



York and Scarborough
Teaching Hospitals
NHS Foundation Trust

Sentinel Lymph Node Biopsy

Information for patients, relatives and carers

① For more information, please contact:

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Do I need a test to check my lymph nodes?

The most common place for melanoma cells to spread is to the lymph nodes closest to the melanoma. Your doctor will examine these nodes to see if they look or feel swollen. For example, if the melanoma is on your leg they will examine the lymph nodes behind your knee and in your groin. If it is on your chest, back or tummy (abdomen), they will check the lymph nodes in your groin and armpits, above your collar bones, and in your neck.

Having swollen lymph nodes does not necessarily mean that the melanoma has spread. For example, an infection can also cause lymph nodes to swell.

Your doctor may suggest that you have some tests to check whether any lymph nodes are affected by melanoma. Not everyone needs these tests. Whether you have the tests will depend on the size of the melanoma and if the lymph nodes look or feel swollen.

These tests will be performed at the same time as your wide local excision, they include:

- A sentinel lymph node biopsy (SLNB). This diagnostic procedure removes your sentinel lymph node/s. If there is no melanoma found in the sentinel lymph node/s, then it is unlikely that your melanoma has spread and your disease staging remains unchanged.
- An ultrasound scan. This uses sound waves to make up a picture of part of your body.
- A fine needle aspiration (FNA). This withdraws some sample cells from your lymph nodes with a fine needle.

If your tests show that the melanoma has spread to the lymph nodes, you may be advised to have surgery to remove all the lymph nodes in that area. A positive result will also upstage your melanoma and make you eligible for wider treatment options.

What is a sentinel lymph node biopsy?

You may be offered a test called a sentinel lymph node biopsy (SLNB) which is done even if the lymph nodes are not swollen. It is usually performed under a general anaesthetic, at the same time as your wide local excision.

A wide local excision is removing a wider margin of skin from around the scar site. This is to ensure all the cancer cells have been removed completely. The normal, healthy skin around the edges is called the margin.

The sentinel nodes are the first ones that lymph fluid drains to from your melanoma. If the melanoma has spread to nearby nodes, the sentinel nodes are the ones that are most likely to be affected.

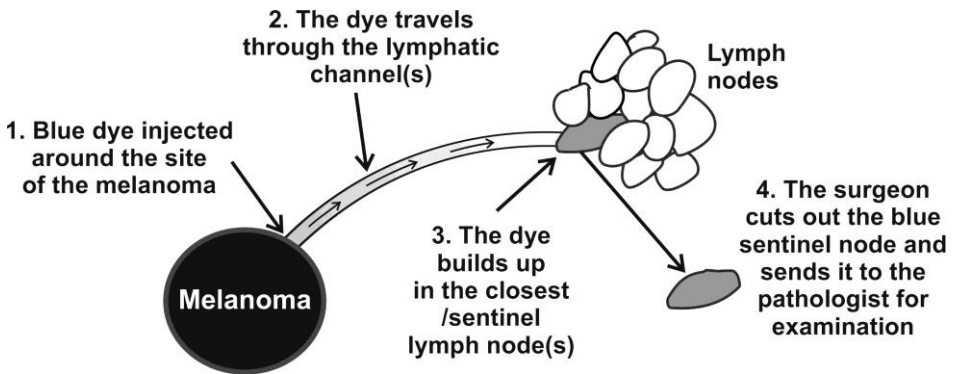
A SLNB can tell your doctors more information about your health and help them plan the best treatment for you. It is not a treatment itself.

If the sentinel nodes do not contain cancer cells, it is unlikely that other lymph nodes are affected. This means you will not need to have surgery to remove them.

If they do contain cancer cells, your doctor may recommend that you have further surgery to remove all the lymph nodes near to your melanoma.

What happens during a sentinel lymph node biopsy?

A doctor will inject a tiny amount of mildly radioactive liquid around the area of your melanoma. This is the area where you had your excision biopsy. The liquid will make the sentinel lymph nodes mildly radioactive.



Step 1: Radioactive liquid is injected. During the wide local excision, the surgeon injects a blue dye into the same area as the radioactive liquid. The dye stains the sentinel lymph nodes blue so the surgeon can see them.

