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Dressing Clinic
Whiston Hospital
Level 3 Green Zone
Warrington Road
L35 5DR
Tel: 0151 430 1520

Macmillan Cancer Support/Information Centre
St Helens Hospital
Lower Ground Floor
Marshalls Cross Road
St Helens
WA9 3DA
Tel: 01744 646985

This leaflet can be made available in alternative languages/formats on request
Introduction

The doctor has explained to you that you have a type of skin cancer that requires further treatment and may benefit from additional tests. This information leaflet describes a test called a Sentinel Lymph Node Biopsy (SLNB).

What are lymph nodes?

Lymph nodes, also known as glands, are small and approximately the size of a peanut. It is normal to have lymph nodes but they cannot usually be felt. They occur in groups especially in the arm pits, neck and groin as well as other parts of the body.

Lymph nodes are an important part of the immune system. They filter bacteria, viruses and cancer cells, which may be carried in the lymphatic fluid that circulates around the body via tiny lymphatic channels.

What is a Sentinel Lymph Node (SLN)?

The Sentinel Lymph Node is the first lymph node to which your skin cancer may have spread. Sometimes there is more than one sentinel lymph node and these may be found at more than one site in the body, depending upon the location of your original skin cancer.

What is a Sentinel Lymph Node Biopsy (SLNB)?

A SLNB is a test used to discover if the skin cancer has spread from the skin to the nearest group of lymph nodes. It is carried out at the same time as the operation to remove the scar from your previous surgery. This is known as a wide local excision (cut) and is done to reduce the risk of the skin cancer coming back at the same site. Performing the wider excision and SLNB requires a general anaesthetic, and is carried out by a Plastic Surgeon at Whiston Hospital Ward 3A.

The reasons for the procedure

Skin cancer can spread from the skin to the lymph nodes. A SLNB helps us find out if your cancer has spread to the lymph nodes.

What are the possible advantages of having a SLNB?

The operation helps to find out whether the cancer has spread to the lymph nodes before you can feel them. It is better than ultrasound scans at finding very small deposits of cancers in the lymph nodes.

Your surgeon will discuss what this means to you specifically. People who have had the operation may be able to take part in clinical trials of new treatments for melanoma. These trials often cannot accept people who haven't had this operation.

What are the possible disadvantages of sentinel lymph node biopsy?

The purpose of the operation is not to cure the cancer. There is no good evidence that people who have the operation do better than people who do not have it.

Of every 100 people who have a negative sentinel lymph node biopsy, around 3 will subsequently develop a recurrence in the same group of lymph nodes. There is no guarantee of no spread.
This test requires a general anaesthetic. This can cause complications for 4–10 out of every 100 people who have the operation.

**Which patients are offered a SLNB?**

All patients with the following will be offered a SLNB
- a melanoma which is ulcerated
- a melanoma with a Breslow thickness of greater than 1mm
- a melanoma less than 1 mm but has the presence of mitotic divisions (your surgeon or specialist nurse will explain this to you)
- some patients with other types of skin cancers such as Merkel cell carcinoma

This is a standard criteria that is used by most other hospitals in the UK and the rest of the world. However some patients may not be suitable for a SLNB because they have pre-existing medical conditions or an allergy to food colourings or latex.

**The nature of the procedure – what it involves**

- On the morning of your surgery or sometimes the day before you will attend the radiology department (Nuclear Medicine) at either Whiston or St. Helens Hospital. Here a small and safe amount of radioactive fluid will be injected under the skin at the site of your skin cancer or skin cancer scar.
- The movement of the radioactivity is then monitored by a scanner to identify the first lymph node(s) in the area(s). This does not mean that you have cancer in this lymph node(s).
- The Radiologist will then mark the skin above the lymph node(s) with a pen. This helps the surgeon identify it during the surgery.
- All of this is done whilst you are awake and may take 2 – 3 hours.

