

Melanoma: sentinel lymph node biopsy - yes or no?

Use this **Option Grid™** decision aid to help you and your healthcare professional talk about whether or not to have sentinel lymph node biopsy. This **Option Grid™** decision aid contains information about the procedure, its advantages and disadvantages and also information about prognosis which some people may not want to have at this time.

Frequently Asked Questions ↓	Having sentinel lymph node biopsy (SLNB) with follow-up	Follow-up without sentinel lymph node biopsy
What does it involve?	<p>SLNB is an operation to see if the melanoma has spread to the lymph nodes (often called glands) nearest to the melanoma. This is usually done at the same time as removing more tissue from around the original scar, and usually under a general anesthetic.</p> <p>You will also have regular follow-up checks.</p>	Having regular follow-up checks to examine the lymph nodes.
What might the results mean?	<p>For 80 of every 100 patients (80%), SLNB will show no melanoma in the lymph nodes. Although this may be reassuring, some people may feel that the operation was unnecessary.</p> <p>If SLNB shows no melanoma cells in the lymph nodes, the outlook is good and around 90 of every 100 people (90%) will be alive 10 years later.</p> <p>If SLNB shows melanoma cells in the lymph nodes, the outlook is less good; around 70 of every 100 people (70%) will be alive 10 years later.</p>	Does not apply
Is my chance of being cured changed?	No, having SLNB does not change your chance of being cured.	No, choosing not to have SLNB does not change your chance of being cured.
What are the advantages?	<p>A SLNB result will show if the melanoma has spread to the lymph nodes, and indicates the chance of future spread. Knowing more about whether the melanoma is or is not likely to spread in the future can be helpful.</p> <p>Having SLNB may allow you to take part in clinical trials of new treatments for melanoma.</p> <p>If SLNB shows melanoma cells in the lymph nodes, you may be offered an operation to remove the rest of the lymph nodes (see "Malignant melanoma: completion lymphadenectomy - yes or no?" Option Grid™ decision aid).</p>	Not having SLNB means that you do not have an operation and the risks that come with it.
What are the disadvantages?	As with any operation, there are risks from the procedure and from the general anesthetic. Up to 10 of every 100 people (10%) having SLNB experience a problem, which could include infection and swelling, but most of these problems do not last long.	<p>In 20 of every 100 patients (20%) who have not had a SLNB, the melanoma will eventually spread to the lymph nodes. This would normally be found when you have a follow-up check. The operation to remove the lymph nodes at this stage may be more difficult with more complications.</p> <p>Some clinical trials of new treatments cannot accept people who have not had SLNB.</p>

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