

Issue date: December 2005

## **Endoscopic axillary lymph node retrieval for breast cancer**

Understanding NICE guidance –  
information for people considering  
the procedure, and for the public



## Ordering information

You can download the following documents from [www.nice.org.uk/IPG147](http://www.nice.org.uk/IPG147)

- this booklet
- the full guidance on this procedure.

For printed copies of the full guidance or information for the public, phone the NHS Response Line on 0870 1555 455 and quote:

- N0947 (full guidance)
- N0948 (information for the public).

### National Institute for Health and Clinical Excellence

MidCity Place  
71 High Holborn  
London  
WC1V 6NA

[www.nice.org.uk](http://www.nice.org.uk)

ISBN 978-1-4731-9099-3

© National Institute for Health and Clinical Excellence, December 2005. All rights reserved. This material may be freely reproduced for educational and not-for-profit purposes within the NHS. No reproduction by or for commercial organisations is allowed without the express written permission of the National Institute for Health and Clinical Excellence.

## Contents

<b>About this information</b>	<b>4</b>
<b>About the procedure</b>	<b>5</b>
<b>How well the procedure works</b>	<b>6</b>
<b>Risks and possible problems with the procedure</b>	<b>7</b>
<b>What has NICE decided?</b>	<b>8</b>
<b>What the decision means for you</b>	<b>9</b>
<b>Further information</b>	<b>10</b>

## About this information

The National Institute for Health and Clinical Excellence (NICE) is the independent organisation responsible for providing national guidance on the promotion of good health and the prevention and treatment of ill health. One of NICE's roles is to produce guidance (recommendations) on whether interventional procedures are safe enough and work well enough to be used routinely in the NHS in England, Wales and Scotland.

This information describes the guidance that NICE has issued on a procedure for people with breast cancer, called endoscopic axillary lymph node retrieval. It is not a complete description of what is involved in the procedure – the patient's healthcare team should describe it in detail.

NICE has looked at whether endoscopic axillary lymph node retrieval is safe enough and works well enough for it to be used routinely as part of the treatment of breast cancer.

To produce this guidance, NICE has:

- looked at the results of studies on the safety of endoscopic axillary lymph node retrieval and how well it works
- asked experts for their opinions
- asked the views of the organisations that speak for the healthcare professionals and the patients and carers who will be affected by this guidance.

This guidance is part of NICE's work on 'interventional procedures' (see 'Further information' on page 10).

## About the procedure

When a person has cancer, it is important to find out how far the cancer has spread because this affects the choice of treatment. For breast cancer, the usual way of doing this is to look at the glands in the armpit (which are called the axillary lymph nodes). This is because if cancer cells break off from the main cancer in the breast, they can be transported to these lymph glands and start to grow there.

The lymph nodes in the armpit are often removed for checking as part of the surgery to remove the breast cancer. Until recently, all the lymph nodes were usually removed through an opening in the skin of the armpit. This is called open surgery because the area is opened up. Doing it this way can cause problems such as infection and an unpleasant swelling called lymphoedema. To try to reduce the chance of lymphoedema, doctors may remove fewer of the lymph nodes.

The new procedure NICE has looked at is called endoscopic axillary lymph node retrieval. The aim is to reduce the chance of other problems such as infection and pain by doing the procedure through small openings rather than a large opening. The patient has a general anaesthetic, and very small openings are made in the armpit. The surgeon uses a viewing tube called an endoscope to see what he or she is doing, and removes the lymph nodes using special narrow instruments. The small openings are stitched at the end of the procedure.

## How well the procedure works

### What the studies said

One study looked at what happened to 53 people who had the new procedure. Four people had to have open surgery because of problems during the endoscopic procedure. In another study, this happened to 2 patients out of 100.

A third study found the new procedure took longer than open surgery (61 minutes compared with 33 minutes).

Another study showed that patients had good mobility in their shoulder and arm 7 days after surgery regardless of whether they had the new procedure or the open surgery. On the first day after the surgery, 7 out of 40 patients (18%) who had the new procedure said they were in pain. As a comparison, 13 out of 40 patients (33%) who had open surgery said they were in pain. In another study, none of the 10 patients who had the new procedure felt pain 3 days afterwards.

