Sheffield Teaching Hospitals NHS
NHS Foundation Trust

# Neck Dissection

## Your operation explained

**Information for patients**
Head and Neck Centre



**PROUD** TO MAKE A DIFFERENCE
SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST

This leaflet aims to help you understand the procedure known as neck dissection. It explains what is involved, and some of the common complications associated with this procedure that you may need to be aware of. It is not meant to replace discussion between you and your surgical team, but may help to answer some of your queries.

## What is a neck dissection?

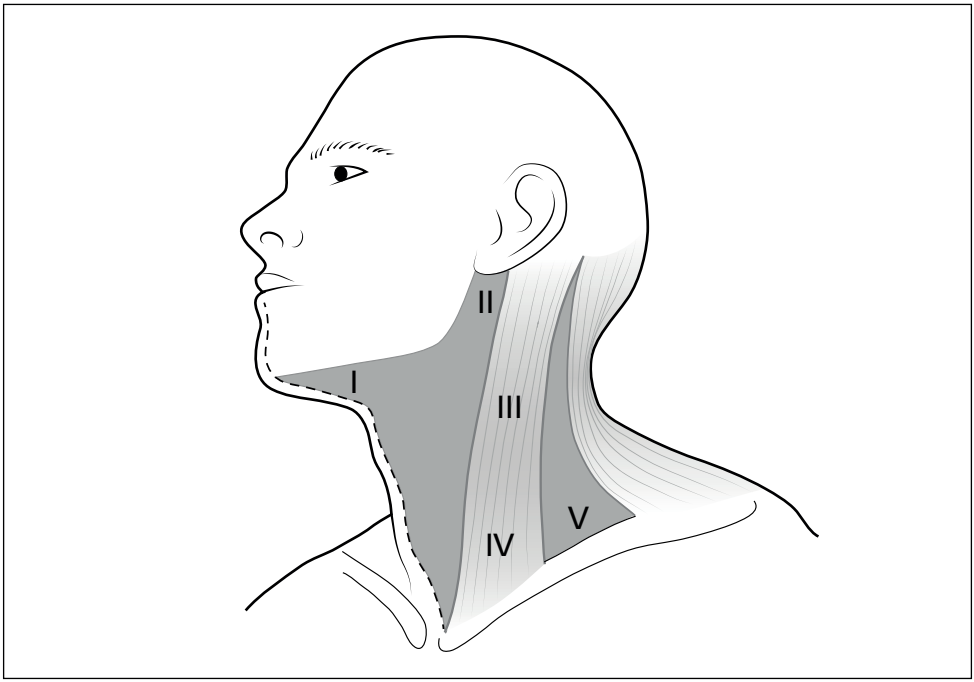
A neck dissection is an operation to remove small structures in your neck called lymph nodes, along with soft tissue in which these nodes are embedded.

Lymph nodes are better known as glands, and we have all been aware of them at some time in our lives, when they get enlarged and tender with colds and sore throats. Their main job is to help fight infections, but they can also become involved in the spread of some cancers, and may become enlarged if this happens.

Your surgeon will explain how this will be best managed and its possible appearance afterwards . The most common incision (cut) used is a curved one starting just below the chin and ending just below the ear. This type of incision (cut) allows easy access to the lymph nodes. These cuts will be closed with stitches or metal staples and usually heal very well.

The operation is performed under a general anaesthetic (you are asleep), and normally takes around a couple of hours if performed on its own. However, it can sometimes be part of a more major head and neck cancer operation.

All the structures that are removed at the time of your operation are then examined in detail under a microscope, to look for cancer cells. This is done by a specialist pathologist (a professional who studies tissue under a microscope).




## What are the different types of neck dissection?

There are different types of neck dissection so your surgeon will decide which is necessary for you.

