INFORMATION FOR PATIENTS

Sentinel lymph node biopsy

Dermatology department

This leaflet has been written to give you information about having a sentinel lymph node biopsy. It is a guide only; your healthcare team will give you more information as you need it and are happy to answer any questions and address any concerns you have. We hope 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, which is a network of vessels that carry colourless fluid called lymph around the body. The lymph nodes filter out any harmful substances that may be in the lymph. Lymph nodes are small soft fleshy structures which are usually positioned in groups in the groin, axilla (armpit), neck, abdomen and chest.

What is a sentinel lymph node?

The sentinel lymph node (or guard node) is the first lymph node (or nodes) to which cancer cells are likely to spread from the primary skin cancer (melanoma). Cancer cells travel to the sentinel node before spreading to the other lymph nodes. In some cases there may be more than one sentinel lymph node.
What is sentinel node biopsy?

Sentinel lymph node biopsy is a surgical procedure in which a sentinel lymph node is removed, which is a way of finding out how far some types of cancers have spread. This is known as staging; it is an investigational technique not a treatment. In the early stages of development, melanoma cells can sometimes spread to the lymph nodes nearest the site of the melanoma.

The sentinel node (or nodes) are then examined microscopically to check if it contains any cancer cells. This shows if any melanoma cells have moved from the original melanoma site into your lymphatic system. This is assuming the cancer cells have spread (metastasised) in an orderly way.

Why have I been offered a sentinel node biopsy?

You have been diagnosed with a form of skin cancer that has the potential to spread to other parts of the body. If you have a melanoma that is over 1mm in thickness, you are eligible to have this diagnostic test. It will provide you with additional information about your melanoma, but sentinel lymph node biopsy has no proven survival benefit. Your doctor or nurse will be able to explain this in more detail during your consultation.

Do I have to have this test? Who decides if it goes ahead?

If you are an eligible candidate for this test a doctor or nurse will discuss in detail the procedure and the possible side effects. You may make your decision at this appointment, however, if you feel you require additional thinking time you may contact your allocated specialist nurse to arrange further discussion. To prevent any unnecessary delays, please take as much time as you need during your initial consultation to discuss any queries in detail with your doctor or nurse.

Why is the test offered then?

There has been ongoing research to develop a cure for melanoma cancers that have spread. The data collected is used to assist with this research. It also provides you with more information and allows us to see what stage your cancer is at. Depending on the type of melanoma you have been diagnosed with, the results of the test may make you eligible to enter some medical trials that are been undertaken for melanoma.

Where is this test done? How many times will I have to attend?

You will be referred to the plastic surgery team at Nottingham City Hospital. A pre-assessment appointment will then be performed there prior to your booked procedure. The preoperative team at Nottingham City Hospital will be able to provide information and answer any further questions about your procedure and stay in hospital.

The results of the biopsy will be discussed at your postoperative clinic appointment by the surgeon who performed your biopsy. You will be followed up routinely for 5 years in the Dermatology department at King’s Mill or Newark hospital, however, the plastic surgeons at Nottingham may also request to see you on a regular basis.
How is the procedure performed?

On 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 that it would take if it had spread. The scan is carried out in the nuclear medicine department at Nottingham City Hospital. The radiology team will explain the process to you in greater detail. A small amount of radioactive liquid will be injected around your melanoma scar. You will be asked to lie still for 15 minutes and the scan will be performed, you may be asked to change position for different views of your scar. You will return to the department 1-2 hours later for further scans to be taken. The position of what are called ‘hot’ node(s) that have taken up most of the radioactive liquid will be marked on your skin.

In the afternoon, the biopsy is performed under a general anaesthetic at the Nottingham City Hospital day surgery unit. During your procedure the surgeon will inject a blue radioactive dye around your melanoma scar. A scanner is then held over your skin to locate the sentinel lymph node(s) that contain the blue dye. A small incision is then made and the node (sometimes more than one) is removed and sent to pathology for analysis. It can take approximately 2 to 4 weeks before these results become available.

