SENTINEL LYMPH NODE BIOPSY: FREQUENTLY ASKED QUESTIONS (FAQ)

When is sentinel lymph node biopsy used?

Sentinel lymph node biopsy is used after a lesion is diagnosed as cancerous. It is used to determine if cancer has spread to other areas of the body (metastasized).

What are lymph nodes?

Lymph nodes are part of the lymphatic system. This system filters and transports fluid throughout the body and plays an important role in the immune response. Lymph nodes are small sac-like structures located throughout the body. They store lymphocytes and help control the immune response by allowing lymphocytes to contact foreign materials.

What is a sentinel lymph node?

The sentinel lymph node is the first node to receive drainage from the tumor area. If cancer cells have left the tumor they will most likely collect in the sentinel lymph node. If there are no cancer cells present in the sentinel lymph node it is much less likely that cancer cells have invaded the lymphatic system and moved to other parts of the body.

What is a sentinel lymph node biopsy?

Sentinel node biopsy is surgical removal of the sentinel lymph node. A surgeon will first identify the sentinel lymph node using the blue dye method, the radioactive colloid method, or both. After the surgeon identifies the node it will be removed and surrounding nodes may also be removed.

What are the benefits of a sentinel lymph node biopsy?

Determining if cancer has spread to other parts of the body is very important for treatment plans. Sentinel lymph node biopsy can do this without removing all regional lymph nodes as is done in axillary lymph node dissection (ALND). The sentinel lymph node method decreases the risk for side effects, such as lymphedema.

How should I prepare for a SLN biopsy?

Preparation will vary depending on surgeon preference. The procedure may be done on an outpatient basis or may require a short hospital stay. Inform your physician about any medications you are on, especially blood thinning medications (these may need to be stopped ~5 days prior to surgery). Be sure to speak to your physician about the specific preparative routine.

How many lymph nodes will be removed?

There is no recommended amount of lymph nodes that should be removed. It depends on surgeon preference and each individual patient circumstance. Studies have shown the false negative rate drops when more than one node is removed.

How accurate is SLN biopsy?

Studies have shown SLN biopsy can identify the sentinel node 90% of the time, with a 7.5% false negative rate. SLN has shown an accuracy of 97%.