- **Selective Neck Dissection**: Lymph nodes (glands) from only certain areas of your neck are removed.
- **Comprehensive Neck Dissection**: All the lymph nodes (glands) are removed, but the muscles, veins and the nerves (message pathways) in the neck, which are close to the lymph nodes, are left intact.
- **Radical Neck Dissection**: All the lymph nodes (glands) in the neck are removed, plus other tissues such as the main muscle in the neck, vein and nerves.

## What are the specific risks with this type of surgery?

Most people will not experience any serious complications from their surgery. Your surgeon will discuss these risks with you.

- **Chyle leak (pronounced 'kile')**: is a rare complication which occurs some days after surgery. In this condition, a natural tube which comes up from the abdomen and into the neck develops a leak, leading to loss of fluid from the neck drain or wound. It can normally be treated using a special diet and seldom needs any other intervention, but may keep patients in hospital longer.
- **Muscles**: if a radical neck dissection is performed, the main muscle in the neck called the sternocleidomastoid muscle is removed. This muscle gives shape to your neck, so some flattening of the neck occurs if it is removed.
- **Nerves**: nerves in this area can be affected by the surgery, as some may need to be removed, or may be damaged, due to their position. The main nerve that can be affected is the accessory nerve. The accessory nerve runs from the top to the bottom of the neck, and has many lymph glands lying very close by. The nerve's main job is to help with shoulder function and movement, so removal or bruising of the nerve can result in some stiffness and discomfort of the shoulder. Physiotherapy will be arranged for you if this is a problem after surgery. The hypoglossal nerve which moves the tongue can in very rare cases be damaged, but in most cases it will recover with time.

  Another nerve that is not removed but is vulnerable due to its position, is the mandibular (jaw) branch of the facial nerve. The mandibular (jaw) branch works the little muscles that act on the corner of the lip. This nerve can sometimes be damaged leading to a slightly uneven smile. In most cases this recovers over time, but it may not fully recover.

## What are the possible risks and complications of surgery?

After any major operation there is a risk of:

- **Chest infection**: you can help by practicing deep breathing exercises and following the instructions that may be given by your physiotherapist. If you smoke, it is a good idea to stop smoking as far ahead of the operation as possible. This will reduce the risk of a chest infection.
- **Wound infection**: in some cases antibiotics can be given to help reduce the risk of this happening.
- **Thrombosis (blood clot)**: this is due to changes in the circulation during and after surgery. A small injection is therefore often given to prevent clots forming until you go home. You can help by moving around as much as you are able, and in particular, regularly exercising your legs. You may also be fitted with some support stockings for the duration of your stay in hospital. Stopping smoking may also help reduce this risk.
- **Haematoma**: sometimes the drainage tubes, which are put in at the time of surgery, become blocked, causing blood to collect under the skin and form a clot (haematoma). If this happens it may be necessary to return to theatre to remove the collection (clot) and replace the drains. The team caring for you will be monitoring your drains regularly for any problems.

## What will happen before my surgery?

You may be asked to attend a pre-assessment appointment, or be admitted to hospital before surgery, to assess your fitness for the operation.

Usually you will be admitted the day of your surgery, but this can vary if you have other medical conditions which may require an earlier admission.

## Consent

As with any procedure, we must seek your consent (permission) beforehand. Staff will explain the risks, benefits and alternatives where relevant, before they ask for your consent.

If you are unsure about any aspect of the procedure or treatment proposed, please do not hesitate to ask for more information. It is the responsibility of the treating doctor to answer any reasonable questions you have, so please do ask.

## What will I feel like after the operation?

You will have had a fairly long operation under a general anaesthetic (you are asleep) so you will probably feel drowsy most of the day.

If your neck dissection forms part of a more major operation, you may spend the first night, and occasionally longer, in the Critical Care Unit, also called Intensive Care or the High Dependency Unit.

If this is not the case, you will return to your ward to recover.