Step 2: Once the blue dye is injected, the surgeon will use a probe that detects radioactivity to help them find the sentinel lymph nodes. The sentinel nodes are then removed. They are then examined under a microscope to see if they contain melanoma cells.

Step 3: The sentinel lymph nodes are removed. Afterwards there will be some discomfort at the operation site.

Why is the test optional?

Sentinel lymph node biopsy remains optional because there are risks and benefits associated with the procedure. It is your choice as to whether you want to have this diagnostic test or not.

Although sentinel node biopsy seems like a good idea, there is no evidence as yet that removing the glands early in this way improves the chances of survival from melanoma.

Some of the possible benefits include:

- It gives more health information. If the test is negative, only around 15% of patients have further trouble from their melanoma. A negative sentinel node biopsy result is therefore reassuring, but does not mean the melanoma will definitely not come back. If the result is positive, the diagnosis becomes a stage 3 melanoma and there is a higher risk of a recurrence of the melanoma.
- A positive result may make patients eligible for further treatments and clinical trials of new drugs designed to improve prognosis.
- Patients who have a positive SLNB may develop a lump to feel at the nearest lymph node. Evidence suggests that the surgery to remove the nodes is better tolerated by the patient earlier rather than later when the lump is bigger.

Some of the possible risks include:

- There is no evidence so far that the SLNB improves the chances of survival.
- Having a SLNB usually means having to have a general anaesthetic whereas wide local excision alone is usually completed under a local anaesthetic.
- Some people may develop scar tissue in their arm or leg, depending where the lymph nodes were taken from. It can cause tightness and feel uncomfortable. It is usually temporary and will settle over the first few months.
- Sampling or removing lymph nodes may leave a swelling called a seroma. This is an accumulation of fluid which is unable to drain away through the lymphatics as it did before the surgery. Seromas usually take six to eight weeks to settle after surgery. Extremely rarely the seroma may persist.
- Occasionally there may be some permanent swelling of the limb called lymphoedema. This is caused by lymph fluid that cannot drain away. If the sentinel nodes are removed from under your armpit, you may develop swelling in your hand or arm. If your lymph nodes are removed from your groin, you may develop swelling in your leg.

If you have access to the internet and would like further information on Sentinel Lymph Node Biopsy, please go to the following link:

www.cancerresearchuk.org/about-cancer/melanoma/getting-diagnosed/tests-stage/sentinel-lymph-node-biopsy

Acknowledgements and References

We are Macmillan (2019) A practical guide to understanding cancer: Understanding melanoma lymph node assessment and treatment- 3rd edition. Macmillan cancer support: London

British society of dermatology (2019) Stage 2 melanoma Available online at: <http://www.bad.org.uk/shared/get-file.ashx?id=102&itemtype=document>

Tell us what you think of this leaflet

We hope that you found this leaflet helpful. If you would like to tell us what you think, please contact:

Skin Cancer Clinical Nurse Specialist, York Hospital,
Wigginton Road, York, YO31 8HE or telephone 01904
721719.

Teaching, training and research

Our Trust is committed to teaching, training and research to support the development of health and healthcare in our community. Healthcare students may observe consultations for this purpose. You can opt out if you do not want students to observe. We may also ask you if you would like to be involved in our research.

Patient Advice and Liaison Service (PALS)

PALS offers impartial advice and assistance to patients, their relatives, friends and carers. We can listen to feedback (positive or negative), answer questions and help resolve any concerns about Trust services.

PALS can be contacted on 01904 726262, or email yhs-tr.patientexperienceteam@nhs.net.

An answer phone is available out of hours.

Leaflets in alternative languages or formats

If you would like this information in a different format, including braille or easy read, or translated into a different language, please speak to a member of staff in the ward or department providing your care.

Patient Information Leaflets can be accessed via the Trust's Patient Information Leaflet website:

www.yorkhospitals.nhs.uk/your-visit/patient-information-leaflets/

Owner	Helen Pape, Skin Cancer Clinical Nurse Specialist
Date first issued	June 2018
Review Date	October 2027
Version	4 (issued October 2024)
Approved by	Skin Cancer MDT
Document Reference	PIL 1216 v4
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