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Sentinel Node Biopsy

Women with breast cancer may choose to have a lumpectomy or mastectomy for their cancer based on specific characteristics of their tumor and personal choice.

During these procedures, a sentinel lymph node biopsy is often done.

This procedure samples one or more lymph nodes from under the armpit to see if tumor has spread there from the breast.

The procedure is done after the site of the breast cancer is injected with a small dose of radioactive tracer in the Breast Center just before the surgery. At the time of surgery, a blue dye is also injected at the site of the breast cancer. Both of these tracers are used to find the lymph node or nodes that drain the breast. This is done through a small armpit incision.

If there is tumor in the sentinel lymph node, more nodes are removed from the armpit to document the number of nodes involved. This has great bearing on the type of treatment the patient requires later.

After the procedure, the area of dye injection is often stained blue for several weeks or months, but almost always clears completely. The patient's urine will also be blue-green for a day due to the blue dye.

The risks of sentinel node biopsy are few and include allergy to the dye itself, bleeding and infection.

The great advantage of sentinel node biopsy is that the procedure is much less likely to result in arm swelling and nerve injury. These complications were much more common after complete removal of the armpit lymph nodes that used to be done for every woman with invasive breast cancer. That more radical procedure is now only done for those women with positive lymph nodes.