Initially after the operation you may have:

- **Drips:** you may receive fluid via a drip in your arm. The drip will be removed once you able to drink enough.
- **Drains:** you will also have 1 or 2 plastic tubes called drains in your neck close to the incision (cut). These have suction bottles attached to them to monitor the amount of drainage. The drains will be easily removed within a few days as the drainage lessens, this will be decided by your medical team.
- **Pain:** there are various ways of controlling any pain following surgery. This may vary depending on the extent of your surgery and will change as you recover. The team caring for you will decide the most appropriate method.

Pain relief may include:

- **Injections** which can be given regularly.
- **Tablets**: Some tablets can be crushed, dissolved or given in syrup form once you are eating and drinking.

## How long will I be in hospital?

This depends on the extent of your surgery plus your general physical fitness. The average length of stay for this type of surgery is 3 to 5 days. This will be explained by your team before surgery.

## What will happen after discharge from hospital?

Before discharge, you will be assessed by members of the support team involved with your care and arrangements made for follow-up, if needed. Referrals will be made to the community support team if necessary.

Before leaving hospital you will be given details on arrangements for any wound care you may need.

Medications will be provided for you by the hospital if needed and then continued by your general practitioner (GP). The nursing staff will advise how to use these alongside your other medications.

A letter will be given to you for your GP, and this can sometimes be electronic. It will contain details of the surgery and a list of the medication you have on discharge. A more detailed letter will be sent at a later date.

A clinic appointment will either be given to you on discharge or will be sent to you. The appointment will be to review your progress, discuss the results of your surgery and advise if any further treatment is needed. It is recommended that you write down any questions you may have to take with you to clinic.

The speech and language therapist and dietician will also provide a follow-up appointment if necessary.

Your clinical nurse specialist will provide her/his contact details and make arrangements to contact you following discharge to assess your progress.

If you do have any questions, it is important that you use the contact numbers provided to get the advice you need. The hospital ward is always happy to provide advice and there is someone here 24 hours a day.

Your recovery at home may vary, with this type of surgery this can be slow and you may feel tired or lack energy, as your body will need to recover and heal. Regular follow-ups will help us to assess your progress.

## Is there anything to look out for when I go home?

You should look out for:

- Bleeding
- Signs of infection
- Increased swelling

## Who should I contact if I have any concerns?

Please contact the ward or your GP for help and advice.

Ward I1

- **0114 271 2504** (ask for the nurse in charge)
  24 hours a day

Clinical Nurse Specialists

- **0114 226 8776** (non-urgent)
  Monday to Friday, 9.00am - 5.00pm

## When can I return to work?

Due to the extent of the surgery, recovery can vary from person to person and therefore your readiness to return to work also varies.

When you leave hospital you will be given a sick note and this can then be extended, if needed, by your own GP.

You will be able to discuss returning to work at your first clinic appointment with your surgeon and he/she will be able to provide advice.

## When can I drive?

Again, this will vary on the extent of your surgery, so please discuss this with your surgeon.

## When can I go on holiday?

The team cannot decide this, but you would obviously need to be recovered enough to be safe, and you must ensure you are not missing planned treatment.

It is always advisable to take out necessary insurance, especially if going abroad, and your clinical nurse specialist can give you information on insurance companies.

## What other sources of support are there?

If you have any queries regarding your surgery, the contact numbers for advice are:

**Consultant Surgeon**

.....

**Clinical Nurse Specialist**

.....

**Outpatient Clinic**

.....

**Ward**

.....

## Further information is also available from:

Weston Park Cancer Information and Support Centre

23 Northumberland Road
Sheffield S10 2TX

- **www.cancersupportcentre.co.uk**
- **info@cancersupportcentre.co.uk**
- **0114 226 5666**

Cavendish Centre for Cancer Care

- **www.cavcare.org.uk**
- **0114 278 4600**

Macmillan

- **www.macmillan.org.uk**
- **0808 808 00 00**
  (Freephone)

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PD6295-PIL2405 v5 Issue Date: September 2021. Review Date: September 2024