BREAST CONSERVING THERAPY (BCT) + SENTINEL LYMPH NODE BIOPSY (SNBx) ± AXILLARY DISSECTION (AD)

1. Patient Preparation	- Supine with both arms adducted on arm boards
2. Position	- Main surgeon: patient's operation side - Assistant surgeon: patient's operation side - Scrub nurse: opposite to main surgeon
3. Equipment	- Covidien Force FX ESD with RapidVac Smoke Evacuator ***Or*** Ethicon Megadyne™ Megen1 ESD with Smoke Evacuator (refer to Breast Team ESD Preference) - Suction Unit - Dilon Navigator 2.0 or Sentimag Magnetic Localization System - Breast USG machine
4. Instrument	- S002 Abdominal Basic Minor - S507 Mastectomy
5. Consumable	- Ligature clip applier 'M'
6. Consumable	- Short raytec gauze - Abdominal swab - Marking pen with ruler - Titanium ligating clip 'M' - Magadyn™ Telescoping Smoke Evacuation Pencil (251010 ***Or*** ValleyLab Telescoping Smoke Evacuation Rocker Switch Pencil (SEP6000) - Suction tubing - Needle count - 20ml syringe - Syringe 3ml luer lock + Patient Blue 1 amp - ± Dental roll (for AD)
7. Blade & Suture	- Blade #15 - 2/0 Mersilk (321H/685G) - 2/0 Vicryl R.B. (3016H) - 2/0 Vicryl cutting undyed (9582H) - 3/0 Vicryl cutting undyed (824G) - 4/0 Monocryl cutting (496G)
8. Drapes	- Universal pack
9. Dressing	- OPSITE® Post-op Visible 'S' x 2 or + plain gauze x 2 (for pressure dressing) - Steri-strip
10. Fluid/Lotion	- Alcoholic chlorhexidine - Betadine solution - Water for irrigation

Procedure:

1. Patient arranged in supine position. Sub-areolar injection of patent blue dye under aseptic technique and then massage
2. Skin prepared with (±) alcoholic chlorhexidine, and then Betadine.
3. Draped with one abdominal swab placed at axilla on operative side.
4. Skin island marked with new Nipple-Areolar Complex (NAC).
5. Axillary incision made and dissection down.
6. Sentinal lymph node identified, removed and sent for frozen section.
7. Circum-areolar incision with inferio-lateral extension. De-epithelizing of flap done.
8. Central compartment excision performed including the index tumor and satellite nodule down to pectoralis major fascia.
9. Specimen USG confirmed inclusion of the satellite. Wound irrigated with sterile water and tumor bed marked with metal clips.
10. Breast tissue rotated upwards and inward and anchored with 2/0 Vicryl R.B.
11. Breast tissue closed with 2/0 Vicryl cutting undyed. Skin closed with 3/0 Vicryl (dermis layer) and then 4/0 Monocryl cutting.
12. Axillary wound closed with 3/0 Vicryl cutting undyed.
13. Dressed wound with steri-strip and Opsite visible dressing. Plain gauze x 2 pack applied on top of Opsite dressing and fix with Mefix as pressure dressing.

Remarks:

- Make sure that frozen section form is available when receiving patient in Holding Area. Pathology Lab form has to be filled and signed by surgeon before surgery. Specimen(s) send for frozen section (fresh) to F.S. laboratory immediately once retrieved and placed in specimen bottle.
- If Sentimag is stated on OT list Remarks column, instrument, linen and garbage will not be kept for 24 hours since marker materials contain no radioactive substances. Instrument can be sent to SSD right after OT is finish.
- If stated blue dye, prepare the Patent Blue injection with 3ml luer lock syringe, green gauze in kidney dish along with the Navigator Trolley or Sentimag Trolley.
- Refer to the Breast Team ESD Preference & Setting List according to the main surgeon on OT list.
- Pressure dressing applied on top of OPSITE Visible dressing to minimize oozing and swelling of wound.