



Royal Berkshire
NHS Foundation Trust

Having a sentinel lymph node biopsy for melanoma

Information for patients,
relatives and carers

Compassionate

Aspirational

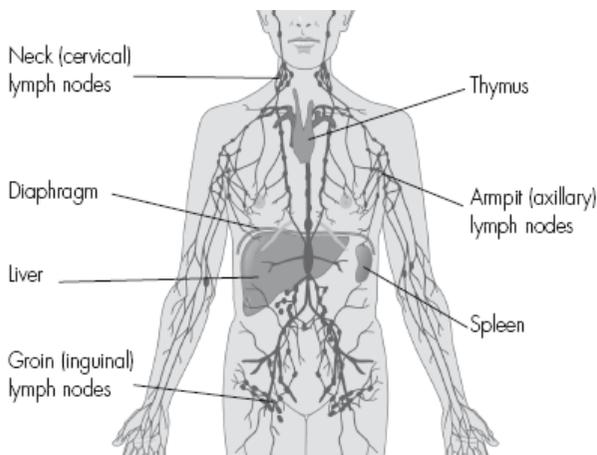
Resourceful

Excellent

This leaflet is for patients having a sentinel lymph node biopsy for melanoma. If there is anything 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 test that may tell us if your melanoma has spread to the lymph nodes (also known as lymph glands). If a melanoma spreads, it can spread to the lymph nodes nearest to your original melanoma. The sentinel lymph node is the first local lymph node that melanoma cells are most likely to have spread to. Generally one or two lymph nodes are removed. These nodes are identified by using a radioactive liquid, and a blue dye.



This test is usually carried out at the same time as your second surgery for your melanoma.

The Physics Department

You will be asked to attend the Physics Department at the John Radcliffe Hospital, Oxford, either the day before or the morning of your surgery. In the Physics Department, you will be given an injection into the area where the melanoma was. This injection contains a radioactive liquid, and once given you will go for a scan. The scan identifies where the sentinel lymph node is and this area

will then be marked with a skin pen for the surgeon. You will then return to the ward and wait for your surgery.

Surgery

- A ward nurse will take you from the ward to the theatre.
- You will be given a general anaesthetic (this is when you are put to sleep).
- The sentinel lymph node or nodes are removed, and sent to pathology where they are examined 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.
- You will be given an appointment for approximately 2 weeks after the biopsy. This is to discuss the results and whether you will need any further surgery or treatment. This will either be in Oxford or Reading.

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.
- Bruising and bleeding.
- Infection.
- Seroma, this is a collection of fluid around the biopsy site.
- Lymphoedema, ongoing swelling of the affected limb.
- Temporary pain or possible nerve damage.
- Temporary blue staining of the skin, urine and faeces.

If you have any questions or are concerned about any of these problems, please contact the ward where you had surgery, or your clinical nurse specialist.

Contact numbers

Macmillan Skin Cancer Clinical Nurse Specialist

Royal Berkshire Hospital

(8.30am – 4.30pm, Monday to Friday) 0118 322 7271

SSIP Ward / West Wing

John Radcliffe Hospital

Oxford

01865 234 723

(9am – 5pm, Monday to Friday) Contact the CNS as above.

Outside these hours please contact SSIP ward or your GP

Further information

British Association of Dermatology www.BAD.org.uk

Macmillan Cancer Support www.macmillan.org.uk

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

Berkshire Cancer Centre, May 2021

Next review due: May 2023