because of the relatively poor resolution of conventional gamma cameras in imaging the breast. Breast imaging developed to address the poor resolution of conventional gamma cameras. Breast-specific gamma cameras acquire images while the patient is seated in a position similar to that [illegible] breast is [illegible] compressed. De[illegible]or heads [illegible] immediately [illegible], increas[illegible] solution [illegible]d image[illegible] be compared wit[illegible]ographic images [illegible] prim[illegible]y in the [illegible]ber and type of de[illegible]rs used. In some configurati[illegible] a [illegible] placed [illegible] the breast and used to compr[illegible]it lightly [illegible]e max[illegible]m dist[illegible]etween the detector and the bre[illegible]is therefo[illegible] midpoint of t[illegible]tig[illegible]y and H[illegible]-Hel[illegible] Gam[illegible] De[illegible]on Preoperative scint[illegible]phy[illegible]d hand-h[illegible] gam[illegible] [illegible]ntinel [illegible]des [illegible] m[illegible]d of ide[illegible]ing [illegible] fy[illegible] f[illegible] biops[illegible] [illegible]diot[illegible] inject[illegible] Surgic[illegible]oval [illegible] sentinel [illegible]odes is [illegible] to full a[illegible] [illegible]ng evaluation and management [illegible] breast cancer. [illegible]ral tria[illegible]ave compared outcomes followin[illegible]entinel lymph n[illegible]iopsy w[illegible] axillary lymph node dissection fo[illegible]anaging patient[illegible] have [illegible]ast cancer. The National Surgic[illegible]vant Breast and [illegible]ial examined whether sentinel lymph node dissection provides similar survival and regional control as full axillary lymph node dissection in the surgical staging and management of patients with clinically invasive breast cancer. This multi-centric randomized controlled trial included women and observed statistically similar results for overall survival, disease-free survival, and regional control based on Kaplan-Meier estimates [7]. An additional follow-up of morbidity after surgical node dissection revealed lower morbidity in the sentinel lymph node dissection group, including lower rates of arm swelling, numbness, tingling, and fewer early shoulder abduction deficits. A recent systematic review and meta-analysis by Ram et al reported no significant difference in overall survival, no significant difference in disease-free survival, and similar rates of regional recurrence. However, axillary node dissection was associated with significantly greater surgical morbidity than sentinel node biopsy. The primary radiopharmaceutical used within is sestamibi [8]. The product label states that sestamibi is indicated for planar imaging as a second-line diagnostic drug after mammography to assist in the evaluation of breast lesions in patients with an abnormal mammogram or a palpable breast mass. Technetium