Gynae-oncology

Sentinel Lymph Node Biopsy and Wide Local Excision

We put our patients first by working as one team; leading and listening, and striving for the best. Together, we make the difference.
Introduction
This information is a guide to anyone having a sentinel lymph node biopsy for vulval cancer treatment. Your healthcare team will give you more detailed information as you need it. We are also happy to answer any questions and address any concerns you may have.

What is a lymph node?
A lymph node is part of the body’s lymphatic system. The lymphatic system is a network of vessels that carry a clear fluid called lymph around the body. Lymph vessels lead to lymph nodes. Lymph nodes are small, round organs that act like filters and trap cancer cells, bacteria, or other harmful substances. Groups of lymph nodes are found in the neck, axilla (underarms), groin, chest and abdomen.

What is a sentinel lymph node?
The sentinel lymph node (SLN) is the first lymph node to which cancer is likely to spread from the vulva. Cancer cells travel to the sentinel node before spreading to other lymph nodes. In some cases there may be more than one sentinel node. The sentinel node for vulva cancer is usually located in the groin.
How do cancers spread?
Skin cancers, such as squamous cell and melanoma, have the ability to spread to other parts of the body; these are called metastases or ‘secondaries’. Cancers can spread in different ways. The majority of vulva cancers spread via the lymph system. If cancer has been ‘caught’ by a lymph node it can grow and multiply there and in time it can spread to the next node down the chain.

What is a sentinel lymph node (SLN) biopsy?
SLN biopsy is a procedure in which the sentinel lymph node is identified and removed so that it can be examined under a microscope to find out if cancer cells are present. SLN biopsy is based on the idea that cancer cells spread (metastasize) in an orderly way from the vulval cancer to the sentinel lymph node(s), then on to other nearby lymph nodes.
A negative SLN biopsy result suggests that cancer has not spread to the lymph nodes. A positive result indicates that cancer is present in the SLN and may be present in other lymph nodes in the groin. This information may help the doctor to determine the stage of cancer (extent of the disease within the body) and develop an appropriate treatment plan.

**What will happen before the operation?**

We will ask you to come to the pre-operative assessment clinic. We will check your weight and blood pressure, and ask you about your medical history and any medications that you may be taking. You will have blood tests and may also have an ECG (heart tracing) and a chest x-ray.

On the morning of your operation you will need to have a lymphoscintogram. This is a type of scan that shows where the lymph from the vulva drain to. The scan does not tell us that the cancer has spread, just the path it would take, if it had spread.

**The day of your operation**

On the morning of the operation you will go to Wynard ward in the Women’s Department at The Royal Devon and Exeter Hospital in Exeter. Please remember to follow any instructions on when to stop eating and drinking. These instructions will have been sent to you by the team in Exeter.

The anaesthetist will see you and explain the anaesthetic to you. Your surgeon will also come to see you and go over the details of the operation and the risks and benefits. The surgeon will then ask you to check the consent form to say that you are happy for the operation to go ahead. If you have any further questions or concerns, this is the time to ask. You will be given some anaesthetic cream to place around the tumour/scar.
What happens during the lymphoscintogram?

The scan is done in the radiology department and the radiographer will explain the process in greater detail.

Your surgeon will make a few injections of radio-active dye around the tumour/scar site. The injection is a very small dose and disappears very quickly. The amount of radiation is very small - less than most X-rays. The injection might cause some stinging, but this passes off quickly. You will be asked to lie still for 15-45 minutes and the scan will be taken. You may also be asked to return to the waiting room and walk around for a further hour to encourage uptake of the radioactive liquid by the lymph. Further scans will then be taken.

If lymph nodes are seen on the scan, then the technician/radiologist/gynaecologist will mark the position of those nodes with a pen on the skin. Please do not wash this mark off.

What does the operation involve?

SLN biopsy is done under general anaesthetic as a day case or with an in-patient stay, if further surgery to the vulva itself is required at the same time.

In SLN biopsy, the sentinel node (or nodes) are removed. When you are asleep, the surgeon injects blue dye around the tumour/scar. The surgeon then uses a hand held scanner to find the sentinel lymph node containing the radioactive liquid. A cut is made in the skin (sometimes more than one) and the surgeon looks for the node stained with dye. Very rarely (less than one in a hundred times) you could have an allergic reaction to the blue dye, but you will be under anaesthetic at the time, with an anaesthetist present to help treat this, should it occur. The wound is stitched, usually with dissolvable sutures, which do not need to be removed. Sometimes a small wound drain is used to drain fluid from
the wound. The SLN is sent to the histology department to be examined for presence of cancer cells. It takes approximately two to three weeks before the results are available.

At the same operation you may have a wide excision of your vulval tumour/scar. This is to ensure that there is a clear safety ‘margin’ of normal tissue removed from around the cancer to reduce the chance of the cancer returning. There may be some blue stain still left behind – this will disappear over the next few weeks. Where possible the wound is stitched together, but if the wound is too big, a skin graft or flap may be needed. The blue dye taken up in the lymph eventually spreads into the bloodstream and is passed out through the urine. You may notice that you have a faint blue-ish tinge to your skin for a day or so and that your urine becomes very bright green whilst any absorbed dye is removed by your body.