Across the different studies, people stayed in hospital after the new procedure for 2½ to 9 days. In one study, as the staff became more experienced in the new procedure, most people were allowed to go home within 24 hours.

Two studies checked patients for up to a year and a half after the new procedure. There were no signs of cancer in the remaining armpit lymph nodes in these 203 patients.

## Risks and possible problems with the procedure

### What the studies said

There were some differences in the way the studies reported problems with the new procedure. These made it difficult to compare results and see what was really happening.

Sometimes clear fluid becomes trapped in a wound after surgery (this is called a seroma). The fluid can be drained away from the area through a tube or a needle. There were big differences between the studies in the number of patients who had a seroma after the new procedure. The lowest number was 4 out of 100 patients (4%), and the highest was 36 out of 40 patients (90%).

The number of patients who had a blood-filled swelling (called a haematoma) ranged from 1 out of 103 patients (1%) in one study to 16 out of 100 patients (16%) in another. Again, a haematoma can be drained away through a tube or needle.

Other problems that some patients had after having the new procedure were:

- fluid-filled cysts called lymphocoeles (5 out of 20 patients had a lymphocoele in one study)
- infection in the openings created during surgery (this affected 2 out of 40 patients in one study).

### What the experts said

The experts said that after the new procedure, a person could possibly have: bleeding, nerve damage or damage to the blood vessels in the armpit, a build-up of air around the lungs called a pneumothorax, swelling, and/or pain or changes in sensation in the arm and shoulder.

## What has NICE decided?

NICE has decided that, if a doctor wants to carry out endoscopic axillary lymph node retrieval for breast cancer, he or she should make sure that the patient understands what is involved and that there are still uncertainties over the safety of the procedure and how well it works. There should be special arrangements in place so that the patient only agrees (consents) to the procedure after this discussion has taken place.

If endoscopic axillary lymph node retrieval is carried out, the surgeon should have experience in carrying out surgery through small openings and using an endoscope to see what's happening (this is called endoscopic surgery).

## Other comments from NICE

The NICE guidance concerns the use of this procedure to remove lymph nodes. It doesn't deal with the question of how many lymph nodes should be removed.

This new procedure is not common in the UK. Doctors seem to be switching to another new procedure called sentinel node retrieval, which can be done using open or endoscopic surgery. In this procedure, a dye or a fluid that will show up on X-rays is injected into the area of the cancer and moves naturally to the lymph nodes. By following this movement, doctors can see which lymph nodes would be most likely to trap cancer cells first. These specific lymph nodes can then be removed and examined in the laboratory.

## What the decision means for you

Your doctor may have offered you endoscopic axillary lymph node retrieval. NICE has considered this procedure because it is relatively new. NICE has decided that there are uncertainties about the benefits and risks of endoscopic axillary lymph node retrieval that you need to understand before you agree to it. Your doctor should discuss the benefits and risks with you. Some of these may be described above.

If you decide to have the new procedure, your surgeon should have experience in carrying out surgery using an endoscope.

## Further information

You have the right to be fully informed and to share in decision-making about the treatment you receive. You may want to discuss this guidance with the doctors and nurses looking after you.

The NICE website ([www.nice.org.uk](http://www.nice.org.uk)) has further information about NICE, the Interventional Procedures Programme and the full guidance on endoscopic axillary lymph node retrieval for breast cancer that has been issued to the NHS. The evidence that NICE considered in developing this guidance is also available from the NICE website.

If you have access to the internet, you can find more information on breast cancer on the NHS Direct website ([www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk)).

You can also phone NHS Direct on 0845 46 47.



**National Institute for  
Health and Clinical Excellence**

MidCity Place  
71 High Holborn  
London  
WC1V 6NA

[www.nice.org.uk](http://www.nice.org.uk)

N0948 1P Dec 05

ISBN 978-1-4731-9099-3