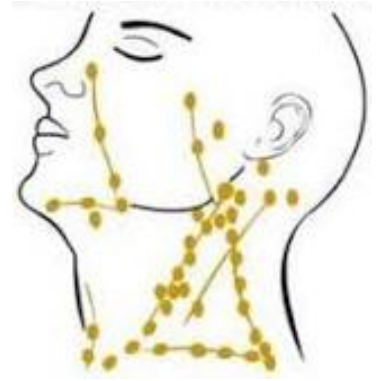


Neck Dissection

Patient Postoperative Instructions and Information

Dr. Devin Piccott



Reason for Surgery:

You have been diagnosed with a condition that requires selective removal of a mass and/or lymph nodes in your neck (called a neck dissection). This procedure is most commonly completed for cancer but may also be completed for diagnostic purposes or for the removal of a benign mass such as a cyst.

*If your surgery is **not for a cancer related diagnosis**, please skip to the section (Risks of Surgery)*

A neck dissection is a common procedure that removes groups of lymph nodes that may contain cancer.

When a tumor is in the early stages, it stays in the location where it first began to grow. As it grows larger, the tumor is able to travel to the lymph nodes and then to other parts of the body. This is called lymph node metastasis.

The lymph channels spread the cancer to other lymph nodes and distant organs. Removal of the lymph nodes helps control local disease and prevent metastasis. During your surgery, I will remove any lymph nodes in your neck that are enlarged and the group of lymph nodes that the cancer might spread to next.

If your cancer has damaged surrounding skin, nerves, muscle or blood vessels, those structures may also be removed. I will inform you of what exactly was required after your surgery (most likely at follow up).

Benefits of Surgery:

The goal of this surgery is to remove any suspicious masses and lymph nodes. After the mass or lymph nodes have been removed, a pathologist will examine them under a microscope to look for cancer. The pathologist will stage the cancer to help determine if the cancer has spread. This will help determine if further treatment, such as chemotherapy or radiation, is needed.

Risk of Surgery:

The greatest risk in a neck dissection is damage to the nerves, muscles, and veins in the neck.

Nerve damage can cause numbness (temporary or permanent) in different regions on the neck and create loss of function (temporary or permanent). Below are some specific examples.

- The marginal nerve, a small branch of the facial nerve which controls lower lip movement
- The spinal accessory nerve which aids in shoulder mobility and raising the arm over head
- The hypoglossal nerve, which controls movement of the tongue (uncommon complication)
- The lingual nerve, which controls sensation on the side of the tongue (rare complication)
- The vagus nerve which controls movement of one vocal cord (rare complication)

Risk of Surgery Continued:

Bleeding can also occur during or after an operation. Bleeding under the skin after a neck dissection is rare.

Sometimes an operative procedure to remove the blood is required. Rarely, a blood transfusion is also needed.

Infection can occur after any surgical procedure including neck dissection (uncommon complication). Occasionally antibiotics are needed post-operatively.

Wound healing problems requiring additional surgery are rare. Having a scar is guaranteed, but I do my best to camouflage/hide it in a skin crease to give you the best possible result.

Other potential long-term problems include neck stiffness or pain, long term swelling in the neck called lymphedema, shoulder weakness (uncommon), a chyle leak due to injury of the thoracic duct (rare complication) and changes in speech and swallowing (rare complication).

Post-Operative Instructions

Incision/Cleaning:

Please keep your incision dry for 3 days. After that you may shower and pat the incision dry. Apply a thin film of an ointment such as Polysporin or Vaseline. Please do this 2 times a day. Do not shave until your sutures have been removed. Your staples and/or stitches will be removed 7-10 days after surgery at your postoperative appointment in the ENT clinic.

Drain:

In some instances, there may be a drain placed in the wound. This will likely be removed before you go home. Occasionally patients go home with a drain. Instructions on how to manage the drain will be given prior to discharge. After your drain is removed, the drain site may drain some fluid for a few days which you can keep covered with a gauze bandage.

Head of Bed:

Please raise the head of your bed 30-45 degrees or sleep in a recliner for the first 3-4 days to lessen swelling. The skin above the incision may look swollen after lying down for a few hours.

Activity:

Please avoid any activity that raises your blood pressure for two weeks. Things that can raise your blood pressure are heavy lifting and hard exercise. Light activities such as walking is recommended.

Diet:

Depending on the extent of your surgery, you should be expected to maintain a normal diet postoperatively. I will often start you off with sips of fluid and advance your diet as tolerated to normal consistencies.

Pain:

Pain is usually mild to moderate for the first 24 – 48 hours then it will decrease. Extra-strength acetaminophen (Tylenol) will be your primary pain medication. Stronger medication will also be available.

After you go home, do not drive, operate dangerous machinery, or do anything dangerous if you are taking narcotic pain medication (such as oxycodone, hydrocodone, hydromorphone, morphine), **or Tramacet which contains Tramadol**. These drugs affect your reflexes and responses, just like alcohol.

Driving:

Do not drive a vehicle for 7-10 days because it will be difficult to move your neck with full range of motion. You may return to driving once you have ability to complete a normal head turn/shoulder check without limitation.

Return to work:

If you need a note for work, please let me know.

When to Call Your Surgeon: If you have...

1. Any concerns. We would much rather that you call your surgeon then worry at home or get into trouble.
2. Fever over 39 degrees C or 101.5 degrees F.
3. Foul smelling discharge from your incision.
4. Large amount of bleeding
5. More than expected swelling of your neck and/or cheek.
6. Increase warmth or redness around the incision.
7. Pain that continues to increase instead of decrease.
8. If you have trouble breathing or chest pain. Don't call. Please go to the nearest emergency right away.

How to Call Your Surgeon:

1. If it is urgent, call 911 or go directly to the emergency room without calling.
2. If it is not urgent, during clinic hours of 8 am to 4 pm, call **902 435 8690**.
Messages will be checked frequently, and my office will return your call.

Postoperative appointment:

If you have stitches or staples, you will need to have them taken out at your postoperative visit 7-10 days after surgery. **If this appointment has not been made for you, please call the ENT front desk at 902 435 8690.**