



Breast Lymphoscintigraphy

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rev:2

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Radiopharmaceutical: Tc^{99m}- Sulfur Colloid

Dose: 1.0 mCi (2.0 mCi for next-day surgery patients) 500uCi per syringe

T1/2: 6 hours

Energy: 140 keV

CPT: 78195

Indications:

Approved indications include, but are not limited to:

1. Breast cancer.

Patient Preparation:

- Patient will typically be coming down from the surgery center upstairs, and will be having either a needle localization in US or MG, or will go straight to US for guided assistance for injections.
- May be done as an outpatient if surgery is to be completed elsewhere
- No study-related preparations required by patient. Only those preparations needed for surgery.

Equipment:

1. GE 830 Discovery – LEHRS collimators

Procedure BREAST:

1. Patient will be prepped in the ultrasound or mammography suite.
2. Injections will be performed by radiologist.
3. Change needles: ½" 27 ga needle on the shallow dose of 0.2mL, 1" 30ga needle on the deep dose of 0.4mL. Have these doses ready and assayed prior to being called to US or mammo.
4. Mammo or US will page nuclear medicine when they are ready for the doses.
5. Immediate anterior and lateral scans with and without transmission will be performed for same-day surgery patients that are "no scan".
6. For full scan patients, an ANT and LAT scan can be done to see if there is prompt visualization of sentinel node.
7. Delayed imaging at 90 to 120 minutes will be performed if the node does not visualize early.
8. Transmission scans using the flood source will also be performed in the anterior and lateral projections.
9. If sentinel node is localized, have radiologist mark from both projections.

Acquisition Parameters:

STATICS

- Matrix: 256 x 256
- Zoom: 1.0
- Total Time: 300 seconds
- Position: Supine
- Orientation: Feet First

TRANSMISSION

- Matrix: 128x128
- Zoom: 1.0
- Total time: 30 sec
- Position: Supine
- Orientation: Feet first

Processing / PACS data

- Screenshot composite of 4 statics, ANT, RT LAT and transmission images

