

## How can I help reduce healthcare associated infections?

Infection control is important to the well-being of our patients and for that reason we have infection control procedures in place. Keeping your hands clean is an effective way of preventing the spread of infections. We ask that you, and anyone visiting you, use the hand rub (special gel) available at the main entrance of the hospital and at the entrance to every ward before coming in to and after leaving the ward or hospital. In some situations hands may need to be washed at the sink using soap and water rather than using the hand rub. Staff will let you know if this is the case.

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[www.buckshealthcare.nhs.uk](http://www.buckshealthcare.nhs.uk)

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Thames Valley Cancer Network (East)  
Specialist Skin Cancer Unit

# Sentinel lymph node biopsy and wide local excision

**A guide to sentinel lymph node biopsy and wide  
local excision**

**Patient Information Leaflet**

If you require a translation or an alternative format for this leaflet please ask for assistance.

**Safe & compassionate care,**

**every time**

## Introduction

This leaflet has been compiled by experienced staff and patients and answers the most frequently asked questions.

This information is a guide only and your healthcare team will give you more detailed information as you need it. They are also happy to answer questions and address any concerns you may have.

## What is a lymph node?

A lymph node is part of the body's lymphatic system. The lymphatic system is a network of vessels that carry a clear fluid called lymph around the body. Lymph vessels lead to lymph nodes. Lymph nodes are small, round organs that trap cancer cells, bacteria, or other harmful substances that may be in the lymph. Groups of lymph nodes are found in the neck, axilla (underarms), groin, chest and abdomen.

## What is a sentinel lymph node?

A sentinel lymph node (SLN) is the first lymph node to which cancer is likely to spread from the primary skin cancer. Cancer cells travel to the sentinel node before spreading to other lymph nodes. In some cases there may be more than one sentinel node. The sentinel node is usually located in the armpit (axilla), the groin or the neck, depending on where your melanoma first presented.

## Further information

**Buckinghamshire Healthcare NHS Trust**  
**Cancer Education, Information and Support Service**  
**01296 316954**

[www.buckshealthcare.nhs.uk](http://www.buckshealthcare.nhs.uk)

**Macmillan Cancer Support**  
**0808 808 00 00**

[www.macmillan.org.uk](http://www.macmillan.org.uk)

**Cancer Research UK**  
**0808 800 4040**  
[www.cancerresearchuk.org](http://www.cancerresearchuk.org)

### Free Prescriptions

All cancer patients undergoing treatment for cancer, the effects of cancer or the effects of cancer treatment can apply for an exemption certificate for a free prescription from their GP.

## What should I look out for?

Your surgeon will discuss with you before the operation, possible complications associated with an SLN biopsy. Occasionally you may experience complications after the operation such as:

- Pain that is not controlled with painkillers.
- Inflammation or redness of the skin, which may be hot to touch.
- Profuse oozing or bleeding from your wound site.
- High temperature (unconnected to a head cold or flu symptoms).
- Offensive odour from wound dressings.

**If you do experience any of the above side effects please contact the following number for advice:**

**Ward 16B 01296 318110**

(If you experience problems getting through to the ward for advice, please contact either:

- your GP,
- the Hospital Switchboard on 01296 315000 (and ask for the On Call Registrar for Plastic Surgery).

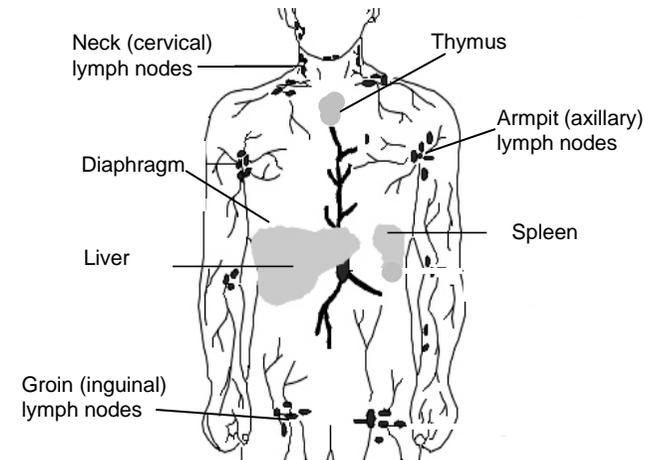
## Further Information

If you have any questions regarding the information that you have read, please contact the Skin Cancer Specialist Nurse on:

01296 316079

## How do cancers spread?

Skin cancers such as melanoma and squamous cell have the ability to spread to other parts of the body, these are called metastases or 'secondaries'. Cancers spread in different ways. The majority of skin cancers spread via the lymph system. If cancer has been 'caught' by a lymph node it can grow and multiply there and in time it can spread to the next node down the chain and so on.



Cancer can also spread to other parts of the body in the blood stream and this can be detected by CT (body) scans.

## What is a sentinel lymph node biopsy?

SLN biopsy is a procedure in which the sentinel lymph node is removed and examined under a microscope to determine whether cancer cells are present. This shows whether melanoma cells have moved from the original melanoma into the lymphatic system. SLN biopsy is based on the idea that the cancer cells spread (metastasise) in an orderly way from the primary skin cancer to the sentinel lymph node(s), then onto the other nearby lymph nodes.

A negative SLN biopsy result suggests that cancer has not spread to the lymph nodes. A positive result indicates that cancer is present in the SLN and may be present in other lymph nodes in the same area (regional lymph nodes). This information may help the doctor to determine the stage of cancer (extent of the disease within the body) and develop an appropriate treatment plan.

## What will happen before the operation?

We will ask you to come to the pre-operative assessment clinic. The nurse will check your weight and blood pressure, and ask you about your medical history and any medications that you may be taking. You will have blood tests and may also have an ECG (heart tracing) and a chest X-ray.

On the day before, or the morning of your operation, you will need to have a lymphoscintogram. 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 it would take if it had spread.

## What happens during the lymphoscintogram?

The scan is done in the nuclear medicine department at Stoke Mandeville Hospital and the radiographer will explain the process in greater detail.

You will be given some anaesthetic cream to place around the scar and a dressing to cover it. This will be done a short while before the scan. This will numb the area around the melanoma scar.

A small amount of radioactive liquid is injected around the melanoma scar. You will be asked to lie still for 15 minutes and then the scan will be taken. You may be asked to change position for further views. You may also be asked to return to the waiting room and walk

## Working

You will be able to start work again once you feel up to it. If you need a fitness to work certificate, please ask your doctor while you are in hospital. If your job involves a lot of lifting or heavy work, you will need to stay off work for longer. In this case you will need to get a fitness to work certificate from your GP, which states clearly what tasks you can and cannot undertake at work.

## Everyday activities

You will need help at home for approximately one week with everyday activities and should minimize the risk of stretching and lifting.

## What are my follow up arrangements?

Before you leave the ward, arrangements will be made to see you in the dressing clinic, usually two weeks after the operation. Your wounds will be checked and your dressings changed. You will be seen regularly in clinic until the wound has healed. The pathology results take about two weeks to be ready.

## How should I care for my wound?

Usually you go home with micropore tape on your wound. It is better to shower rather than bathe. Pat the tape dry with a towel or use a hairdryer on a cool setting. If the tape you have on your wound begins to peel away, simply trim it with scissors.

## **Lymphoedema**

Very rarely, after SLN biopsy of the groin or axilla, swelling known as 'lymphoedema' can occur in the arm and leg. This is due to the disruption in lymph drainage and settles with time.

Occasionally you will need to wear a support stocking for a few months after the procedure.

## **Wound opening**

Any of the above problems can cause the wound to open. If this happens the underlying problem is treated and the wound dressed until it heals. In certain circumstances a further operation is needed and the wound will need to be re-stitched.

