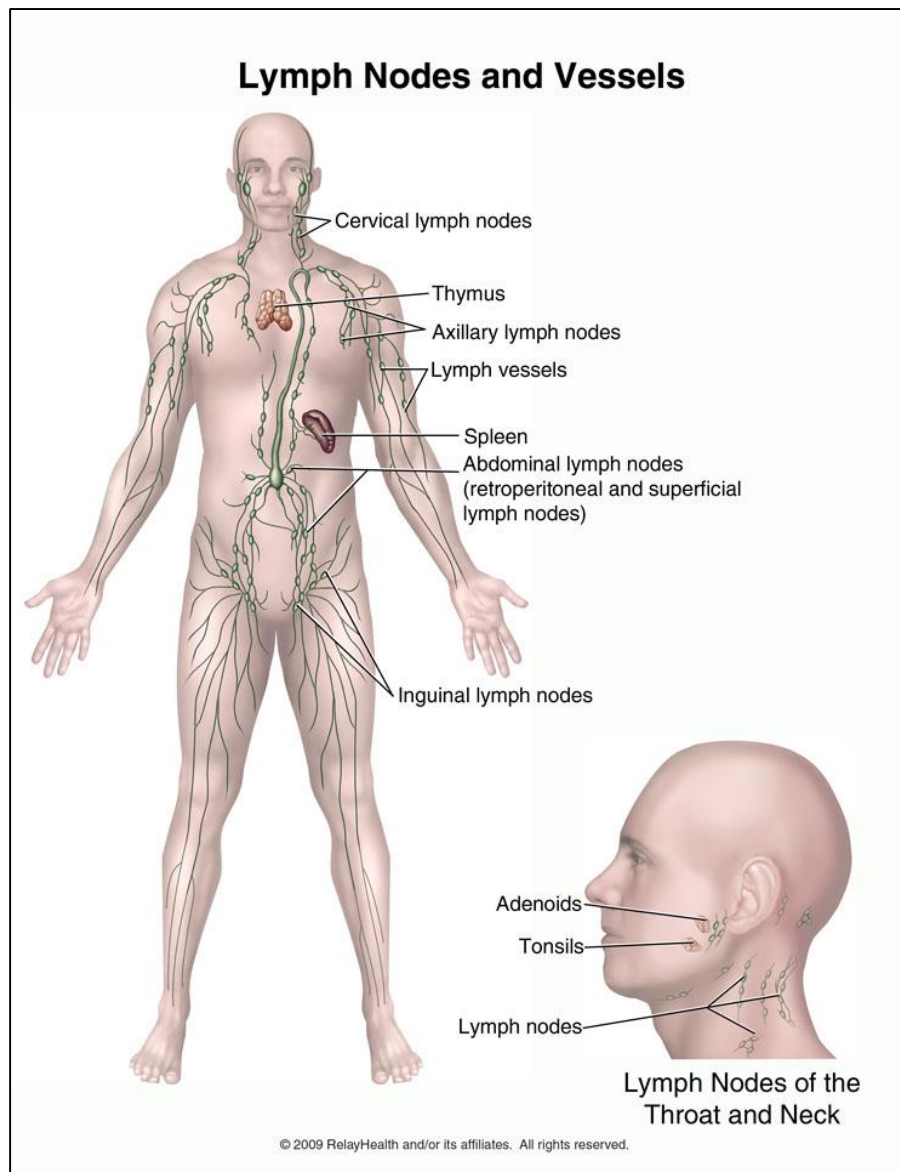


Lumpectomy and Sentinel Lymph Node Biopsy

What is a lumpectomy and sentinel lymph node biopsy?

A lumpectomy is a surgical procedure for removal of a cancerous lump from a woman's breast. Sentinel lymph node biopsy is a procedure that may be done at the same time the cancerous lump is removed. It allows your surgeon to find and remove the first lymph node or nodes under the armpit that get lymph drainage from the cancer in the breast. These lymph nodes are called the sentinel lymph nodes.



When is it used?

This procedure is a treatment for a cancerous lump in your breast. As an alternative you could:

- Have an axillary node dissection with the lumpectomy (removal of all of the lymph nodes under the armpit as well as the cancerous lump).
- Have the entire breast and lymph nodes removed (a mastectomy).
- Choose not to have treatment.

