

Sentinel Lymph Node Biopsy

The Sentinel Node is considered the very first node (in a long chain of nodes) that drains the breast tissue. This is important to know because this is the first node that should harbor cancer cells if, in fact, a patient's cancer has left the local region of the breast.

By sampling only the Sentinel Lymph Node, a patient and her physician can make important decisions regarding: breast conservation surgery, the need for full axillary node dissection, immediate reconstruction following mastectomy, chemotherapy and radiation needs, etc.

This procedure involves the injection of a radio labeled isotope into the breast tissue prior to going into the operating room. This isotope should travel to the sentinel node and make it "hot", so that it can be seen with special x-ray equipment and should cause "activity" to be detected when using a special device in the operating room. Blue dye may also be injected into the breast tissue so that the lymph node can be identified. This is done after you are asleep in the operating room. Once this is done, a small incision (under the arm) is used to biopsy this node. At times, more than one node will be removed at this procedure and all of the nodes will be sent to the pathologist. (If blue dye was used, you may experience a discoloration of your urine for a couple of days - this is normal.)

Once the pathologist has the tissue he serially sections the lymph node(s) and stains it according to current practice. If no cancer can be seen, the lymph node(s) is sent for special stains that may delay the final pathology report for a couple of days. Once the final report is issued, your surgeon will contact you with the results.

Sentinel Lymph Node Biopsies are performed as outpatient procedures. Patients are discharged the same day and tolerate the procedure with only a slight amount of discomfort. The surgeon will give each patient a prescription for pain medications and instructions on incisional care. Follow-up instructions are given at the time of surgery.

All risks, benefits, and indications should be discussed with you prior to the procedure. Bleeding, infection, numbness of the upper, inner aspect of the arm, post-op wound problems, and the need to return to the operating room for a more extensive dissection are a few risks of sentinel lymph node biopsy.

To learn more about Sentinel Lymph Node Biopsy - ask Dr. Hailey.



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