

PATIENT INFORMATION

Neck Dissection

Cancers can spread in a number of different ways. In the head and neck region spread via the lymph nodes is fairly common. Lymph nodes are like sieves that trap any bacteria, viruses or cancer cells in the body. Once one cancer cell has been caught by a lymph node it can grow and multiply there, and in time can spread to the next node down the chain.

What is a neck dissection?

There are 2 basic types of neck dissection as follows:-

1. A comprehensive neck dissection is where all the lymph nodes in the neck are removed between the jaw and collar-bone to clear any cancer which may have spread there. Because the nodes are small and stuck to other structures in the neck, we usually remove some other tissue as well to ensure a good clearance.
2. A selective neck dissection is performed when there is a suspicion that cancer may be present; in this case only the suspect nodes will be removed.

What can I expect from the operation?

You may be admitted to hospital the day before your operation.

The operation is performed under a general anaesthetic, which means that you will be asleep throughout. A cut will be made on your neck, usually in a natural crease in the skin, to allow the surgeon to see the tissues and structures underneath. At the end of the operation you will have 1 or 2 drains coming out through the skin and stitches or clips to the skin. Often during the operation small nerves may be cut which can make the skin numb, this means that many patients do not have much pain after the operation. This numbness will usually wear off. If you do suffer any pain or discomfort please tell the ward nurses. Because we often remove one of the large muscles from the neck patients find the neck looks a little flatter on the side of the operation and their neck can be stiff.

The average stay in hospital is 2-5 days. This operation may be performed at the Royal Devon and Exeter Hospital.

What problems can occur?

Bleeding: Sometimes the drain tubes block or fail to work and any bleeding can collect under the skin to form a clot. If this occurs a return trip to the operating room may be required to remove the clot and replace the drains.

Infection: Your wounds will be cleaned and dressed as necessary, sometimes infection can occur but this will usually be easily treated with antibiotics.

Chyle leak: Chyle is the tissue fluid which runs in the lymph channels. Occasionally one of these can be damaged during the operation. If this happens then chyle can collect under the skin and you may need to stay in hospital longer until the leak heals. Sometimes we need to operate to repair the leak.

Stiff neck: The physiotherapist or CNS will give you treatment and exercises to help increase the strength and mobility in your shoulder and arms. You are encouraged to continue these after you are discharged from hospital.

Nerve damage: Although we make every effort to avoid nerve damage, there are many nerves in the head and neck that can be affected by tumour and need to be removed. These can include nerves controlling the muscles of the shoulder, tongue movement and feeling, and the movement of the corner of your mouth. It is likely that the area around the scar and ear lobe will feel numb.

Care is provided throughout by a large team of doctors, nurses, dietitians, physiotherapists and speech and swallowing therapists all offering support and information for you and your family.

How quickly will I recover?

Recovery depends on the type of treatment you have undergone as well as your own individual healing. Resuming daily activities as soon as you are able can help the healing process. Your doctor will give advice about returning to work.

You will be seen by the dietitian and she will advise you on the best diet to promote healing and recovery.

You should avoid vigorous exercise for 6 weeks after the operation.

You may need further treatment. Sometimes we add radiotherapy to surgery to make sure we get the best chance of a cure.

Your feelings

You are likely to experience a number of different emotions; from shock and disbelief to fear and anger. These feelings are quite natural and it is important for you to be able to express these feelings if you wish. Everyone has their own ways of coping with difficult situations; some people find it helpful to talk to family and friends, while others prefer to seek help from professionals, and some will prefer to keep their feelings to themselves. There is no right or wrong way to cope, but help is there if you need it. Talk to your specialist nurse for further information about the help available. Remember, there are other patients who have gone through the same situation and your specialist nurse can put you in touch with someone who knows what it is like.

Contacts:

Head and Neck Specialist Nurses ☎ (01803) 655044.

Macmillan Support Line

www.macmillan.org.uk

For further assistance or to receive this information in a different format, please contact the department which created this leaflet.