You should ask your healthcare provider about these choices.

How do I prepare for this procedure?

Plan for your care and recovery after the operation. Find someone to drive you home after the surgery and stay with you for a night or two. Allow for time to rest and try to find people to help you with your day-to-day duties.

Follow your healthcare provider's instructions about not smoking before and after the procedure. Smokers heal more slowly after surgery. They are also more likely to have breathing problems during surgery. For these reasons, if you are a smoker, you should quit at least 2 weeks before the procedure. It is best to quit 6 to 8 weeks before surgery.

If you need a minor pain reliever in the week before surgery, choose acetaminophen rather than aspirin, ibuprofen, or naproxen. This helps avoid extra bleeding during surgery. If you are taking daily aspirin for a medical condition, ask your provider if you need to stop taking it before your surgery. Do not take nonprescription medicines that contain aspirin in the week before surgery.

Follow any other instructions your provider gives you. Eat a light meal, such as soup or salad, the night before the procedure. Do not eat or drink anything after midnight or the morning before the procedure. Do not even drink coffee, tea, or water.

What happens during the procedure?

You may go to the nuclear medicine department just before surgery for injection of a radioactive dye into the breast. Or your surgeon may inject a special dye into your breast during surgery. Your surgeon will discuss this with you before surgery.

You will be given a general anesthetic. A general anesthetic relaxes your muscles, puts you to sleep, and keeps you from feeling pain.

Your surgeon will use the injected dye to find the first lymph nodes to which cancer cells are likely to spread from the breast tumor. If a radioactive dye is used, your surgeon will use a hand-held detector to find where the radioactive dye is draining in the armpit. Then a small cut will be made in the armpit and the 1 to 3 nodes containing the dye will be removed. After the sentinel lymph nodes are removed, the surgeon will make another small cut and remove the breast cancer and surrounding breast tissue. The cuts will then be closed with stitches.

What happens after the procedure?

You may go home that day. You will be given a prescription for pain medicine. A nonprescription anti-inflammatory medicine, such as ibuprofen, may give most of the pain relief that you need. Nonsteroidal anti-inflammatory medicines (NSAIDs), such as ibuprofen, may cause stomach bleeding and other problems. These risks increase with age. Read the label and take as directed. Unless recommended by your healthcare provider, do not take for more than 10 days for any reason. Ask your healthcare provider about the best ways to prevent or treat pain.

The sentinel nodes will be examined in the lab for cancer. You will be told a few days later whether cancer was found in these nodes.

- If no cancer is found in the lymph nodes and removal of the cancer is complete, then your provider will help arrange for consultation with a radiation treatment specialist and a medical oncology specialist to plan further treatment.
- If cancer is found in the lymph nodes, then you will usually be advised to schedule more surgery to remove the remaining lymph nodes in the armpit before you have chemotherapy or radiation therapy.

It is helpful to have a family member or friend with you on the first visit after surgery, when you discuss test results.

What are the benefits of this procedure?

- You may be able to have the cancer removed without removing all of the breast.
- Sentinel lymph node dissection allows many women to avoid having all of the lymph nodes under the armpit removed.

What are the risks of this procedure?

- There are some risks when you have general anesthesia. In older adults, confusion can occur. Discuss these risks with your healthcare provider.
- You may have infection or bleeding.
- You may have an allergic reaction to the dye used to find the sentinel lymph nodes.
- A lumpy scar, called a keloid, might form after the surgery.
- Depending on the size of the lump that was taken out and the size of your breast, the shape of your breast may change.
- Your nipple may point another way and your breasts may not match as well as before the surgery.
- Lab tests may show that the cancer was not completely removed. If this happens, you will need more surgery.
- The cancer may come back, but radiation therapy, hormone therapy, and chemotherapy can make this less likely.

You should ask your healthcare provider how these risks apply to you.

When should I call my healthcare provider?

Call your provider right away if:

- You have a fever of 100°F (37.8°C) or higher.
- You have problems with the drain.
- You have bleeding or weeping from the wound.
- You have a lot of pain. (You should not have much pain and it should get better, not worse.)

Call during office hours if:

- You have questions about the procedure or its result.
- You want to make another appointment.

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[References](#)

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