During the afternoon (or possibly morning if you have attended Radiology the day before) you will then be taken to theatre

- Whilst you are asleep, a blue dye will be injected into the skin at the site of your skin cancer or skin cancer scar. Like the radioactive injection, this also helps identify the location of the SLN(s).
- Using the pen mark on the skin, the blue dye and a hand held scanner, the surgeon will identify and remove the sentinel lymph node(s) through a small cut in the skin.
- Occasionally the sentinel lymph node(s) may not be found.
- The sentinel lymph node(s) is then removed and sent to the pathology laboratory and examined under the microscope for evidence of tiny deposits of melanoma.
- The surgical wounds are sutured and you may have a drain (a tube with a bottle attached) at the site of the SLNB. This is removed the following day. You will also have dressings over the site of the SLNB and wide excision (cut).

**Will I need any further treatment following the SLNB?**

You will be given an outpatient appointment within 3-4 weeks where the results will be explained to you.

If the SLNB shows no evidence of skin cancer (is negative), no further surgical treatment is required. However, you will be
seen regularly in the outpatient clinic to check for any signs of skin cancer returning.

If the SLNB does show evidence of skin cancer (is positive), a procedure called a Completion Lymph Node Dissection (CLND) will be offered. During this operation the rest of the lymph nodes are removed from the positive site, in case there are other lymph nodes which may have cancer. The surgeon will discuss this procedure with you if necessary.

**Will I need to sign a consent form?**

Yes. Before surgery you will be required to sign a consent form.

**How long will I be in hospital?**

The surgery may be done as a day case or may require an overnight stay.

After a general anaesthetic you will need 1-2 weeks to recover.

After your surgery your wounds may need to be checked at your GP surgery, walk-in centre or plastics dressing clinic.

**The discomforts of the procedure**

The injection of the radioactive fluid under the skin does sting and is painful for a short time. The number of injections depends on the size of your scar. You may require pain relief after surgery.

**What are the risks of the SLNB procedure?**

Complications can occur for all operations. The overall risk of a complication following SLNB is approximately 4%. These include the following:

- The site where the SLNB is taken from can be quite uncomfortable and sore following the procedure.
- Having a SLNB requires putting you to sleep (general anaesthetic)
- Numbness in the surrounding skin at the wider excision and the SLNB sites
- Scar
- Wound infection
- Bleeding from the wound
- Seroma or fluid collection at the biopsy site. This can be removed in the clinic with a syringe if necessary.
- Allergy to the injection/dye (this is very rare)

Please let your surgeon know if you have any allergies to blue food dye or latex

- There is a small possibility of a false negative result. This means that skin cancer may be in the surrounding lymph nodes although the SLNB result was negative.

**What are the alternatives to the SLNB procedure?**

SLNB is not a compulsory test. After discussing the ‘pros and cons’ of this test with your surgeon, you may decide that you do not wish to proceed with this test and simply continue with follow up in clinic.
All patients will be regularly seen in the outpatient clinic regardless of whether they have a SLNB.

**Plastics Consultant Surgeon**

Tel: 0151 426 1600 (Whiston Hospital main switchboard, ask to be put through to your Consultant’s secretary)

**Macmillan Clinical Nurse Specialist - Skin Cancer**

Tel: 01744 646791

Information may vary according to individual circumstances. Please do not hesitate to contact your surgeon or key worker (usually the clinical nurse specialist) for more information

**Research /Clinical Trials**

Research is a core function of the NHS we need research and innovation to improve health and wellbeing for our patients now and in the future.

At St. Helens and Knowsley Teaching Hospitals NHS Trust (STHK) we are committed to looking into new ways to prevent, manage and treat diseases. Research is a way of gaining new knowledge; it is important as it helps us to make better decisions and improves treatments and services.

Clinical trials are medical research studies involving people. Doctors use them to assess any new treatment before it can be made available to patients more widely.

Research at STHK ranges from: - genetic studies and questionnaires, testing new drugs, new surgical techniques, improvements to existing treatments and screening tests.

Clinical trials show whether new treatments are safe, what their side effects are and whether they’re better than what’s currently used.

By participating in research you may feel as though you are taking a more active role in your healthcare. You will also be helping others, and possibly yourself, by helping to identify more effective treatments.

To find out more about research and whether any studies may be right for you please speak to your Doctor or Nurse, alternatively the team may contact you and offer you the choice to participate in a research trial if appropriate. However, you do have the right to refuse, and this will not affect the care that you receive.

**Further help and information**

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