

References

If you require a full list of references for this leaflet please email patient.information@ulh.nhs.uk

The Trust endeavours to ensure that the information given here is accurate and impartial.



If you require this information in another language, large print, audio (CD or tape) or braille please email the Patient Information team at patient.information@ulh.nhs.uk

Neck Dissection

Ear, Nose and Throat Department

Clinic 6, Lincoln County Hospital (01522) 573255
Clayton Ward (01522) 573130/573778
Surgical Admissions Unit (01522) 573089

www.ulh.nhs.uk

Aim of the leaflet

This leaflet is aimed at patients undergoing a neck dissection. It aims to explain why you need the procedure, what will happen and what to expect afterwards.

What is a Neck Dissection?

This is an operation to remove lymph nodes, muscle tissue, veins and nerves from the neck, almost always due to a type of head/neck cancer.

It may be performed independently or in conjunction with other head/neck surgery.

There are three main types of neck dissection:

- Radical neck dissection
- Modified radical neck dissection
- Selective neck dissection

The type of neck dissection used depends on the extent of the cancer you have.

Why do I need a Neck Dissection?

You will have had a diagnosis made by your consultant necessitating the removal of a type of cancer. The surgery also allows for microscopic examination by a pathologist to determine any spread of the cancer.

Important Telephone Numbers

Lincoln County Hospital 01522 512512

Surgical Admissions Unit 01522 573089

Clayton Ward01522 573130/573778

Clinic 6 ENT01522 573255/573252
8.30am to 5.00pm

Head & Neck Oncology Nurse 01522 597592 Bleep 3037
Monday/Wednesday 8.00am to 3.00pm
Thursday 9.00am to 6.00pm

Clinic 9 (Maxillo-facial)01522 573495 / 2494

All information has been verified for use by our Consultant ENT Surgeons.

For further information please ask a member of staff or see www.entuk.org

Useful web addresses

www.macmillan.org.uk

www.changingfaces.org.uk

Contact details

If you have any questions about any of the information contained in this leaflet please contact:

Ear, Nose and Throat Department
Clinic 6, Lincoln County Hospital (01522) 573255

restriction of movement in your arm or shoulder.

All members of the multi-disciplinary team who are involved in your care will give you and your family education and support.

How long will it take me to recover from the operation?

Recovery time from a neck dissection alone is fairly speedy. The total hospital stay may only be a few days. You should feel fully recovered from the actual surgery within approximately 2 months. However, if the neck dissection is performed along with resection of a primary tumour – then in general the recovery time will be longer.

Rehabilitation is an on-going process following such surgery.

You will be followed up and supported on discharge home.

Both verbal and written information will be given to you by the ward staff to aid your understanding of the post-operative process.

Should you require any advice re: Department of Work and Pensions benefits/entitlements, please inform the ward staff who can contact an appropriate individual to assist you.

All valuables should be left at home. Personal property/valuables are the patient's responsibility.

You may need to contact your GP for advice should you experience any of the following symptoms:

- Fever
- Increasing redness, swelling and tenderness to the wound
- Discharge from the wound

Do I need to have surgery or is there any other treatment available?

Surgical excision is the primary treatment offered when there is lymph node involvement.

Additional treatment such as radiotherapy, after surgery, may be offered if there is evidence to suggest that the cancer has spread.

If a solitary node less than 2 cm is the only involvement, then radiotherapy alone may be offered.

The best treatment for you will be discussed with yourself, a head and neck surgeon and oncologist prior to treatment.

Are there any risks involved in having a Neck Dissection?

Immediate:

- Bleeding
- Haematoma
- Air embolism
- Infection
- Swelling
- Chyle Fistula (leakage of lymph fluid)

Long term:

- Temporary or permanent numbness to neck and/or ear
- Limited upward movement of shoulder
- Shoulder droop

- Pain due to inflammation of shoulder joint reduced forward flexion of the head
- Reduced nerve sensation to the lower lip and tongue
- Altered body image

Please note that all associated risks will be discussed in full prior to obtaining your consent for surgery.

Preparation for surgery

Physical:

Blood tests

ECG (heart tracing)

X-rays and/or scans – CT or MRI

Consent

Psychological:

Various members of the multi-disciplinary team, who are involved in caring for you and your family, will give a full explanation of the procedure and all pre and post-operative care.

A doctor or consultant will need to obtain your consent prior to the operation.

If there is anything that you do not understand, please feel free to ask any questions.

An anaesthetist will see you prior to surgery. You will be given advice about any medication, which you may be taking.

The procedure is performed under a general anaesthetic. If the surgery is performed as an independent operation, you will be

transferred back to the ward once you have awoken from the anaesthetic. If the surgery is performed along with another head/neck procedure, you may require a 24 to 48 hour stay in the Intensive Care Unit for close observation.

You may need a blood transfusion during or after your surgery.

What to expect after surgery

- You will be given oxygen via a mask until you have fully awoken from the general anaesthetic.
- You will have regular observations of blood pressure and pulse performed.
- You may experience some discomfort – pain relief can be given for this.
- You may feel nauseous – medication can be given to relieve this.
- You may have some swelling to the neck/face – this should slowly decrease.
- You may have suction tubes draining fluid from the operation site for 3 to 5 days.
- You will have a ‘drip’ to keep you hydrated until you are able to resume eating and drinking – usually 24 to 48 hours post-operatively.
- You will have metal clips or sutures to the operation site for 7 to 10 days following surgery. The Practice Nurse will remove these if you have already been discharged home.
- You may have an altered appearance of your neck – depending on the type of neck dissection you have had.
- You may need physiotherapy if you experience any