

Please contact the ward where you had surgery, or your clinical nurse specialist, if you have problems.

Further information

For more information about the Trust, visit our website www.royalberkshire.nhs.uk

Contact numbers

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If it is difficult to contact the ward, either call your GP or contact the on-call registrar for plastic surgery through the hospital switchboard 01865 741166.

Author: Nicky Woodrow, March 2009, Revised March 2010

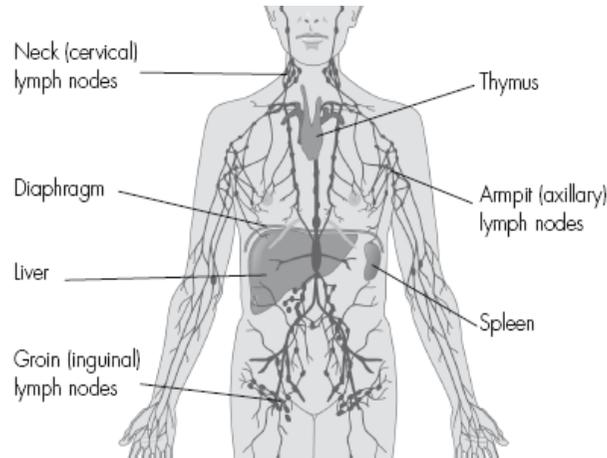
Reviewed Sept 2011 (C Silva)

Review due: Sept 2013

Having a sentinel lymph node biopsy for melanoma

Information for patients

If there is anything in this leaflet you don't understand please ask your clinical nurse specialist – she will be happy to help you.



What is a sentinel node biopsy?

A sentinel node biopsy is a procedure to remove 1 or 2 lymph nodes which drain the melanoma site. They are identified by the use of a radioactive tracer, and a blue dye. This is usually carried out at the same time as the wide local excision of the normal skin around the site of the original melanoma, which is to reduce the risk of local recurrence.

The procedure

You will be asked to attend the Physics Department at the John Radcliffe Hospital, Oxford, either the day before your operation, or on the morning of your surgery. You will receive an injection around the site of the melanoma. This is the radioactive tracer, and this is followed by a scan, which will indicate where the sentinel node is situated. This will be marked for the surgeon to see when you go to theatre.

What information does the biopsy provide?

Melanoma cells can spread to the lymph nodes nearest to the site of the melanoma. This happens via the lymphatic system, which consists of a network of lymph nodes and vessels. These are distributed throughout the body, much like blood vessels, (see diagram below). A biopsy of the first draining (sentinel) lymph node can help to indicate if the melanoma cells have started to spread.

The biopsy

Under general anaesthetic, a blue dye will be injected around the melanoma site by the surgeon. The skin is cut where it was marked and the sentinel node is identified using a handheld gamma probe, which detects the radioactive activity. The blue dye provides additional visual confirmation. The sentinel lymph node or nodes are removed, and sent to the pathology department to examine under the

microscope. The surgeon may place a small drain in the wound that will be removed before you are discharged from hospital. You may be treated as a day case, or require an overnight stay. It takes about 2 weeks to get the result, and you will be given an outpatient appointment to discuss this, and whether you will need further surgery or treatment.

Risks and complications

It is unusual to have any significant problems after a sentinel node biopsy, but sometimes the following may occur:

- An allergic reaction to the dye
- Temporary blue staining of the skin, urine and faeces
- Bruising and bleeding (haematoma)
- Infection
- Seroma, a collection of fluid around the biopsy site
- Lymphoedema, ongoing swelling of the affected limb
- Temporary pain or nerve damage