

Lymphoscintigraphy for Breast Cancer

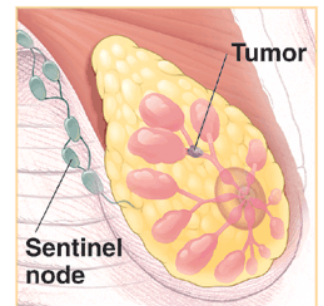
About your exam at UW Medical Center - Montlake

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 an imaging exam. It will show which lymph node your breast tumor drains to first. This lymph node is called the *sentinel* node. The exam will help your surgeon find the sentinel node during surgery.

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



A breast tumor and the sentinel node that it drains to.

How do I prepare?

- *If you were assigned female at birth:* Tell your provider if you are pregnant or breastfeeding, or if there is any chance you could be pregnant.

Exam Day

- Bring the results from other breast scans, if you have them.
- *If you were assigned female at birth:* **Before** the exam begins, tell the doctor if there is any chance you could be pregnant.
- **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 UWMC - Montlake.
 - We will ask you to change into a hospital gown.
 - We will place an *intravenous* (IV) line into one of your veins.
 - A staff person will take you to the Radiology department.
- **If your exam is on the day BEFORE your surgery:**
 - Check in at the Radiology department at UWMC - Montlake. Take the Pacific elevators to the 2nd floor and turn left.

How is the exam done?

- The doctor will clean your skin with an antiseptic called ChloroPrep.
- The doctor will then inject a numbing medicine to the side and under 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 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.

Imaging

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 during this time. We may also ask you to gently massage the injection sites.
- For the scan, you will need to lie still. You will start by lying on your back, but we may ask you to lie on your side with your arm over your head.
- A *gamma camera* will hover above you. When the sentinel node is found, we will take images. 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:** Return to the Surgical Specialties Center after your exam.
- **The day AFTER your exam:** You will be able to leave the hospital after your exam. 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 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 and any other scan results you brought with you. This doctor will talk with the provider who referred you for the exam. Your own provider will then talk with you about the results.

You may also read your results on your MyChart page. If you need copies of your images on disc, call 206.598.6206.

Questions?

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

For questions about your exam, call UWMC - Montlake Imaging Services, 206.598.6200.

For questions about your surgery, call 206.288.7563.