## **Scarring**

Your operation will leave a scar. This will start off tight and red but will settle over the next 12-18 months. Once the wound is healed massage the scar with simple moisturising cream, as this helps it to soften and regain normal sensation.

## **How will I feel at home?**

### **Tiredness**

At first you will feel rather tired, and should spend the first week or so taking it very easy. After this you will be able to slowly return to your usual activities. It is important to get active when you return home from hospital, but avoid strenuous activities.

### **Driving**

You will be able to start driving once you feel up to it. For most people this will take two weeks. Do not drive unless you are well, alert and able to take emergency action. It is advisable to check with your insurance company before you start driving.

around for a further hour to encourage uptake of the radioactive liquid by the lymph. Further scans will then be taken.

The position of the 'hot' node(s) that have taken up the most of the radioactive liquid will be marked on your skin. Please do not wash this mark off.

## **The day of your operation**

On the morning of the operation you will come to the ward and be admitted by the nurse. Please remember to follow any instructions on when to stop eating and drinking. These instructions will have been given to you at your pre-operative assessment appointment.

The anaesthetist will see you and explain the anaesthetic to you. Your surgeon will see you, go over the details of the operation, the risks and benefits and ask you to sign a consent form.

The Surgeon will mark the side of your body where you are having the operation. You can raise any questions and concerns you may have at any time.

## **What does the operation involve?**

SLN biopsy is done under general anaesthetic as a day case or with an overnight stay.

In SLN biopsy, the sentinel node (or nodes) are removed. When you are asleep, the surgeon injects blue dye around the melanoma scar. The surgeon then uses a hand held scanner to find the sentinel lymph node containing the non harmful radioactive liquid. A cut is made in the skin (sometimes more than one) and the surgeon looks for the node stained with dye. Once the SLN is located it is removed and sent to the pathologist (a doctor who

identifies diseases by studying cells and tissue under a microscope). It takes approximately 10-14 days before the results are available.

The wound is stitched, usually with absorbable sutures, which do not need to be removed. Sometimes a small wound drain is used to drain fluid from the wound.

At the same operation you will have a wide excision of your melanoma scar. This significantly reduces the risk of melanoma returning in this area and removes the majority of the injected blue dye. There may be some blue stain still left behind – this will disappear over the next few months. Where possible the wound is stitched together but if the wound is too big a skin graft or flap may be needed.

## What will happen after the operation?

You will return to the ward with a 'drip' in your arm which gives you fluids into a vein until you can drink. You may be given some oxygen and the nurse will check your blood pressure and pulse. The nurse will also check your wound dressings and drains.

When you pass urine you may notice that it is green. This is the normal way your body gets rid of the blue dye.

### **Surgical site**

Your scars will be covered with tape and an absorbent dressing.

### **Drains**

If you have a wound drain you will have an overnight stay and the drains will usually be removed the next day.

### **Moving**

We will encourage you to get out of bed as soon as you feel able to do so. The ward staff will be able to help you.

## What are the risks of complications and side effects?

### **Bleeding**

Sometimes excessive blood can collect under the skin and form a clot (haematoma). If there is bleeding from your wound, apply firm pressure for 15 minutes. If it does not stop please contact the ward.

### **Discomfort**

You may experience discomfort after the surgery at the SLN site or at the melanoma scar. This can be relieved with painkillers. This discomfort can last up to two weeks.

Some patients may experience small stabbing or shooting pains from time to time around the wound, which can be eased by gentle massage. These feelings are common and will slowly settle over time. A tight feeling from where the sentinel node is removed is not uncommon but usually resolves over 6 weeks.

### **Fluid collection**

Rarely, fluid collects where the SLN was removed. This may need to be drained. This can be done in the outpatient clinic by removing the fluid with a needle and syringe.

### **Infection**

If you develop redness and tenderness around the wound, this is a sign the wound has become infected. This can be treated with antibiotics.

### **Numbness**

The area around the scar is initially numb but this should resolve.