LYMPH NODE SURGERY:

Sentinel Node Biopsy

What to Expect

OPERATION DURATION

This surgery is performed under General Anaesthetic and usually takes 1.5 hours.

HOSPITAL STAY

You will be in hospital for 1 night. You will be discharged in the morning.

HOW LONG SHOULD YOU BOOK OFF WORK

This depends on your profession - If you work in an office/ non-strenuous job 1-2 weeks, however, if you have a physically demanding job, this will be dependent on the type of work. Your specific requirements will be discussed with you on an individual basis. .

Please email admin@drduncantaylor.com.au if you require a medical certificate.

What Complications May Occur After This Procedure?

GENERAL POSSIBLE COMPLICATIONS OF ANY PROCEDURE

- Bleeding
- Infection at the surgical site
- Allergic reaction to equipment, materials or medication
- Blood clot in your leg or lungs
- Chest infection

SPECIFIC POSSIBLE COMPLICATIONS OF THIS PROCEDURE

- Wound breakdown or wound healing issues
- Seroma / lymphocele (collection of fluid) - This is quite common and, in some cases, may require draining
- Lymphedema - uncommon (disruption of the normal lymphatic flow to and from the limb, causing potentially permanent swelling)
- Haematoma (collection of blood; this may require draining)
- Numbness and tingling at the wound site
- Allergic reaction to the dye used to complete the SLNB or lymphoscintigram (rare)
- Potential damage to nearby structures (vessels and nerves)

CONSEQUENCES OF THIS PROCEDURE

- Discomfort, bruising and swelling (temporary)
- Scars

How to Prepare for Your Procedure

LYMPHOSCINTIGRAM

You will need to have a lymphoscintigram completed prior to surgery, at a radiology clinic. This is either completed as an out patient the afternoon prior to surgery or in the morning as an in patient prior to the afternoon surgery.

During this appointment, dye is injected into the cancer, and a scan is completed to trace the dye through the lymphatic system into the node/s it first travels to.

The location of the lymph node depends on the area of the cancer. For instance, an upper limb cancer usually requires axilla (armpit) node biopsy, facial lesions usually require neck node biopsy, and lower limb lesions usually require groin node biopsy.

This process assists Dr Taylor in identifying the 'specific draining' node for sampling.
Our practice manager or clinic nurse will arrange this appointment and send your request form to the radiology clinic.

FASTING

You cannot have any food or fluids (including lollies, chewing gum) 6 hours prior to your surgery.
You can have some sips of water only up to 2 hours prior to your surgery and then nothing at all after this time.

If you take regular medication, please check with our nurse to see if you should be taking your medication in the lead up to/ on the day of your surgery. Some medications should be withheld.

MORNING OF SURGERY

You will be asked to arrive at the hospital approximately 2 hours prior to your surgery or scan start time - Our Practice Manager will provide you with your admission information (time/ where to go) prior to your surgery date.

Dr Taylor will see you in the pre-operative area before you go into theatre. He will mark your surgical site prior to your surgery, and advise you of the lymphoscintigram scan results/ the location of the node for biopsy.

PRE-OP WASH

Please purchase a pre-op chlorhexidine wash from the pharmacy. Use this whilst showering, the night before and the morning of your surgery.

Post-Operative Instructions

DRAINS

You may have a mini drain in the site where the sentinel node was removed from. If used this will be removed the morning after your surgery, prior to your discharge.

ACTIVITY

You can get up and move the same day after your surgery once you have recovered from your general anaesthetic.

No rigorous activities using this area of your body for 3 - 4 weeks. After this time, you can ease back into your usual activities.

You can not drive for 24 hours after a general anaesthetic.

PAIN RELIEF

You should not be in significant pain after your surgery. Your anaesthetist will prescribe regular pain relief to take on the ward post-surgery. If you have pain on top of this, you should ask for additional pain medication, which will be prescribed on your drug chart should you need it.

You will not be discharged from the hospital until your pain is well managed on oral medications. Please take paracetamol regularly. If you have severe pain that is not responding to the pain relief, please phone our nurse during office hours.

Please do not put ice packs or heat packs on your wounds.

Do not take aspirin.

ANTI-INFLAMMATORIES

You may be prescribed some anti-inflammatories while in the hospital and be discharged with some.
Please take the entire course, even if you are not in pain.

Please take this medication as prescribed on the box by your anaesthetist.

ANTIBIOTICS

You may be given a course of oral antibiotics. Please take the full course.

BLEEDING

If the wound starts to bleed, please apply firm pressure for 15 minutes. If a dressing is in place, please do this over the top of the dressing (do not remove the dressing).

This should control the bleeding. However, if it is not easily controlled or does not subside, please phone our nurse specialist during working hours, go to an after-hours GP clinic or visit an emergency department.

INFECTION

If your wound becomes hot, swollen, oozes pus or you are spiking temperatures the wound may be infected. Please phone our nurse immediately within business hours or attend your GP, after hours GP or Emergency.

WOUND CARE & DRESSING CARE

Axilla or Groin: Your wound will be covered with surgical tape and glue. This is waterproof, and you can shower as normal and pat dry. After approximately 3-4 weeks, gently peel the dressing off in the shower.

If you do have a standard dressing over the top of this tape, please sponge bath around this to avoid getting the dressing wet and leave it intact until you are seen in the nurse dressing clinic 5 -10 days post-op.

Neck: Your wound will be left open, with an ointment applied to the suture line. Continue to apply this ointment 4 times a day.

Do not immerse the wound in water, i.e. swimming or having a bath for 6 weeks or until the wound is completely healed.

Bruising takes around 2-3 weeks to resolve, and swelling can take up to 3-6 months to resolve completely.

REMOVAL OF SUTURES

Axilla or groin: Most sutures used during these procedures do not require removal, and they will dissolve on their own.

Neck: Most commonly used sutures on the neck require removal approximately 7 days post-surgery. Our clinic nurse will complete this for you.

MASSAGING FOR SCAR REDUCTION

Commence massaging your scars once your dressings are removed and wounds have healed – approximately 3 weeks post-op. You may notice a firm lump where the lymph node was removed from. This is a collection of leaked lymphatic fluid or a lymphocele. Commence gentle massage if you do notice this, and it should resolve after a few weeks. If the lump continues to grow, or if it becomes hot, red or painful please phone our rooms and we will advise.

It is recommended that you massage your scars with a good moisturiser (e.g. Sorbolene or QV) or Bio-Oil for 2 minutes, twice daily. Wipe off any excess product, then apply either:

- A silicone gel (e.g. Strataderm), which dries to form a protective film over the scar, or
- Silicone tape.

Continue this treatment for 3–6 months.

HISTOPATHOLOGY RESULTS

The node will be sent to histopathology for testing. The results of these tests take approximately 7-14 days.

During your nurse clinic appointment, you may be informed of the results if they are available. Alternatively, you will receive a phone call with these results.

Follow Up

Dr Taylor will be in contact with the nurses looking after you on the ward. If you are well post-op, he will discharge you after speaking with your nurse over the phone. He will only come in to see you on the ward if you have any issues. Our nurse will phone you after your discharge to check on you.

If you are concerned at all or have any questions, please phone our clinic 9am-4pm Mon-Fri. Outside these hours, present to an after-hours GP or the Emergency department if urgent care is required.

Follow-up appointments:

- 5-10 days after your procedure, post-surgery wound check at our nurse clinic.
- Approx 10-14 days post surgery (if required)
- 6 weeks post-surgery review in Dr Duncan Taylor's day clinic.
- For some high-risk skin cancers, surveillance may be required on an ongoing basis (i.e., regular imaging / and clinical exams), depending on the histopathology report. Dr Taylor will discuss these requirements at your 6-week follow-up consultation.