Letters to the Editor

Internal Mammary Lymphoscintigraphy

I read with interest the recent article on internal mammary lymphoscintigraphy (*1*). While the importance of this study has once again been emphasized, much of the information in this article, contrary to the suggestions of the author, has already been reported (*2*).

While acknowledging the need for a full and detailed explanation of the procedure to the patient prior to the day of the examination, this is frequently not possible. We have obviated this problem by requesting the scheduling secretary to inform the patient of the time factors involved in the study; this avoids any conflicts with other appointments. When the patient arrives on the day of the examination, a description of the injection and imaging procedure as well as a detailed explanation of the risks and benefits of the study are discussed. This approach in over 500 patients has served to alleviate their anxieties.

The author's suggestion of creating an "air piston" to expel the maximum activity from the syringe has not been necessary in our experience. We have found only minimal residual activity to be present following injection (less than 150μCi) when the original volume is approximately 0.2 ml.

We were glad that the experiences of the author corroborate those reported by others and hope that this information will further encourage the implementation of this study in clinical departments.

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References

1. Thomas K. Internal mammary lymphoscintigraphy: A technical viewpoint. *J Nucl Med Technol* 1980; 8: 203–07.

2. Dufresne EN, Kaplan WD, Zimmerman RE, et al. The application of internal mammary lymphoscintigraphy to planning of radiation therapy. *J Nucl Med* 1980; 21: 697–99.

Reply

I join with the writer in the hope that information provided in my article and others will encourage implementation of internal mammary lymphoscintigraphy. It is an exceptionally valuable technique for more precise definition of nodal position and involvement.

The article (*1*) to which the writer refers contains information of particular value to the physician since it concentrates on the actions of the physician during the procedure and most specifically on the physician's evaluation of the scintigraphic data. By comparison, my article (*2*) was specifically designed as a resource to guide the technologist in his or her specific functions, which are vital to the success of the procedure.

Although the writer is not concerned with the loss of residual activity, (approximately 15% of the total activity administered), we continue to recommend the air-piston technique to assure that the entire dose reaches the injection site.

In regard to the importance of adequate patient preparation, we at the City of Hope believe the patient deserves the personal attention of a professional rather than a "scheduling secretary" to receive vital information about the examination and to have her questions answered. This service is particularly important in the vast majority of smaller hospitals where attending physicians order the procedure but are not knowledgeable about the details involved and depend on the nuclear medicine physician or technologist to inform the patient. Furthermore, waiting to describe the procedure, its risks and benefits until the patient arrives for the examination, as the writer suggests, is in our judgement too late. Rather, to assure an informed consent and a relaxed and knowledgeable patient, information should be provided at least one day in advance to give the patient time to consider additional questions she may wish to ask before giving her consent. More is at stake than "conflicts with scheduled appointments." We are dealing with concerned and anxious human beings who deserve every possible reassurance and comfort.

Finally, I would encourage the writer and other technologists to join me in preparing information for the literature that highlights the technical viewpoint vs. the medical viewpoint and internal mammary lymphoscintigraphy and other procedures as well. We all benefit from the sharing of professional information.

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References

1. Dufresne EN, Kaplan WD, Zimmerman RE, et al. The application of internal mammary lymphoscintigraphy to planning of radiation therapy. *J Nucl Med* 1980; 21: 697–99.

2. Thomas K. Internal mammary lymphoscintigraphy : A technical viewpoint. *J Nucl Med Technol* 1980; 8: 203–07.