

Lymphoscintigraphy for Breast Cancer

About your exam

Read this handout to learn how lymphoscintigraphy for breast cancer works, how it is done, what to expect, and how to get your results.

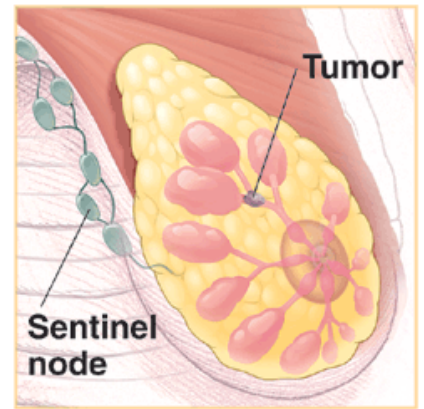
What is lymphoscintigraphy?

Lymphoscintigraphy is a breast exam that shows which lymph node your tumor drains to first. This lymph node is called the *sentinel* node. This exam will help your surgeon find the sentinel node during surgery.

For this exam, a radioactive *tracer* will be injected into your breast tissue. The tracer will drain out of your breast tissue and collect in the sentinel node.

During surgery, your surgeon will:

- Use a hand-held device that detects radiation to find the sentinel node.
- Remove the node and send it to the lab for biopsy. The lab tests will show if there is cancer in the node.



This drawing shows a tumor in breast tissue. The sentinel node is the first lymph node that the tissue containing the tumor drains into.

How do I prepare?

You do not need to do anything to prepare for this scan. But, please bring results from other breast scans if you have them. On the day of your exam:

- **If your exam is on the same day as your surgery:**
 - Check in at the Surgery Reception desk on the 2nd floor of the Surgery Pavilion, at the east end of the hospital.
 - You will change into a hospital gown and an *intravenous* (IV) line will be placed into one of your veins.
 - A staff person will then take you to the Radiology (Imaging Services) department.
- **If your exam is on the day before your surgery:**
 - Check in at the Radiology department on the 2nd floor of the hospital. Take the Pacific elevators to the 2nd floor and turn left.

How is the exam done?

- A doctor will clean your skin with an antiseptic called ChloraPrep.
- This doctor will give you an injection of numbing medicine to the side and underneath your nipple. The doctor **may** also inject this medicine around the tumor.
- When the area is numb, the doctor will inject the tracer into the same areas that the numbing medicine went into.
- The tracer will drain into your lymph system and collect in the sentinel lymph node. This does not mean there is cancer in that node. It just shows the node with the highest risk of getting cancer, since it is the one that the breast tissue drains to first.
- **If your surgeon has asked for images of the sentinel node:**
 - You will stay in the Radiology department for 45 to 60 minutes after the tracer is injected. We may ask you to walk around and/or gently massage the injection sites during this time.
 - For the scan, you will need to lie still. You will start by lying on your back, but may also be positioned on your side, with your arm over your head.
 - The gamma camera will hover above you. When the sentinel node is found, images will be taken. Your doctor will use a surgical pen to mark on your skin where the node is.

After the Exam

If your surgery is on:

- **The same day as your exam:** You will go back to the Surgical Specialties Center after your exam.
- **The day after your exam:** You will be able to leave the hospital after your exam. You will return the next day for your surgery.

How will I feel before and during the exam?

- You may feel some discomfort from the injections in your breast and around your nipple. This may include an ache or a burning feeling after the injections.
- You will need to lie on your back for both the injection and the scan.

Who reviews the images and how do I get results?

If images were taken, a radiologist or nuclear medicine doctor will review them. This doctor will also review other scan results you may have brought with you and then talk with your provider who referred you for the exam. Your own provider will talk with you about the results.

Questions?

Your questions are important. Call your doctor or healthcare provider if you have questions or concerns.

For questions about your exam, call Imaging Services, 206.598.6200.

For questions about your surgery, call 206.288.7563.