

DRAFT

PROCEDURE FOR: **COORDINATING CARE OF PATIENT UNDERGOING SENTINEL
NODE BIOPSY**

- A. SCHEDULING
- B. DAY BEFORE PROCEDURE
- C. DAY OF PROCEDURE (PREOPERATIVE)
- D. INTRAOPERATIVE
- E. POST PROCEDURE

PURPOSE: To outline the steps necessary to coordinate the multidisciplinary route a sentinel node biopsy patient requires.

SUPPORTIVE DATA:

- ◆ Many oncologic treatment decisions are based on nodal status. Preoperative radiopharmaceutical injection (lymphoscintigraphy) in conjunction with an intraoperative handheld gamma probe increases the accuracy of locating melanoma or breast carcinoma cells that have migrated to the lymph nodes. This is also called lymphatic mapping.
- ◆ After injection the patient is not considered “hot”. No precautions need be taken with other patients, staff or with the specimen. Pregnant women should not care for, handle the specimen or enter the room of a patient who has undergone the injection of this type of radiopharmaceutical.

EQUIPMENT: Specific to task.
Handheld gamma probe (C-Trak) currently brought in to OR by sales representative for each case.

STEPS

KEY POINTS

A. SCHEDULING

1. Using the same procedure as for breast biopsy with needle localization, the surgeon’s office schedules the case with the Operating Room (OR) booking secretary and coordinates the time with the Medical Imaging (MI) department for the injection.
2. Surgeon’s office staff notifies the gamma probe sales representative of the date and time of case.
3. The surgeon determines the dose and volume of the radiopharmaceutical and faxes that information to MI at the time the case is scheduled. [Needs better- written order sheet stating needle size and syringes so the meds arriving are consistently shipped the same.] See Radiopharmaceutical Administration Record (???).
4. The Chief of MI orders the isotope. The MI staff will send the order for processing and copy it to the Cardiology Department.

B. DAY BEFORE PROCEDURE

1. Gamma probe machine is delivered to the OR. Biomedical Engineering is notified and performs checks per policy.

C. DAY OF PROCEDURE (PREOPERATIVE)

1. The patient will report to SDSU for preoperative workup.
2. The SDSU staff will notify MI of patient readiness and arrange for transport to the Nuclear Medicine Lab.
3. The radiopharmaceutical will be delivered to Nuclear Medicine Department. Identification of the correct drug and dose will be performed per policy. [Need checklist for checking in medication] Upon completion, the drug will be transported to the Nuclear Medicine Hot Lab.
4. The surgeon will inject the radiopharmaceutical, assisted by a MI technician.
5. The patient will then be transported back to SDSU.
6. The SDSU staff will notify the OR Holding Area when the patient is ready.

If Nuclear Medicine is unavailable, Cardiology will be notified and check in the drug and dose.

Radiopharmaceutical administration will be documented per policy.

D. INTRAOPERATIVE

1. For specific information regarding the use of the machine, refer to the manufacturer's instructions and unit-specific guidelines. (Attachment A)
2. Place Nuclear Medicine signs on the OR doors to warn pregnant staff.
3. Use formalin to fix specimen and notify pathology.
4. Document use of machine in the procedure area of the Operative Record.

E. POSTOPERATIVE

1. Patient follows usual postoperative course.
2. Pathology will set aside specimen for 24 hours.

REFERENCES:

Dunnwald, Lisa K. et.al. (June 1999). "Technical Aspects of Sentinel Node Lymphoscintigraphy for Breast Cancer". Journal of Nuclear Medicine Technology, 27, (2), 106-110.

Draft Version of Study #NSABP PROTOCOL B-32 Summary – September 10, 1998. "A Randomized, Phase III Clinical Trial to Compare Sentinel Node Resection to Conventional Axillary Dissection in Clinically Node-Negative Breast Cancer Patients". Pending NCI Approval.

REVIEWED BY:

Attachment A

Unit-Specific: OR

C-Trak Instructions

Turning on and Testing Machine

1. Connect and plug Probe into machine
2. Turn Machine on- "Main" Button
3. 1st Screen Warm-up Screen (This takes 5 minutes to warm up)
4. 2nd Screen Self Test Screen (All items should have "OK" beside them)
Press the Button above "EXIT" to go to next screen
5. 3rd Screen Calibration Screen Place probe in holder (which is stored in back lower part of machine as a tray) and place disk in slot with colored side facing probe end.
Press button above "START"
When Calibration is done Press button above "EXIT"
6. 4th Screen Main Screen Machine is Ready

Operating machine

1. The machine starts in the "CPS" Mode. This is counts per second and is the mode that Dr. Caldwell will use for most of the procedure (pre and intraop).
2. Before he preps he will need:
 - The Probe undraped
 - 10cc Syringe
 - 25g 1 ½" needle
 - Marking Pen
 - Lymphazorin Blue
3. He will locate the Hot Spot and mark it with the marker
4. He will also inject the Lymphazorin Blue around the lesion
5. He will ask for a 10 sec count once the specimen has been removed
 - When he is ready push the button above "Start Count"
 - The machine will count for 10 seconds and then give you a reading
 - Write this number down
 - Switch back and forth between "CPS" and "Start Count" as he asks.

Labeling of Specimen

1. He will give you the level the specimen was located at (1-3)
2. He will give you the Hot Spot # (this is based on how many Hot Spots there are)
3. On the specimen label and the OR Record write down the, the level, the Hot Spot, and the 10 second count for each specimen

EXAMPLE:

#1 Sentinel Node Axillia Level #1, Hot Spot #1, 2155 10 sec count

#2 Sentinel Node Axillia Level #2, Hot Spot #1, 599 10 sec count