surgery. The surgeon will draw an arrow on the side to be operated on and check that this consent form has been completed and signed.

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What does it involve?

Your surgeon will decide which technique they are going to use to locate the sentinel node. This may involve the injection of a radioactive isotope and/or blue dye around your areola (pigmented area around your nipple), after you are asleep.

Your surgeon will make a small incision in your armpit and identify and remove the sentinel lymph node(s).

What happens afterwards?

Depending on what surgery you have had to your breast, you may be able to go home the same day.

Before you go home, the nursing staff will check that you are well enough and that the conditions at home are such that you can manage safely.

You will be given a leaflet about arm and shoulder exercises.

Are there any risks or complications?

As with all procedures there are risks from having this operation:

General Risks

Risk from the anaesthetic – the risk to a healthy patient of problems arising from an anaesthetic is very small. However, each year in the UK a few healthy people will die or suffer serious heart, lung or brain injury following an anaesthetic. For a woman who is otherwise in good health, the risk of a serious complication due to general anaesthesia is less than 1%.

Bleeding – this is usually minor and is stopped during the operation. Occasionally, patients develop a collection of blood called a haematoma, which requires a second operation. For axillary surgery it is less than 1%.

Infection – all surgery has a risk of infection. If the wound becomes red, hot or weeps, or you feel unwell you should consult your doctor. Treatment will involve taking antibiotics.

DVT/PE – with all surgical procedures there is a risk of developing a clot in the deep veins of the leg (deep vein thrombosis or DVT). In a very small number of patients a bit of this clot breaks off and lodges in the lungs. This is a pulmonary embolus (PE) and in extreme cases can be life-threatening. Your surgical team will prescribe you compression stockings and/or blood thinning medication after careful assessment of your individual risk.

Risks specific to axillary surgery

Reaction to blue dye – this may occur if your surgeon chooses this method of identifying the sentinel lymph node. The skin may become stained blue around the injection site and may take months to fade. In a small number of patients this staining is permanent. A severe reaction to the dye (anaphylaxis) occurs in less than 1 in 1000 patients. If this occurs you may need to be monitored in an area of high dependency after your surgery, or your surgery may be abandoned.

Pain – a degree of pain is likely after any surgery. We aim to manage your pain to an acceptable level with painkillers.

Numbness – the nerves that supply sensation to the back and inner part of your upper arm may be stretched or divided during the procedure. You may experience numbness and discomfort in the armpit and upper arm. The numbness usually lessens slowly over time and you will become used to it.

Shoulder stiffness – your shoulder may become stiff after your operation. Performing the exercises from your information leaflet will help to prevent this.

Seroma – this is a collection of fluid under the skin after surgery. It is rarely a problem after sentinel node biopsy but draining the seroma is a very simple procedure that can be done by a member of the breast or skin cancer team, if the seroma persists.

Lymphoedema – this is swelling in the tissue below the skin caused by lymph fluid which cannot drain away. There is a 5% chance of this happening after sentinel node biopsy, but a much smaller proportion have significant or long term problems. The hand and arm may swell at any time after surgery. There are certain precautions you need to take to prevent lymphoedema – the Breast Care Team will discuss this with you.

If you would like this leaflet in large print, Braille, audio version or in another language, please contact the General Office on 01872 252690

CONSENT FORM 1
PROCEDURE SPECIFIC PATIENT AGREEMENT

NHS
Royal Cornwall Hospitals
NHS Trust

Sentinel node biopsy

NHS number: .....
Name of patient: .....
Address: .....
Date of birth: .....
CR number: .....

AFFIX PATIENT LABEL

STATEMENT OF HEALTH PROFESSIONAL (to be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy)

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

- *To determine whether the lymph nodes under your arm contain cancer.*

Significant, unavoidable or frequently occurring risks:

- *Bleeding, infection, DVT/PE, reaction to blue dye, pain, numbness, shoulder stiffness, seroma, potential skin staining*

Uncommon but more serious risks:

- *Anaphylaxis to blue dye*

Rare but serious risks:

- *Risk from the anaesthetic, lymphoedema*

Any extra procedures which may become necessary during the procedure:

- *Blood transfusion (required very infrequently)*
- *Other procedure (please specify):*

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

I have given and discussed the Trust's approved patient information leaflet for this procedure: Sentinel Node Biopsy (CHA3659) which forms part of this document.

I am satisfied that this patient has the capacity to consent to the procedure.

This procedure will involve: ☐ General and/or regional anaesthesia ☐ Local anaesthesia ☐ Sedation

Health Professional signature: ..... Date: .....

Name (PRINT): ..... Job title: .....

STATEMENT OF INTERPRETER (where appropriate)

I have interpreted the information above to the patient to the best of my ability and in a way in which I believe he/she can understand.

Interpreter signature: ..... Name (PRINT): ..... Date: .....

affix patient label

STATEMENT OF PATIENT

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

I agree to the procedure or course of treatment described on this form.

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.

I understand 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).

I understand 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.

I understand that tissue samples will only be taken in relation to the procedure explained to me. No samples will be taken for quality control, clinical education or research purposes.

I have been told about additional procedures which may become necessary during my treatment. I have listed below any procedures **which I do not wish to be carried out** without further discussion.

.....

I have received a copy of the Consent Form and Patient Information leaflet: Sentinel Node Biopsy (CHA3659) which forms part of this document.

Patient signature: ..... Name (PRINT): ..... Date: .....

A **witness** should sign below if this patient is unable to sign but has indicated his or her consent. Young people / children may also like a parent to sign here (see guidance notes).

Witness signature: ..... Name (PRINT): ..... Date: .....

CONFIRMATION OF CONSENT (to be completed by 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 they have no further questions and wish the procedure to go ahead.

Health Professional signature: ..... Date: .....

Name (PRINT): ..... Job title: .....

Important notes (tick if applicable):

☐ See advance decision to refuse treatment ☐ Patient has withdrawn consent (ask patient to sign/date here)

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File copy

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