

Sentinel lymph node biopsy for skin cancer

Department of BESS Surgery [Patient information](#)

This is a guide for anyone having a sentinel lymph node biopsy for melanoma (skin cancer).

What is sentinel lymph node biopsy?

An operation where the surgeon will remove a lymph node to check whether your cancer has spread or not.

What is a lymph node?

Lymph vessels (thin tubes) carry a clear fluid called lymph around your body. Lymph nodes (small bean-shaped structures) trap harmful substances such as bacteria and cancer cells. You have lymph nodes in many areas of your body such as your neck, groin, and armpits.

What is a sentinel lymph node?

The first lymph node that your skin cancer will reach if it has spread.

What does a sentinel lymph node biopsy involve?

You will go to the nuclear medicine department. This will be either the day before or the day of your surgery. We will inject a small amount of liquid called a radio-active tracer. This will be at the site of your melanoma. The tracer is less exposure to radiation than a standard X-ray. This is only in your body for a short period of time. It is not harmful to you or anyone else. You may need a nuclear medicine scan afterwards. During your surgery we may inject a blue dye near the melanoma. Please check with your treating surgeon whether they will use blue dye or not. Both the tracer and the dye will travel to the sentinel lymph node. Your surgeon can then find the sentinel lymph node. They will make a small cut in the armpit or groin to remove it. They will remove any sentinel node that has blue dye or tracer. This could be more than one node. We will analyse this at the laboratory. The surgery will take around 1-2 hours.

Why do you need a sentinel lymph node biopsy?

To check whether your cancer has spread. Not everyone needs a sentinel lymph node biopsy. It depends on the size of your melanoma. The bigger the melanoma, the more likely it is to have spread. If your melanoma is more than 1mm thick we will offer a sentinel node biopsy. If your melanoma is between 0.8mm and 1mm thick we may offer it if you have other risk factors such as ulceration.

What are the aims and benefits of a sentinel lymph node biopsy?

A sentinel lymph node biopsy gives us more information about your skin cancer. If it is clear, the cancer is unlikely to have spread. If it has spread, extra drug treatment may help you.

What will happen before the surgery?

You will come to a pre-assessment clinic where you will:

- be asked about any health conditions and tablets you are taking
- have your weight and blood pressure checked
- be screened for risks of infection and blood clots
- have blood tests and may have an ECG (heart tracing) and x-ray
- be told where/when to come on your day of surgery.
- be advised when to stop eating and drinking.

What will happen on the day of the surgery?

Make your way to the surgical unit in your appointment letter. Your nurse will admit you and your surgeon will meet you. This is a good time to ask any last questions you may have.

What will happen after the surgery?

You will return to the ward. If you have a drip (a small needle in your arm attached to a bag to give you fluids into the vein) we will remove this. Please ask for pain relief if you have any discomfort. We will give you an exercise leaflet to help with any joint stiffness. Your upper arm or groin may be numb. You will go home on the day of your surgery. Please arrange for someone to collect you. Have someone at home to help you for a while. You may have blue urine for a few days. You may also have blue staining around the wound. This can take some months to fade. This will only be if your surgeon has used blue dye. You will get an outpatient appointment in the post to see your surgeon. Your appointment will be 2-4 weeks after the surgery to discuss your result.

What will happen to the wound and dressings after the surgery?

After your surgery you will have a wound in either your armpit or groin. Your surgeon will close your wound with either glue or stitches which dissolve. You will have a waterproof dressing if you have stitches. This should stay in place for 7-14 days. You can ask your practice nurse at your GP surgery to change it sooner if needed.

What are the possible complications and risks of a sentinel lymph node biopsy

All operations have a small risk of side effects. The following diagram may help you decide how you feel about risk:

People vary in how they interpret words and numbers.

This scale is provided to help.



Very common and common side effects (1 in 10 or 1 in 100 people):

Infection and wound breakdown

Signs of infection include a fever, redness, or bad smell. Please let a member of the team know as you may need antibiotics. Infection may cause your wound to break down and require regular dressings until it heals.

Seromas (tissue fluid) and haematomas (bleeding)

Tissue fluid and blood can collect within the wound. We may need to remove it using a needle and syringe. Very rarely you may need further surgery to stop the fluid/bleeding.

