MY ENT SPECIALIST
Experts that Care

Neck Dissection - Post Operative Instructions

How cancers spread.

Most cancers which start in the head and neck region have the ability to spread to other parts of the body. These secondary tumours are called ***metastases*** (or "mets"). Cancers can spread (metastasize) in a number of different ways, most often by the lymph system to lymph nodes, and sometimes by the blood to other distant organs like the liver or lungs.
The ***lymph glands*** in your neck are the glands that get swollen when you have an infection. They are part of the immune system and their main purpose is to "sieve out" microorganisms that have entered the body and then to produce white blood cells to fight these infections. Cancer cells may be carried by tissue fluid (called lymph) from the primary cancer and settle out (metastasize) in the lymph glands in the neck. In the head and neck region this localised lymphatic spread is quite common, but spread by blood to distant parts of the body is uncommon. The nodes in the neck drain the skin of the head and neck and all the swallowing and breathing tubes. 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 and so on.
Sometimes the cancer deposits can be felt as hard lumps in the neck. In many cases we may recommend removal of the lymph glands because we have a high suspicion that there may be microscopic spread of cancer cells associated with your particular tumour.

What is a neck dissection?

A neck dissection is a delicate surgical operation that removes some or all of the lymph glands from one side of the neck. There are two basic sorts of neck dissection:

Radical neck dissection is a surgical operation, which aims to remove all the lymph nodes in the neck between the jaw and the collarbones. It also removes a muscle from the neck (the sternomastoid) the main vein (jugular vein) and an important nerve (the accessory nerve) which is used for shrugging movements of the shoulder. We most often carry out this operation if we feel there is major involvement of the lymph nodes in one side of the neck and that in order to remove the cancer we would have to remove these other structures as well. Although there are usually long term side effects particularly if the accessory nerve is removed we only remove structures which you can safely do without, and only when we believe that it is necessary to do so to fully remove the cancer.

Partial or Selective neck dissection. This is performed when there are strong suspicions that there may be cancer cells in nodes in the neck. We would use this operation where we believed that we could remove all the cancer cells from the neck but safely leave behind the muscles, nerves and veins. In this case we tend to only remove those groups of lymph nodes which are most likely to be affected in your type of cancer.
In both sorts of operation we send all the tissues away to the laboratory to search for cancer cells and to see how extensive the spread has been.

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What can I expect from the operation?

- **Other Surgery**- In many cases the neck dissection is only part of the surgery and another procedure will also have been planned which is aimed at removing the primary or original tumour.
- Neck dissection is performed under **general anaesthesia**, which means that you will be asleep throughout.
- **Incision-** There will usually be a long cut made in the neck. At the end of the operation you will have 1 or 2 drain tubes coming out through the skin and stitches or skin clips in the skin.
- **Pain and discomfort-** Most patients do not have much pain after the operation. Your shoulder and neck can be stiff after the operation even if the nerves and muscles are preserved.

After the surgery

Most patients stay in hospital for 2-3 days following a simple neck dissection. However as this surgery may only be part of your overall treatment your stay may be longer.

- **Painkillers and medications**. After the surgery we would recommend you take simple "over the counter" pain relieving medications such as Paracetomol, Panadeine forte, or Ibuprofen. Dr McGuinness may recommend a course of antibiotics following your surgery and a script will be given to you before your discharge.
- **Wound Care and Sutures**. Most often we use dissolving stitches to close the skin wound. Occasionally skin clips (staples) are used, these should be removed one week following the surgery (this can be done either in the rooms or at your GP if it is more convenient). You may shower or bathe normally but keep the wound dry for the first 2 weeks after surgery. Any adhesive dressings (Steristrips) can be gently removed at home 1 week after surgery. Avoid sun exposure of the wound for 1 year.

If you notice increasing pain, redness or swelling of your neck please call Dr McGuinness's rooms for advice.

Laboratory results. We will send all the tissues we remove to the laboratory for further analysis. It is important that this is done carefully and thoroughly and this may take some time. We would usually hope to have results available 2 weeks following your surgery (more complex investigations may take longer). Dr McGuinness will discuss the results with you at your post-operative visit.

Post-operative review. This will normally be scheduled for 1- 2 weeks following your surgery. Please contact the rooms if you have not heard from us within 3 days of discharge.

Possible complications

Numb skin. The skin of the neck will be numb after the surgery, this will improve to some extent, but you should not expect it to return to normal.
Stiff neck. Some patients find that their neck is stiffer after the operation.
Blood Clot. Sometimes the drain tubes which are put in at surgery block, in which case blood can collect under the skin and form a clot (haematoma). If this occurs it is usually necessary to return to the

operating room to remove the clot and replace the drains.

Chyle leak. Chyle is the tissue fluid, which runs in lymph channels. Occasionally one of these channels called the thoracic duct leaks after the operation. If this occurs, lymph fluid or chyle can collect under the skin, in which case we need to keep you in hospital longer and sometimes need to take you back to the operating theatre to seal the leak.

Injury to the Accessory nerve. This is the nerve to one of the muscles of the shoulder. We try hard to preserve this nerve but sometimes it needs to be removed during the surgery because it is too close to the tumour to leave behind. In this case you will find that your shoulder is a little stiff and that it can be difficult to lift your arm above the shoulder. Lifting heavy weights, like shopping bags, may also be difficult. If the nerve is cut as part of the procedure we would recommend a course of post-operative physiotherapy to strengthen the other muscles in the shoulder.

Injury to the Hypoglossal nerve. Very rarely this nerve, which makes your tongue move from side to side, can get bruised or damaged as a result of surgery; occasionally it has to be removed due to involvement with the tumour. In this case you will find it difficult to clear food from that side of the mouth and it can interfere with your swallowing.

Injury to the Marginal Mandibular Nerve. This nerve is also at risk during the operation, but we also try hard to preserve it. If it is damaged you will find that the corner of your mouth will be a little weak. This is most obvious when smiling. If this happens it is usually temporary but can take up to 6 months to return to normal. More rarely the damage can be permanent.

Will I need any other sort of treatment?

This will depend very much on what treatment you have had already, where your tumour is and what type of tumour it is. Sometimes we add radiotherapy and or chemotherapy to surgery to achieve a better cure rate. Dr McGuinness will discuss this further with you after the results of the laboratory tests are available. He will also arrange any other appointments you may need with other specialists.

How long will I need off work?

This will depend on the type of treatment you have had and you should discuss this with Dr McGuinness; but as a general rule at least three weeks will be required off work. You should also refrain form sports such as swimming, running and golf for 3-4 weeks following your surgery although walking and other less strenuous activities will speed up your recovery.

Useful Numbers

Dr John McGuinness	
Rooms (office hours)	**1300 3620715**
Nurse (8am- 8pm)	**0418 824 652**
Campbelltown Private	4621 9111
Lifehouse at RPA	8514 1850
L'pool Public-ENT	9828 3000
St George Private	9598 5555
St George Public- ENT	9113 1111
St Luke's Hospital	9356 0200