

Sentinel lymph node(s) sampling and axillary clearance

What is sentinel node?

The sentinel lymph node (gland) is the first node in the armpit draining lymph fluid from the breast. There is often more than one sentinel lymph node.

What is sentinel node sampling?

Sentinel lymph node sampling involves the removal of the sentinel lymph node(s). This node(s) is important as it gives a good indication if any tiny cell of cancer has moved from your breast. In order to find the node a radioactive isotope liquid, together with a blue dye, is injected into your breast under general anaesthetic. These travel to the sentinel lymph node(s) through lymph vessels and allow the node(s) to be detected using a probe but also seen because it will be dark blue. A small cut (incision) is made to the armpit during the operation to allow the surgeon to remove the node(s). The incision is closed with dissolvable stitches (sutures) and then steristrips placed on the skin.

Will I have any side effects from the isotope material/blue dye?

Serious side effects are very rare and usually occur while you are still in theatre. They can be treated very successfully. The blue dye will cause your urine and bowel motions to be blue/green for one or two days. On return to the ward you will look very pale and grey. Please tell your family and friends that this is caused by the dye and will disappear in six to twelve hours. It is unlikely to cause sickness, headaches or any other side effects. Occasionally the breast skin may be dyed blue, looking like a bruise. This may last for several months but will finally disappear.

What is an axillary clearance?

This is the removal of all the lymph glands from under your arm (axilla).

The operation is done to establish how many of your lymph glands are affected by cancer. The information will be used in the future planning of any other treatment, if required.

How long will I be in hospital?

You often go home the same day, or stay in hospital for one night if necessary.

During either procedure it may be necessary for the surgeon to insert a drain(s), at the operation site. The drain(s) will ensure that there is no seepage from your wound. Drainage fluid is usually blood stained at first, gradually becoming straw coloured. The amount of seepage varies from person to person and the quantity is not related to the cancer. The drain(s) may be removed before you go home, otherwise arrangements can be made for you to go home with the drain(s). With modern surgical techniques it is far less likely that you will need a drain.

When will the steristrips be removed?

The steristrips will be removed 12-14 days after surgery either by yourself or at the Mermaid Centre. Please keep your dressings dry until the steristrips are removed. If your wound becomes swollen, red and/or hot to touch, contact your GP or the Mermaid Centre.

The tissue removed takes around 10-12 days to be processed in the laboratory. You will be offered an appointment around two weeks after your surgery and your consultant will discuss these results with you then.

General points

- Arm exercises after axillary surgery are very important to maintain mobility of your shoulder and arm. You will be given an arm exercise leaflet which will be discussed with you. This includes information about how often, how many and when the exercises need to be performed.

- For patients who will be going on for radiotherapy treatment, it is important that good movement of your arm is achieved so that positioning it to receive treatment will not be uncomfortable or painful.
- Do not over use the arm on the side of your surgery. If possible, use the other arm at all times. Avoid lifting heavy bags of shopping and heavy weights with this arm. Try to use the unaffected arm for vacuuming and large volumes of ironing.
- Avoid having injections, blood samples and blood pressure taken from the arm on the surgery side. This advice should be followed for the rest of your life.
- Do not drive until the wound is healed and you feel your arm moves freely.

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