

# Neck Dissection

## Information for patients

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You have been given this leaflet to provide you with more information on the surgical procedure - Neck Dissection.

### What is a Neck Dissection?

A neck dissection is the name of a surgical procedure which removes lymph glands from your neck.

### Why do I need a Neck Dissection?

Your plastic surgeon will have explained that, as a result of investigations you have had, there have been possible cancerous cells identified within the lymph glands in your neck.

Lymph nodes or glands are a filtration system of the body with their primary function being to catch any virus and/or infection and stop it from spreading. Sometimes, if a person has had a skin cancer diagnosis in the head or neck region, some of the cancerous cells can migrate to the lymph nodes in the neck. The trapped cancer cells in the lymph node can grow and multiply, and then spread to the next lymph node and so on.

The surgical procedure of a neck dissection is offered with an aim to remove affected lymph nodes from the neck.

### What happens to me?

This kind of surgical procedure requires you to have a general anaesthetic, which means you will be put to sleep.

The operation involves making some cuts on the side of your neck and removing the lymph nodes and possibly extending, discreetly, in front of the ear. The extent of the surgery is dependant on the severity of the disease, however, in some cases, the parotid (in front of the ear) needs to be removed. Your surgeon will discuss this with you.

After the operation you may have a surgical drain in your neck to collect any extra fluid the body is producing as a result of removing your lymph nodes. This may have to stay in place for several days after the surgery.

You will have either stitches or staples in your neck to keep the wound secure, and some dressings on top. The nurses on the ward will look after these for you.

### What are the risks of the surgery?

Most people cope with the operation very well and have only minor problems. The most common problems relate to prolonged lymph drainage, fluid collection in the neck, or minor wound infections. These problems are usually managed simply, without needing re-admission to hospital. Your surgeon will have discussed the benefits and the risks of the procedure at your pre-operative consultation and this document is not intended to replace that discussion. However, in general terms, possible side effects are as follows:

## Early side effects

### Common:

- Numbness around the wound and the neck area, minor wound infection, small haematoma (blood collection) or seroma (lymph fluid collection).
- Shoulder and/or neck stiffness, usually improving over 3–6 weeks. This sometimes requires physiotherapy.

### Uncommon:

- Excessive bleeding needing re-operation.
- Major wound infection requiring re-operation.
- Deep Vein Thrombosis (clots in the veins).
- Pulmonary embolism (clots in the lungs).
- Possible facial nerve palsy. This is most common if a parotidectomy is performed with the neck dissection. Part of the facial nerve can be affected with full neck dissection, especially the part that supplies the movement of the lower corner of the mouth. Most often this nerve will recover over a few months, but it can be permanent.
- Damage to nerves supplying muscles.
- Chyle leak can occur, which means that milky fluid comes out in the drain for some days. It usually settles if a low-fat diet is followed.

## Late side effects

### Common:

- Scar at site of incision.
- Numbness around wound and in the neck.
- Seroma (fluid collection) in wound.

### Uncommon:

- Large seroma (fluid collection) requiring repeated drainage or new drain insertion.
- Neuralgic (nerve-related) pain in the arm or axilla.
- After a parotidectomy it is possible to get a sweating sensation on the side of the face after eating. This is called post-gustatory sweating (Frey's Syndrome).

## How long will I be in Hospital for?

There is no specific timeframe for this procedure as each patient's care will depend on how they are recovering as individuals. An estimate can be discussed with your surgeon so that you can prepare your loved ones and dependants for the time that you will be in the hospital.

## Is this the end of my treatment?

A neck dissection surgery can sometimes be main treatment, or it may be offered in conjunction with other therapies. These will be discussed by the expert team and offered to you with full consideration of your wishes. You are part of the decision-making process in your care and can voice any concerns.

## Who should I call if I have any Questions?

You may or may not have met one of our Clinical Nurse Specialists in Clinic. Their role is to support you, inform you and your family and be a point of contact for you to ask questions. You can contact them via the Cancer Navigation Hub 0300 123 1600.

For more information on the Cancer Navigation Hub please scan this QR code:



## It's OK to Ask

When you understand what's going on with your health, you can make better decisions around your care and treatment.

