

Gynaecology Department

Information Sheet for Patients Undergoing a Sentinel Lymph Node Biopsy (SLNB) for Cervical or Endometrial Cancer

It's relatively uncommon for uterine and cervical cancers to spread into other parts of the body without first passing through the lymph nodes in the pelvis. It's often necessary to check lymph nodes if you have a uterine or cervical cancer. This helps to find out if the cancer has spread and is called cancer staging. This provides information on prognosis and helps plan when additional treatment is required.

As there are potential complications linked to having lymph nodes removed, we are introducing a new technique using a special dye to identify the first node to which the tumour cells drain (called the sentinel node).

This procedure is still quite new, so it needs to be thoroughly assessed before it can replace the current standard treatment of removal of all lymph nodes. We aim to perform the sentinel node procedure in addition to standard surgery. This will allow us to assess whether it is feasible to detect sentinel nodes without compromising the safety of your treatment. Secondly it will inform us whether sentinel node detection improves detection of lymph node involvement.

This new test is called sentinel node detection and uses a specialised dye called Indocyanine green (ICG) along with a state-of-art imaging system to pinpoint these crucial lymph nodes.

If the sentinel node does not have any cancer cells then there is a 99% chance that there is no spread of cancer in any other lymph nodes. There is increasing evidence from studies that this technique can replace removal of all the lymph nodes, as is the current standard.

This would have the advantages of reducing surgical time and complications, including lymphoedema (leg swelling). In addition the sentinel nodes are very thoroughly examined (ultra- staging), and so minor changes in the node are more likely to be detected compared with standard techniques.

What happens during the sentinel lymph node procedure?

Once you have been put to sleep, ICG dye is injected into the cervix and your keyhole surgery is performed as planned. With special cameras, the dye can be seen to illuminate the sentinel node which is removed and sent to the laboratory for analysis.

This is then followed by the standard surgery, which includes removal of the uterus, fallopian tubes, ovaries and remaining lymph nodes.

If cancer cells are found in the lymph nodes, including the sentinel node, other treatment such as radiotherapy and/ or chemotherapy may be needed.

If no cancer cells are found, it means the cancer probably hasn't spread to the lymph nodes.

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Adverse effects specific to SLNB

Apart from the risks of surgery already explained with the main operation there is a specific side effect from SLNB.

- Allergic reaction to the ICG dye – This is a rare event (less than 1 in 10000).

Medicines are available to treat an allergic reaction at the time of surgery.

If you are allergic to iodine you will not be eligible for ICG injections as the risk of an allergic reaction is higher. Please inform the team.

Further information

- The lymphatic system. Macmillan Cancer Support: www.macmillan.org.uk

