

Breast Sentinel Lymph Node Task Specific Checklist

Patient Study ID	Date	Patient UR Number	Accession Number
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Examiner: <input type="checkbox"/> Attending <input type="checkbox"/> Resident/Fellow <input type="checkbox"/> Nurse <input type="checkbox"/> Other	Not Applicable	Not Done or Incorrect	Done Correctly
1. Patient selected has disease appropriate for mapping (based on review of exam, imaging studies and past history).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Timing of operation appropriate for radionuclide injection (> 30 minutes for same day or next day)..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Patient is clinically node negative (exam by mentor in holding area).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Surgeon has an intraoperative pathology plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Surgeon reviewed radionuclide injection procedure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Patient positioned correctly on operating room table.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Blue dye injected correctly (peritumoral or subareolar).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Breast massaged for 5 minutes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. "Hot Spot" marked on axilla prior to incision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Incision selected beneath axillary hair line.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Identified Clavipectoral fascia.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Directed dissection to Blue and/or Hot lymph nodes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Uses probe appropriately to assess potential sentinel nodes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Sentinel nodes removed with ligature/clip of lymphatic channels as appropriate for size of lymphatics/vessels.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. 10 second ex-vivo count or peak instantaneous count obtained on each removed node.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Lymph node labeled appropriately for pathologist.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Reevaluates axilla for Hot and/or Blue nodes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Removes all nodes with counts greater than 10% of hottest sentinel lymph node.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Palpates axilla prior to closing incision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. If positive nodes are identified, preoperatively established plan with patient is followed (if appropriate full axillary node dissection).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Hemostasis achieved prior to closure of incision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extra Credit Points			
1. Surgeon reviewed Lymphoscintogram (if done).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Careful examination near middle thoracic vein if no sentinel nodes are identified.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Full axillary node dissection performed IF sentinel lymph node(s) is not identified.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Surgeon evidenced understanding of how probe works and how to "trouble shoot" machine if not functioning properly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Examiner:

Total Score:

Attending Surgeon:

Extra Points:

Mapping Surgeon:

