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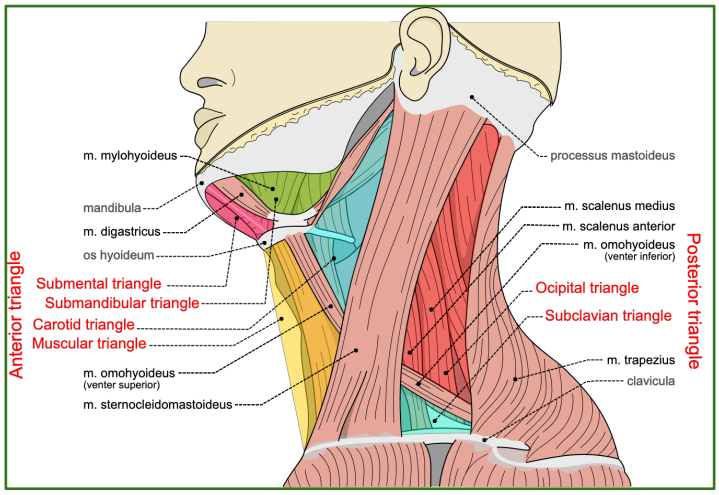
Neck Dissection - Patient Information

The following has been adapted from the American Head & Neck Society website. The full articles may be found here: https://www.ahns.info/neck-dissection/



Neck Dissection

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AHNS Education Committee

What is a Neck Dissection and Why is it Performed?

Neck dissection is usually performed to remove cancer that has spread to lymph nodes in the neck. Lymph nodes are small bean shaped glands scattered throughout the body that filter and process lymph fluid from other organs. The immune cells in the lymph nodes help the body fight infection. When cancer cells spread from another part of the body, they may get caught in a lymph node where they grow. An individual might feel a non-tender lump in the neck. The cancer in the lymph node is known as a metastasis. When someone undergoes surgery for cancer that has spread to lymph nodes, both the initial or primary cancer as well as the metastases must be removed.

Neck dissection refers to the removal of lymph nodes and surrounding tissue from the neck for the purpose of cancer treatment. The extent of tissue removal depends on many factors including, the stage of disease which reflects the extent of cancer as well as the type of cancer. The most common cancers removed from lymph nodes in the neck include head and neck squamous cell carcinomas, skin cancers including melanoma and thyroid cancers.. In general,

the goal of neck dissection is to remove all the lymph nodes within a predefined anatomic area. Many of the lymph nodes removed during surgery will not prove to have cancer in them.

Modified Radical Neck Dissection

- This term describes a variety of neck dissections that preserve structures that are usually sacrificed in the radical neck dissection such as the spinal accessory nerve, the internal jugular vein or sternocleidomastoid muscle. Further, selective neck dissections are neck dissections that, in addition to preserving these important structures, are used to remove specific groups of lymph nodes, rather than all the lymph nodes on the side of the neck, based on the probability that those lymph nodes harbor cancer.
- While radical neck dissections produce the greatest changes in cosmetic appearance and shoulder function, selective neck dissections produce the least. In fact, selective neck dissections frequently produce no obvious cosmetic changes, yielding a nearly invisible scar. Nevertheless, strength and flexibility may be enhanced with adherence to neck and shoulder range of motion exercises after surgery. The best results can be expected with faithful adherence to an exercise program over the long term.

The Procedure

Neck dissections are done under general anesthesia through an incision that runs along a skin crease in the neck, extending vertically on the side of the neck. Incisions are usually designed to enhance the visualization and protection of important structures in the neck, and enable the safe removal of lymph nodes that harbor cancer.

Beneath the skin, underlying fat, and a thin layer of muscle (the platysma), the dissection proceeds to identify and remove the tissue containing the lymph nodes. If the sternocleidomastoid muscle is removed as part of the operation, there may be some flattening of the neck, but removal of this muscle rarely results in significant weakness.

What are the risks of neck dissection?

Neck dissections are subject to numerous potential operative complications that are common to all operative procedures, as well as complications specific to this procedure. Some of these are described below, but do not include all potential complications associated with neck dissection. The risk of specific complications may be best determined for an individual by the nature and extent of their cancer, prior treatment and other circumstances.

- Bleeding-Patients may bleed 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)
- Chyle leak, which results in fluid accumulation in the neck from disruption of the thoracic duct (this problem is more common after left sided neck dissections) (rare)
- Wound healing problems requiring additional surgery (rare)

Several important nerves are found in the neck around the lymph nodes, and depending on the area of the neck to be operated, these nerves can be at risk for damage. The primary nerves of concern are-

- 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)
- The lingual nerve, which controls sensation on the side of the tongue (rare)
- The vagus nerve which controls movement of one vocal cord (rare)

Additional potential long-term problems include:

- Incision-Most incisions heal well, but some individuals develop scars.
- Numbness of the skin along the incision as well as over the cheek, ear and neck can be anticipated which improves with time; some long term numbness can be anticipated
- Neck stiffness or pain
- Long term swelling in the neck or lymphedema
- Shoulder weakness (uncommon)
- Changes in speech and swallowing (rare)

Some problems are attributable to nerve injury; more commonly, scarring under the skin from surgery and radiation contributes to disability. Some problems may be avoided with early and

faithful adherence to a shoulder range of motion exercise program, lymphedema or speech therapy rehabilitation programs.

PARATHYROID SURGERY

POSTOPERATIVE INFORMATION/INSTRUCTIONS

THIS INFORMATION WAS ADAPTED FROM THE UNIVERSITY OF MICHIGAN PROTOCOL, WHICH MAY BE FOUND HERE:

HTTP://WWW.MED.UMICH.EDU/1LIBR/SURGERY/GENSURGERY/ENDOSURGERY/THYROIDECTOMYPARATHYROIDECTOMY-POSTOP.PDF

1. **What should I expect after my surgery?**
    - Your recovery will depend on why you had surgery, the type of surgery performed, and your previous activity level.
    - Neck incisions heal rapidly. You may shower and wash gently with soap and water over the incision 36 hours after surgery.
    - You may see swelling or bruising develop in the area around the incision 1-3 days after surgery. You may also notice swelling, firmness, a pulling sensation, or even some trouble swallowing. This often increases over the first 1-2 weeks and then begins to resolve over 6-8 weeks. These are normal sensations.
    - Your scar will be most visible for the first 1-2 months after surgery, improve significantly over 2-3 months, and gradually fade over the next 6-9 months.
    - UV rays from sunlight can make your scar darker than normal. Once your surgical dressing has come off and any surgical adhesive has dissolved, please use sunblock (SPF >30) over your incision on a daily basis and reapply frequently when outdoors for long periods of time.
    - Do not expose your incision to the lights used in tanning salons.
    - Allow one full year for your incision site and scar to take its final form, color, and consistency. The scars are often barely noticeable, but everyone heals their scars in their own way. If you are concerned about the appearance of your scar after a year, there are options for treatment.
2. **Will my neck hurt?**
    - Most patients experience little pain from the incision. You may experience stiffness or soreness in your shoulders, back, or neck. Tension headaches may also be experienced and can take a few days to go away. These are common symptoms and are best treated with anti-inflammatories, warm compresses, and light massage. You may also use a heating pad on the affected areas for 15-20 minutes at

a time several times a day. Do not sleep on the heating pad or leave the heating pad directly on the skin for extended periods of time so as to prevent accidental injury or burns.

- The skin just above and below your incision will feel numb, and your ear lobe may be number as well. This will usually improve over several months, although this can be permanent in some patients.
- You may apply a cold pack over your incision to relieve any pain and help minimize swelling. This is most beneficial in the first 24 hours after surgery.
- Do not be afraid to move your neck. You may move your head in all four directions. Be careful about looking upward to any great extent so the edges of the incision do not separate.

3. **Will my voice be affected?**
    - Your voice may be slightly hoarse or weak after surgery. This is normal and does NOT mean there was damage to the nerves that make the vocal cords move. The breathing tube used during surgery often irritates the vocal cords. Your voice will usually return to normal within 6-8 weeks after surgery and often after only several days.
4. **How do I take care of my incision?**
    - You may shower 36 hours after your drainage tube has been removed. Wash gently over the incision with soap and water, and then gently pat the incision dry.
5. **How will I manage my pain at home?**
    - In general, over the counter acetaminophen (Tylenol) is more helpful than stronger narcotic pain medicines for these types of surgeries
    - A prescription for a stronger pain medication or narcotic (such as Oxycodone) will be given to you at the time of discharge. Do not feel you need to automatically fill this prescription. If you are doing well with over the counter medications alone, that is fine. The prescription is to be filled only if you feel you need it. Do not waste your money. Do not drive a car, operate other heavy equipment, or drink alcohol while taking narcotic medications.
    - Narcotics may cause constipation. Stool softeners (Colace), fiber (fruits, bran, vegetables), and extra fluid may help. A stimulant laxative (Senokot) may also help.
6. **Can I resume my previous medications?**
    - Yes, unless directed not to by your doctor. Please read your discharge summary for the latest and most up to date list of medications you should take.

- Before discharge, be sure to review your medications with your doctor or inpatient medical team if you have any questions about what medications you should or should not take.

7. **When should I call my doctor?**

   Most patients have no problems after surgery, but if you are concerned, please do not hesitate to call us for the following situations:

   - If you have trouble talking or breathing.
   - If the area around your mouth/lips or the tips of your fingers on both sides of your body become numb and begin to tingle, this may indicate your calcium level is low. These symptoms may also be related to side effects of some pain medications, the position of the breathing tube during surgery, positioning of your arms and hands in the operating room, or how you were positioned when sleeping at home. If the numbness and tingling sensation does not go away within half an hour or worsens prior to that time, please call us so we may determine the cause of these symptoms. Your calcium supplementation may need to be increased. Occasionally, we will ask you to have labs drawn.
   - If you develop a fever greater than 101.5 degrees Fahrenheit. We do not recommend you regularly take your temperature. Take your temperature only if you feel like you have a fever. It is common to have a low grade fever in the late afternoon/early evening. This does not mean you have an infection.
   - If your incision becomes red or begins to drain fluid.
   - If you are discharged with a drain and the site becomes red, swollen, or you have a large change in the amount of drainage (more or less).
   - If you experience significant nausea, vomiting or abdominal pain.

8. **When will I receive follow-up care?**

   - The clinic nurse will call you 1-3 days after your discharge to see how you are feeling.
   - You will be scheduled for a return visit at Carolina Pines ENT clinic about 1 week after surgery.

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Risks of Neck Dissection

The patient meets the indications for Neck dissection surgery

The risks, benefits, indications, complications and alternatives to this procedure were discussed with the patient/family. The alternatives discussed include observation and continued conservative/medical therapy.

The following risks were discussed:

In experienced hands, neck surgery is generally very safe. Complications are uncommon, but the most serious possible risks of thyroid surgery include:

1. ***

Responsible Party Signature: _____ ***Date:*** _____

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