SENTINEL LYMPH NODE BIOPSY UNDER LOCAL ANESTHESIA - BOON OR BANE

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Background - Sentinel biopsy has evolved as a modality of choice in a node negative axilla. Although it has revolutionized the management of axilla, obviating the need of axillary dissection. Of late it was realized that even this technique has its own problems- like false negative rates owing to the frozen section, loss of precious anaesthesia/OT time and requirement of a dedicated pathologist for it.

Methodology - With this background we started doing SLNB under local anaesthesia (LA) so the problems of frozen section can be negated and precious OT time is not wasted. We performed surgery under LA for patient who did not had severe co morbidities/obesity and patients giving consent. We analyzed our data of cases of SLNB done under local anaesthesia in the last six years (2011-2016). Two hundred and forty cases were operated under local anaesthesia. Identification rates were comparable to SLNB done under general anesthesia. In three patients procedure was abandoned because of pain. In fifteen patients no nodes were identified, axillary sampling was done. Potential problem associated with this technique are migration of malignant cells to the axilla if ALND is delayed. There is intense fibrosis afterwards, which makes subsequent dissection difficult, sometimes there is seroma formation in the dissected area-which gives an impression of enlarged Lymph node and lastly the side effects of local anaesthetic agents.

Conclusion - However it is a good choice when case load is high in respect to the OT time & there is limited availability of pathologist. Moreover false negative rates are acceptable.