Scarring

This surgery will leave a scar. This should settle over time. Once it's healed, rubbing a moisturiser such as Vaseline or vitamin E cream may help flatten the scar.

Nerve pain

Tingling and/or stabbing pains are common after this type of surgery. Keep on taking analgesia (painkillers) as prescribed. This will settle over time.

Lymphoedema

You may get some lymphoedema (fluid swelling). This depends on where your sentinel lymph node biopsy was. For the arm the risk of this is 2 in 100. For the leg the risk is 7 in 100. This can be longstanding and you may need specialist compression garments and massage therapy.

Blue dye staining

If your surgeon has used blue dye this may cause a blue stain. This will be surrounding the melanoma site. This may take a few months to fade.

Uncommon side effects (1 in 1000 people):

Failure to find the sentinel lymph node

Sometimes your surgeon may be unable to find your sentinel lymph node. This is due to a technical failure. If this happens, this part of your surgery will be abandoned. You may be offered ultrasound surveillance in the future if this happens.

Lost or decreased sensation

We cut some of your minor sensory nerves during surgery. This may make the area around your wound feel numb. For most people the loss of feeling should be temporary. For some patients it may last longer.

Reduced range of movement/cording

The area around your wound may feel tight. If your surgery was in your armpit, you may develop cording. This is a visible cord which runs from your armpit down your arm. It can look and feel like an elastic band. This happens because of your surgery. If this happens, we can give you exercises to help.

Blue dye allergy

Allergy to blue dye is rare. However, in the worst case this can lead to anaphylaxis which is life threatening. Your anaesthetist and surgical team will deal with any reaction during surgery.

Rare or very rare side effects (1 in 10,000 or 1 in 100,000):

Blood clots in the limbs (Deep Vein Thrombosis (DVT)) and lungs (Pulmonary Embolism (PE))

Blood clots are a risk with all general anaesthetic surgeries. If you have a higher risk, we will take special precautions. This may include wearing stockings. Moving around after the surgery will help to stop clots forming.

What can you do when you get home?

Washing

Avoid soaking your wound in the bath as this increases the risk of infection. A strip wash or shower is best. Make sure to completely dry the area after bathing.

Work/general life

You can go back to work when your wound has healed. This normally takes two weeks. If your job involves heavy lifting, you may need to take longer. You will get a sick note when you leave hospital. You should be able to go back to normal life within 4-6 weeks.

Sport

You should not do any strenuous exercise for 8-12 weeks after your surgery as this may cause your wound to break open. Your surgeon will let you know when it is safe to do so.

Driving

You cannot drive for 24 hours after your surgery. Ideally you should avoid driving for 2-3 weeks. Only drive if you feel confident and can make an emergency stop. If in doubt, seek medical advice or check with your insurance company.

When do you get the results of the sentinel lymph node biopsy?

You will get an outpatient appointment for around 2-4 weeks after your surgery. We will check your wound and give you the results from your surgery. We will let you know if you need any more treatment.

Consent

We must take your written consent to this surgery by law. We will explain all the risks and benefits before you make your decision. Please do not hesitate to ask us any questions.

Contact details

If you have any queries please contact your consultant skin surgeon, skin cancer nurse specialists, or skin cancer advanced nurse practitioner.

Consultant skin surgeons:

Your consultant's secretary can be contacted on the following numbers:

Mr Perry: 0300 019 4870

Miss Clark: 0300 019 2616

Miss Pearce: 0300 019 2600

Skin cancer nurse specialists: 0300 019 5205

Skin cancer administrator: 0300 019 5465

Skin cancer advanced nurse practitioner: 0300 019 8073

***The above contacts should be available Monday-Friday, 8-4pm. Evenings and weekends please phone your district nurse, 111 or go to the Emergency Department in an emergency.**

Further information

Melanoma Focus - provides information, guidance and support for patients and carers. It has a free helpline **0808 801 0777** answered by expert skin nurses.

Go to the website **www.melanomafocus.org/support** or use the QR code to access the patient guide.



This includes information on surgeries.

To read this leaflet in a different language,
please visit our website: **www.uhd.nhs.uk/visit/patient-information-leaflets**
and use the language and accessibility function available along the top of the site.

To ask for this leaflet in larger print, please contact the patient experience team on **0300 019 8499**
or email **uhd.patientexperienceteam@nhs.net**.

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