

Neck Dissection

Post-Operative Instructions

What is a neck dissection?

A neck dissection is an operation to remove lymph nodes from the neck on one or both sides.

What are lymph nodes?

Lymph nodes are glands that are present throughout your body. You may have felt swollen lymph nodes in your neck when you have had an infection such as a simple cold. Their job is to filter the liquid which naturally leaks out of blood vessels. This liquid (the lymph) travels to the nodes which contain lots of white blood cells designed to trap and fight germs which can cause infection. As well as trapping germs, the lymph nodes can also trap cancer cells.

Have I got cancer in my lymph nodes?

It is often not possible to tell this until after your operation when the glands removed from the neck are carefully looked at under a microscope. Your doctor will have already felt your neck to see if there are any lumps and you will have had a special scan (CT or MRI) to look more closely at the glands. Glands can feel big if there is infection in the area, so if you can feel a lump in your neck it does not necessary mean that the cancer has spread. If there are only small amount of cancer cells present in the glands then the neck can feel normal and look normal on scan. This is often why we do not know if the cancer has spread to the neck until the glands have been looked at under a microscope.

Will I be able to fight infections once my lymph nodes have been removed?

Yes. There are thousands of lymph nodes throughout your body which will still be there to fight infection.

When will my neck dissection be carried out?

A neck dissection is usually carried out at the same time as an operation to remove a cancer from around the mouth or face. It will therefore take place under the same general anaesthetic.

What does the surgery involve?

A large incision is made to gain access to the lymph nodes in the neck. The cut usually starts just underneath the chin and extends downwards towards the collar bone before arcing upwards to end behind the ear. This flap of skin is lifted off the tissues of the neck to expose the lymph nodes. Once the lymph nodes have been removed the flap of skin is replaced with stitches or clips. The average hospital stay is between 3-10 days.

Patients may be in the ICU located on 5D. This will be determined by the severity of the surgery and may be determined on the day of surgery. The patients will have 1-4 JP drains placed in the neck during surgery for 1 week or longer. The drains are also temporary.

Patients will have a Foley catheter that will be removed when the patient is up and walking.

What should I expect after surgery?

At the end of the operation a number of tubes are placed through the skin into the wound to drain any blood that may collect. These usually stay in place for a couple of days before being removed.

- Some discomfort is to be expected and is usually worse for the first few days although it may take a couple of weeks to completely disappear.
- It is necessary to make sure that the incisions heal without any infection

and so you will be given antibiotics through a vein in your arm while you are in the hospital. You will also be given regular painkillers.

- The skin stitches or clips will be removed around a week following surgery. The skin of your neck will feel numb for several months after surgery as a result of bruising to the nerves.
- Some patients will have a tracheotomy, it is more common if having a bilateral (both sides) neck dissection or having a flap reconstruction. If you do have a tracheotomy it is normally temporary and usually necessary for 4 weeks to 6 months. Some tracheostomies do become permanent based on patient need.
- Patients will also likely have a dohoff tube (tube placed through the nose) or a Peg tube (tube placed in the abdomen) in place. The dohoff tube is only temporary and used for nutrition and medications while the incision site heals. The dohoff tube is usually in place for 2-4 weeks.

What are the possible problems?

There are potential complications with any operation. Fortunately with this type of surgery complications are rare and may not happen to you. However it is important that you are aware of them and have the opportunity to discuss them with your surgeon. Most of the problems associated with neck dissection are the result of damage to one of two nerves:

- Accessory nerve - this is a nerve which runs from the top to the bottom of the neck and helps you to move your shoulder. The nerve has lots of lymph glands lying very close to it and so it is often bruised during a neck dissection. If the nerve is bruised it can stop working for several months. If this happens you may experience pain and some difficulty in moving your shoulders which makes getting dressed less easy. Rarely the lymph nodes cannot be completely removed without cutting this nerve. Should this be the case then these shoulder problems will be permanent.
- Facial nerve - the branch of the facial nerve which makes your lower lip

move can be bruised when the lymph nodes close to it are removed. If this happens then the lower lip doesn't move properly and you may end up with a weakness which results in a crooked smile. The majority of these get better on their own but can take several months to improve fully.

How do I take care of my incision?

- The patient will have sutures in the neck and will be removed in 10-14 days.
- Bacitracin should be placed on sutures for the 1st week after surgery. After removal, a moisturizer may be used.
- A patient can take a bath or shower 48 hours after surgery, but are not allowed to submerge the wound under water.

What should my activity level be?

- Patient can plan on being off from work for about 4 weeks if radiation or chemotherapy is needed it will be longer.

Are there diet restrictions after surgery?

- Patients will be instructed to take nothing by mouth until given the ok by the surgeon.
- Before discharge from the hospital a dietician will discuss nutrition needs.
- Some patients may need to pass a swallow study before the dohoff tube is removed or being allowed anything by mouth.

How do I manage medications after surgery?

- Your pain will be managed throughout the post-operative period. You should expect that there may be some discomfort in the process.
- All medications will need to be liquid or crushed to pass through the

dobhoff.

- Some medications taken prior to surgery may be discontinued and some new medications may be added until the dobhoff tube is removed.

What follow-up care will I receive?

- The first post op appointment should be within 10-14 days after surgery and should be made at time of discharge.
- Biopsy results will be discussed at first post-op appointment.

When should I call my doctor?

- If you have increased swelling or bruising.
- If you have severe or increased pain not relieved by medication.
- If you have any side effects to medications; such as, rash, nausea, headache, vomiting, increased irritability, or constipation.
- If you have an oral temperature over 100.5 degrees. Check to make sure they are getting enough liquids. Dehydration can cause the body temperature to rise.

Who should I call if I have questions?

- (734) 936-5950, Monday - Friday, 8 a.m. - 4:30 p.m.
- After hours and on weekends, call Hospital Paging at (734) 936-6267 and ask for the Oral & Maxillofacial Surgeon on call.

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