Early diagnosis of breast cancer has become increasingly possible because of advances in mammography. Early diagnosis results in greater probability for cure as the disease typically is confined within the breast (American Cancer Society, 2000). Axillary lymph node dissection has been the predominant method for detection of regional extension of breast carcinoma. The presence of positive axillary lymph nodes and certain tumor characteristics, such as the size, number, and location, remain important independent prognosticators for women with breast cancer. Recent research suggests that more than 70% of women with stage I breast cancer will have no evidence of axillary lymph node metastases (Cady, 1997). In these cases, physicians have questioned using axillary lymph node dissection because of complications associated with long-term morbidity. Serious reductions in the size and stage of breast tumors at diagnosis have been significantly affected by improved mammographic technology. Women no longer are accepting the common morbidity caused by axillary lymph node dissection and are seeking effective alternative diagnostic approaches when appropriate. Sentinel lymph node biopsies are performed in large, metropolitan medical and teaching institutions, with the primary goal of comparing this surgical procedure with axillary lymph node dissection in relation to diagnostic and prognostic accuracy, associated morbidity, and overall costs. Oncology nurses play an instrumental role in discussing the indications, contraindications, benefits, and shortcomings of sentinel lymph node biopsy; educating women about the pre-, intra-, and postoperative procedures and sensations; and assisting in counseling women and their families when necessary.