

# ASCENSION ST VINCENTS

## LYMPHOSCINTIGRAPHY PATIENT HANDOUT

### Radiologist who performed your procedure:

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### Procedure Description:

- A lymphoscintigraphy injection is performed to help map lymphatic drainage and identify sentinel lymph nodes prior to surgery. This test is most commonly used in patients with breast cancer, melanoma, or other cancers to help guide surgical planning.
- During the procedure, a radiologist injects a small amount of radioactive tracer just under the skin near the area of concern (such as the breast, arm, leg, or near a skin lesion). The skin is cleaned with antiseptic prior to injection. The tracer travels through the lymphatic system and collects in nearby lymph nodes. Imaging may then be performed to track the tracer and identify the first lymph nodes that receive drainage (sentinel lymph nodes).
- The procedure itself usually takes 5 minutes.
- Any imaging performed after the injection may take up to 60–90 minutes.

### Benefits:

- Helps identify sentinel lymph nodes to guide surgical planning.
- Provides a minimally invasive way to map lymphatic drainage.
- Imaging allows precise localization of lymph nodes prior to surgery.
- May reduce the need for removal of multiple lymph nodes.
- Can help decrease the risk of surgical complications such as lymphedema.
- Most patients tolerate the procedure well.

### Risks & Potential Complications:

- The following list includes some, but not all, possible complications.
- Pain is common but usually mild, typically resolves within a few seconds to minutes.
- Any bleeding that occurs is usually minimal.
- Infection can occur but is uncommon.
- Feeling faint or lightheaded (a vasovagal reaction) can occur during or after the procedure. This is usually mild and resolves quickly.
- Allergic reactions to the local anesthetic, topical antiseptic or other medications are uncommon.
- Death can occur but is rare.

### Alternatives:

- Surgical evaluation without preoperative lymphatic mapping.
- Removal of multiple lymph nodes without sentinel node guidance.  
Ultrasound or other imaging studies in select situations, depending on the clinical question.
- Clinical observation in select cases when lymph node mapping is not required.

- Some patients choose no further evaluation; however, this may limit surgical planning and is generally not recommended.

#### **Aftercare:**

- A bandage may be applied over the procedure. You may remove the bandaging after 24 hours.
- If you were provided with an ice pack, apply it to the site periodically for 15–30 minutes after your procedure.
- Gradually increase your activity level as tolerated.
- It is normal to experience mild pain and bruising after your procedure. You may take acetaminophen (Tylenol), aspirin, ibuprofen (Motrin), or naproxen (Aleve) for relief. It is safe to take aspirin, ibuprofen, or naproxen soon after your procedure; however, you may experience increased bruising if you do so.
- Contact Radiology, your ordering provider, or your nurse if you have any concerns or experience any of the following: persistent or significant bleeding; significant swelling; significant pain not responding to over-the-counter medications; signs of possible infection (significant redness or purulent drainage at the site, significant pain, fever, or chills). Call 911 in the event of an emergency.
- Weekdays 8 am to 5 pm call 308-8401 (Riverside), 296-3886 (Southside), 602-1360 (Clay) or 691-1297 (St Johns). Weekdays 5 pm to 10 pm or weekends 6 am to 10 pm call 308-8401. If outside of these hours, call the hospital operator at 308-7300 and ask to speak to the Interventional Radiologist on call.