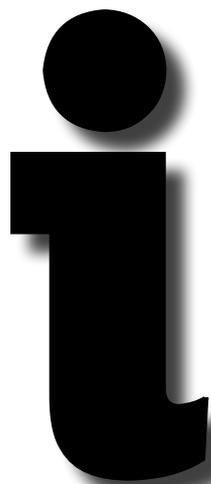


Neck Dissection Surgery (page 1 of 4)



This leaflet has been designed to improve your understanding of your forthcoming treatment and contains answers to many of the common questions. If you have any other questions that the leaflet does not answer or would like further explanation please ask your surgeon or clinical nurse specialist (CNS)

What is a neck dissection?

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

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 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 amounts 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 in or around the mouth, face or throat. For

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If you need your information in another language or medium (audio, large print, etc) please contact Customer Care on 0800 374 208 or send an email to: customer care@salisbury.nhs.uk

You are entitled to a copy of any letter we write about you. Please ask if you want one when you come to the hospital.

Please complete The Friends & Family Test to tell us about your experience at: www.salisbury.nhs.uk/FriendsFamily or download our App from the Apple App store or Google Play Store.

The evidence used in the preparation of this leaflet is available on request. Please email: patient.information@salisbury.nhs.uk if you would like a reference list.

instance a tongue cancer. It will be performed under a general anaesthetic - you will be asleep.

What does the surgery involve?

A large incision is made to gain access to the lymph nodes in the neck. The cut usually starts underneath the ear, extending down and across to the centre of the neck. Normally the cut follows a skin crease or wrinkle to reduce long-term visibility. Once the lymph nodes have been removed stitches are used to close the skin. A vacuum drainage tube is also placed under the skin to collect fluids.

Will I have a preadmission visit to hospital?

Yes. You are welcome to bring someone with you, preferably the person who will be at home with you after surgery. The visit is designed to assess your fitness for surgery and prepare you and your family for inpatient stay and what to expect after you leave hospital. The visit will last 1 to 2 hours and will include discussing consent for treatment, physical examination, blood pressure check and blood tests. A member of the surgical team and the clinical nurse specialist (CNS) will be present. Please bring the completed health screening questionnaire which should have been included in the preadmission letter. Many people with head and neck cancer have eating difficulties which require specialist support from a dietitian. If this is the case with you, nutrition advice will be available. There will be plenty of time to ask questions, but if you think of any after the visit please phone or email the CNS.

What can I expect after the operation?

At the end of the operation a number of drainage tubes are placed through the skin into the wound. These usually stay in place for 2 - 5 days before being removed. You will have an intravenous drip, possibly a bladder catheter to monitor your urine output, and SCUDS which are massaging leg boots to reduce the risk of blood clots. Sometimes small heparin injections are given in your arm or stomach, to reduce the risk of blood clots.

You normally go home with the drains in place on the first or second day after surgery providing you are comfortable, able to eat and drink and walk to the toilet. Somebody should also be with you at home for the first week as you will feel tired, needing help to prepare food and possibly washing and dressing. Many people feel low and tearful after an operation, this is quite normal and will pass. The surgical team and CNS will review and support you daily in hospital in conjunction with the ward staff led by Sister. You will normally be cared for on Laverstock Ward which is the specialist head and neck surgery ward. Laverstock Ward also care for patients undergoing plastic and reconstructive surgery. If a bed is not available in Laverstock you will be offered a side room in the Burns unit which is next door.

You are able to have a bath or shower with the neck drains in place. You will be shown how to remove and change the drainage bag before leaving hospital. The drain may be removed by the clinical nurse specialist, GP practice or district nurse. The clinical nurse specialist will phone each day at a time convenient to you to check how you are and the drainage volumes.

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The drains are removed when the volumes are less than 25mls over 24 hours.

Some discomfort is to be expected and is usually worse for the first few days, although it may take a couple of weeks to disappear completely. To reduce the risk of wound infection you will be given antibiotics through a vein in your arm whilst in hospital. You will also be offered regular painkillers, these may include morphine, paracetamol and ibuprofen. It's a good idea to keep taking them at home to help shoulder and neck movement. You will not become addicted to them. Always have your painkillers with food, never on an empty stomach.

The stitches will be removed 7 to 10 days following surgery, usually in the outpatient department or by the community nurse. The skin of your neck, shoulder and ear lobe may feel numb for several months after surgery as a result of bruising at the nerves. Sometimes this numbness is permanent. Sometimes bruising travels down the neck forming a yellow or purple mark on your chest, this will go in a few weeks.

What are the possible problems?

There are potential complications with any operation. Although these may not happen to you it is important that you are aware of them and have the opportunity to discuss them with your surgeon before consenting to surgery. Most of the problems associated with a neck dissection are the result of damage to one of two nerves: Accessory or Facial

Accessory Nerve – this is a nerve which runs from the top to the bottom of the neck and helps move your shoulder. The nerve has lots of lymph glands lying very close to it and may be bruised during surgery. If the nerve is bruised it can stop working for several months.

If this happens you may experience pain and difficulty moving your shoulder, which makes activities like washing and dressing difficult. In rare cases the lymph nodes cannot be completely removed without cutting the nerve, if this occurs then the shoulder problems will be permanent. Shoulder movement and pain may be improved by doing exercises which you will be shown by a physiotherapist before discharge from hospital. An appointment will be made for you at the Wessex Rehabilitation Centre, Salisbury District Hospital to assess your shoulder function and need for ongoing exercises. Exercises may need to be done for several months, or form a permanent part of your daily life.

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 occurs the lower lip doesn't move as before and you may end up with a weakness or droopy lip. The majority of these get better on their own but can take several months to improve.

What are the alternatives to this operation?

This operation is recommended for those with cancer of the head and neck, as cancer normally spreads through the lymph nodes of the neck to the rest of the body. This operation allows the nodes to be removed and closely studied in a way CT or MRI scanning cannot. This is important when planning further treatment such as radiotherapy.

You will be included in planning and treatment decisions at all stages of care and your

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wishes respected. You will have time to discuss the treatment options and alternatives with your surgeon and clinical nurse specialist. An oncologist may be involved with your care, if radiotherapy or chemotherapy are recommended.

Will I need to have further treatment after my neck dissection?

This depends on what is found when the lymph nodes are looked at under a microscope. It takes 5 – 10 days to look at the lymph nodes properly, so your doctors will not know until then whether additional treatment is necessary. You will be given the results (Histology) at the hospital follow-up appointment a week after discharge. You may be asked to attend the head and neck multidisciplinary team meeting in Southampton to discuss further treatments. Any additional treatment usually involves specialised X-rays in the form of radiotherapy and possibly chemotherapy. This is described in the Macmillan head and neck cancer booklet.

What happens when my treatment has finished

During the first year after completion of treatment you will be invited to attend a follow-up clinic once a month with members of the head and neck team. These appointments are designed to support you with physical and psychological issues resulting from cancer and its treatment.

Further questions?

If you have any questions please contact your clinical nurse specialist who will help you further on:

07919 696740 or

01722 336262 ext 3233 or ask the Switchboard Operator to bleep 1130

At weekends and out of hours please contact Laverstock ward on 01722 336262 ext 4312.

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