This is safe but can look a bit alarming, if you are not expecting it.

**What will happen after the operation?**

You will return to the ward with a ‘drip’ in your arm and you will be encouraged to drink and have something to eat. You may be given some oxygen and the nurse will check your blood pressure and pulse. The nurse will also check your wound dressings and drains.

When you pass urine you may notice that it is green. This is the normal way your body gets rid of the blue dye.

**Surgical site**

Your groin scars will be covered with special surgical glue or an absorbent dressing.

**Drains**

If you have a wound drain it will usually be removed the next day.
Catheter
Depending on whether you have surgery to your vulval area as well, you may have a catheter inserted to help drain your bladder. This will be removed when the wound is comfortable enough for you to pass urine on your own.

Moving
We will encourage you to get out of bed as soon as you feel able to do so. The ward staff will be able to help you.

What is the risk of complications and side effects?

Bleeding
Sometimes excessive blood can collect under the skin and form a clot (haematoma). If there is bleeding from your wound, you should apply firm pressure for 15 minutes. If it does not stop please contact the ward.

Discomfort
After the surgery you may experience discomfort at the SLN site. This can be relieved with painkillers. This discomfort can last up to two weeks.

Some patients may experience small stabbing or shooting pains from time to time around the wound. This can be eased by massage. These feelings are common and will slowly settle over time. A tight feeling from where the sentinel node is removed is not uncommon but this usually returns to normal within six weeks.

Fluid collection
Rarely, fluid collects where the SLN was removed. This may need to be drained which can be done by removing the fluid with a needle and a syringe.

Infection
If you develop redness and tenderness around the wound, this may be a sign the wound has become infected. This can be treated with antibiotics.
Numbness
The area around the scars is initially numb, but this should normally resolve.

Lymphoedema
Very rarely, after SLN biopsy of the groin or axilla swelling known as ‘lymphoedema’ can occur in the arm or leg. This is due to the disruption in lymph drainage and settles with time. Occasionally you will need to wear a support stocking for a few months after the procedure. The risk of lymphoedema is much lower after removing only one or two nodes, compared to removing all of the lymph nodes in the groin. Occasionally, a small collection of fluid can collect under the scar, called a lymphocyst. This will normally resolve on its own, but can easily be drained if it causes a problem.

Wound opening
Any of the above problems can cause the wound to open. If this happens the underlying problem is treated and the wound dressed until it heals.

Scarring
Your operation will leave a scar. This will start off tight and red but will settle over the next 12-18 months. Once the wound is healed massage the scar with simple moisturising cream, as this helps it to soften and regain normal sensation.

How will I feel at home?

Tiredness
At first you will feel rather tired, and should spend the first week or so taking it a bit easy. You will be able to slowly return to your usual activities. It is important to get moving at home from the start, but avoid strenuous activities.

Driving
You will be able to start driving once you feel up to it. For most people this will take about two weeks. Do not drive unless you are well, alert and able to take emergency action.
It is advisable to check with your insurance company before you start driving.

**Working**
You will be able to start work again once you feel up to it. If you need a sick note, please ask your doctor while you are in hospital. If your job involves a lot of lifting or heavy work, you will need to stay off work for longer. In this case you will need to get a certificate from your GP, which states clearly what tasks you can and cannot undertake at work.

**What are my follow-up arrangements?**

The pathology results take about two to three weeks to be ready. We will arrange to contact you with these results, either by phone, or a clinic appointment, if you would prefer. Please let us know. We will normally arrange to see you after the operation to check that all is healing well and to discuss further treatment and follow up. If you need help with wound care, we will arrange for you to see your district nurse when you are at home – this is normally only required for larger vulval scars.

**How should I care for my wound?**

It is better to shower rather than bathe. Pat the wound with a towel or use a hair dryer on a cool setting. The glue will start to flake off after two to three weeks.

**What should I look out for?**

Your surgeon will discuss with you before the operation possible complications associated with a SLN biopsy. Occasionally you may experience complications after the operation such as:

- Pain that is not controlled with painkillers
- Inflammation or redness of the skin, which may be hot to touch
• Profuse oozing or bleeding from your wound site
• High temperature (unconnected to a head cold or flu symptoms)
• Offensive odour from wound dressings

If you do experience any of the above side effects please contact the Clinical Nurse Specialists or your GP for advice:
Gynae-onc CNS team: 01823 343627

Further information
If you have any questions regarding the information that you have read, please contact:

Gynae-oncology CNS team
Telephone: 01823 343627

Cancer Research UK
0808 800 4040

Macmillan Cancer line
Provides support to people affected by cancer
0808 808 2020 (Monday to Friday, 9am-8pm. Freephone)
www.macmillan.org.uk