Once this procedure has been performed, and while you are still under a general anaesthetic, the surgeon will remove additional skin around your melanoma scar. This is known as a ‘wider excision’ and is completed as research shows it significantly reduces the risk of melanoma returning in this area. Your doctor will be able to inform you if the wound will be a direct closure with stitches or if you need to have a slightly more complex procedure such as a skin graft or flap. This would normally be discussed at your initial consultation with the surgeon or nurse.

The surgeon or nurses will be able to inform you about any stitches that may need to be removed and offer you important contact details should you have any questions or complications after your operation.

Are there any side effects to the procedure?

Any invasive procedure carries risks but the following addresses the main issues:

- There is a small risk of bleeding developing into a haematoma (collection of blood), a seroma (collection of fluid) or a wound infection.
- There will be a scar that may become dry, itchy and lumpy or may not heal cosmetically well.
- A small number of patients have an allergic reaction to the dyes used.
- As a consequence of this test, 1 in 100 patients can develop lymphoedema (swelling) due to poor drainage of the lymph fluid in the leg or arm, depending on where the lymph gland has been removed.
- You may have blue/green coloured urine for approximately 48 hours.
- Complications with a general anaesthesia. It may be necessary to have preoperative anaesthetic assessment before the procedure, in which any medical conditions can be safely addressed.
What happens if the sentinel node biopsy is negative?

A negative result shows that the cancer has not spread to that lymph node at the time of the biopsy.

No further treatment at this stage will be necessary other than a follow up of up to 5 years. Your doctor or nurse will be able explain which regime you are following. At each appointment it will be necessary to perform a full body skin and lymph node examination.

Does this mean I will never have any problems in the future?

A negative result can be reassuring because there is less chance of further problems from the melanoma. However, it does not mean that the melanoma will definitely not come back, but the chances are much lower.

What happens if the sentinel node biopsy is positive?

A positive result indicates the cancer is present in the sentinel lymph node and may be present in other lymph nodes in the same area (regional lymph nodes).

The doctor will discuss the results with you and may consider further treatment. This is normally a surgical operation to remove all of the lymph glands in the area where you had the sentinel node biopsy. This is known as a full lymph dissection, and is undertaken in an attempt to reduce the risk of any additional spread elsewhere around the body. You may be offered immunotherapy or other treatment if the stage of your cancer changes.

Where will I be followed up?

If you have had a positive result and have had additional or ongoing treatment, Nottingham hospital may wish for you to attend follow up appointments there. Alternatively we may share your care and alternate follow up appointments between Nottingham and ourselves.

If you had a negative result you will be referred back to your referring consultant at King’s Mill or Newark hospital. You will be followed up for 5 years, with alternating appointments between the cancer nurse specialists and your nominated consultant.

Who do I contact if I have any further questions?

Your specialist nurses are based in the Dermatology department in clinic 6 at King’s Mill Hospital:

- Lesley Strazds, Skin Cancer Specialist Nurse - email lesley.strazds@nhs.net or telephone 01623 672310.

- Sue Litchfield, Associate Skin Cancer Specialist Nurse - email susan.litchfield1@nhs.net or telephone 01623 672310.

More information

References/acknowledgements


Further sources of information
NHS Choices: www.nhs.uk/conditions
Our website: www.sfh-tr.nhs.uk

Patient Experience Team (PET)
PET is available to help with any of your compliments, concerns or complaints, and will ensure a prompt and efficient service.

King’s Mill Hospital: 01623 672222
Newark Hospital: 01636 685692
Email: sfh-tr.PET@nhs.net

If you would like this information in an alternative format, for example large print or easy read, or if you need help with communicating with us, for example because you use British Sign Language, please let us know. You can call the Patient Experience Team on 01623 672222 or email sfh-tr.PET@nhs.net

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