

Wide Local Excision with Sentinel Lymph Node Biopsy

What is a wide local excision?

A **wide local excision** is a surgery which involves using a scalpel (a sharp knife) to cut out a tumor or other abnormal tissue, along with some normal tissue around it. We want to cut with this wide margin (extra space), because cancer often spreads out from the tumor. Getting a wide area around the cancer we can see ensures we are more likely to remove all the cancerous tissue.

What is a sentinel lymph node biopsy (SLNB)?

A **sentinel lymph node biopsy (SLNB)** is a surgery to take out lymph node tissue to look for cancer that has spread into the lymph system. The **lymph system** is a network of channels that carry material between the body tissues and the bloodstream. The **sentinel lymph node or nodes** is the first area in the body where we may find cancer cells if the cancer has spread from the original site.

Why might I get a sentinel lymph node biopsy (SLNB)?

You may have an SLNB to see if your cancer has spread from its original site. This information helps us figure out your stage of cancer. The stage is a way for doctors to describe how far the cancer has spread. Your treatment choices will be partly based on your type and stage of cancer.

How is an SLNB done?

- To prepare for your SLNB, a doctor will inject material (such as a dye, a tracer, or both) into your body near your cancer site. The dye stains the

sentinel lymph node or nodes so they can be seen. The tracer travels to the sentinel lymph node so we can find it during surgery.

- You will get this injection either in the afternoon the day before your surgery or the morning of your surgery. Your surgery scheduler will let you know the date and time for your injection. Go to the Nuclear Medicine department located on level B1 of the University Hospital. You will spend about 2 hours there, and then you'll either go home or to surgical check-in (depending on when your surgery is scheduled).
- During the SLNB surgery, your surgeon will make a 1-2 inch incision (cut) and remove the sentinel lymph node or nodes. We will test this node for cancer cells over the next 3-5 days. The results will help your doctor decide if they'll remove any more nodes in the future.

What should I expect after my wide local excision with SLNB surgery?

Patients usually have 2 areas to take care of after surgery: the site of the SLNB and the main site of their wide local excision. The sentinel lymph node site is usually 1-2 inches in length and closed with dissolvable sutures (stitches). The main site may look like one of the following:

- You may have a bolster (a type of pad) or Vaseline[®]-soaked gauze stitched in place, either with or without a bigger foam pad stapled on top.
- You may have a simple, straight cut that is stitched closed.
- For more complicated areas of the face, we may use a **rotational flap**. This is when we cut surrounding skin in such a way that we can rotate it to fill the space left when we cut out the cancer. This helps create a better contour (curved shape) of the skin and incision.

What symptoms can I expect to have after surgery?

- Some pain and bruising
- Some bleeding from the main surgical site, especially if you had a skin graft and if you were on blood thinners

- If this happens, put pressure on the bleeding site for 15 minutes. If it continues to bleed, call our office or come to the emergency room (ER).
- Some patients develop a small bump of fluid build-up at the site of their SLNB. This usually does not bother patients too much and resolves on its own a few weeks after surgery. Contact the clinic if the bump lasts longer than this, becomes painful or red, or becomes larger than a golf ball.

What symptoms should I be concerned about?

Call the clinic if you have any of these symptoms after surgery:

- Heavy bleeding (more than a cupful over an hour) or uncontrolled bleeding
- Signs of infection, which may include:
 - An increase in the swelling or redness near the area of the surgery
 - The skin around the incision becomes hot to the touch
 - Thick green or yellow fluid leaking from the wound, which may be pus
 - A bad smell around the wound
 - A fever higher than 101° F
 - Increasing pain

Call 911 immediately if you have shortness of breath or any chest pain.

What follow-up care will I have?

We need to see you back in the office about 1-3 weeks after surgery, so we can check on your recovery and remove any non-dissolvable stitches. Depending on the results of your surgery, we may recommend another surgery, a referral to another doctor (such as a medical oncologist), or routine follow-up. If you have not heard from our office about your surgery report after 10 days, call the office to check on your results.

Remember that healing from surgery takes time. Be patient and give yourself permission to relax for 1-2 weeks after surgery.

Who do I contact if I have more questions?

- On Monday through Friday from 8:00 AM – 5:00 PM, you can call the Otolaryngology nurse at (734) 936-8027.
- After hours, you can call (734) 936-6267. Ask the operator to page the ENT doctor, or otolaryngologist, on call.

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