

Scheduling Sentinel Lymph Node Mapping In Patients With Breast Cancer

1. Patients who have had previous radiation or chemotherapy or who have palpable lymphadenopathy or known axillary metastasis are not candidates for sentinel lymph node mapping.
2. Call the operating room to schedule the case. If there is no need for needle localization, breast lymphoscintigraphy should be scheduled 2 hours (90 minutes minimum) prior to surgery.
3. The earliest that injection for breast lymphoscintigraphy can be scheduled is at 7:30 AM. If a patient is scheduled to have surgery early in the day (before 9:00 AM), the patient should be scheduled for breast lymphoscintigraphy at around 3:00 PM on the preceding day or for tracer injection only (no imaging) at 7:30 AM on the day of the surgery.
4. If the patient is scheduled for lymphoscintigraphy AND **needle localization**, please schedule the patient to have the lymphoscintigraphy injection 30 minutes before their needle localization. Unless surgery is scheduled early in the morning, the patient should return to nuclear medicine after the needle localization for imaging. The lymphoscintigraphy injection should be scheduled 2 hours prior to surgery. If surgery is planned early in the morning, the patient should be scheduled for breast lymphoscintigraphy at around 3:00 PM on the preceding day or for tracer injection only (no imaging) at 7:30 AM on the day of the surgery.
5. Once the location, date and time of breast lymphoscintigraphy are known, complete items 1-10 on the Scheduling Form for Breast Lymphoscintigraphy and fax the completed form to the correct nuclear medicine location (BJH-North Fax: 454-8254; BJH-South Fax: 362-0414; or BJWHC Fax: 996-8716).
6. Call nuclear medicine (BJH-North Voice: 454-8945; BJH-South Voice: 362-1952; or BJWHC Voice: 996-8497) to confirm that the fax was received by nuclear medicine.