Removal of lymph glands in the neck

Your consultant has advised that you have surgery to remove the lymph glands and associated tissues in an operation called a neck dissection.

What is a neck dissection and why do I need this operation?
Cancers of the head and neck have the ability to spread to other parts of the body. Cancers can spread in a number of ways, most often by the lymph nodes. In the head and neck region lymphatic spread is common. Lymph nodes are like sieves, which catch bacteria, viruses or cancer cells in the body.

The nodes in the neck drain the skin of the head and neck, the swallowing and breathing tubes, the salivary glands and the thyroid.

When a cancer cell has been ‘caught’ by a lymph node it can continue to grow and in time can spread to another node.

What are the benefits of having a neck dissection?
- Having the surgery will enable the consultant to make a definite diagnosis and to remove all or most of any neck cancer.
- Having a definitive diagnosis will provide information, should you require further treatment.

What are the risks, consequences and alternatives associated with having a neck dissection?
Most operations are straightforward, however as with any surgical procedure there is a small chance of side-effects or complications such as:
- Bleeding
- Blood clot: sometimes the drainage tubes that are put in during surgery can become blocked, causing blood to collect under the skin and form a clot (haematoma). This can result in a return to the operating theatre to remove the clot and replace the drains.
- Infection, which may cause wound breakdown or discharge from the wound.
- Injury to the accessory nerve (the nerve to one of the muscles in the shoulder). Your consultant will try to preserve this nerve, but sometimes it may need to be removed because it is too close to the tumour to leave behind. If this occurs you will find your shoulder is stiff and lifting your arm above the shoulder may be difficult, as will lifting heavy weights, like shopping bags. A physiotherapist may see you before your operation to show you shoulder exercises, which may help, after surgery.
- Damage to the nerve to the lower lip (marginal mandibular nerve).
- Damage to the nerve to the muscle of the tongue (the hypoglossal nerve).
- The skin of the head and neck will be numb after surgery. This will to some extent improve with time, although may not fully return to normal.
Chyle leak: Chyle is tissue fluid that runs in lymph channels. Sometimes one of these channels (the thoracic duct) can leak after the operation. This fluid will collect in the drain in your neck. If you have a chyle leak, the drain is usually kept in until the leak stops.

If you are concerned about any of these risks, or have any further queries, please speak to your consultant.

Your consultant has recommended this procedure as being the best option. The alternatives to this procedure are limited: radiotherapy and chemotherapy can sometimes slow the growth of cells, but surgery is the mainstay of treatment. There is also the option of not receiving any treatment at all. The consequences of not receiving any treatment will mean the disease will continue to progress and it is likely to spread to other parts of the body. If you would like more information, please speak to your consultant or one of the oncology nurses caring for you.

**Getting ready for the operation**

You will be asked to attend the pre-operative assessment clinic. A nurse will discuss the operation with you. You may need to undergo some routine tests before operation eg. heart trace (ECG), x-ray, blood test.

You will be asked some routine questions about your general health, including whether you smoke or drink alcohol, any allergies you may have and any medicines you are taking at present. It would be helpful if you bring your medicines with you. The nurse will need to know their name and the strength. This includes non-prescription medicines including herbal/complementary medicines.

If you have a number of medical illnesses, placing you at a higher risk for an anaesthetic, you may be seen by an anaesthetist before your surgery.

Please feel free to ask questions and raise any concerns you may have regarding your operation.

For a time before certain types of anaesthetic you will need to stop eating, drinking and chewing gum. This will be explained to you and you may also be given a booklet about this. If you have any questions, please contact the hospital - telephone number on your admission letter.

You may need to make us aware of your social situation particularly as you may need some help when you go home. If you let us know at the start, we can organise things in good time.

**Stopping smoking**

Smoking greatly increases the risk of complications during and after surgery. The sooner you stop the better. Even a few days before your operation can help to improve healing and recovery afterwards. For help and advice contact your GP.

**On admission**

You will usually be admitted to the ward the day before your surgery. When you arrive on the ward you will be introduced to the staff and shown to your bed. Your details (name, date of birth etc.) will be checked on a number of occasions before the operation. This is normal practice and is for your safety. You will be given a wristband to wear.

You will have the opportunity to discuss your operation with staff. It is important that you understand your operation, and the risks involved before you sign a consent form to this effect.
You will be asked to have a bath or shower before your operation. The nursing staff can help you if necessary. On the day of the operation you will be given a theatre gown to wear.

**Male patients:** please do not shave yourself (so as not to cut or damage the area immediately before the operation) unless advised by the nursing staff.

You will be given the choice of walking to the anaesthetic room or alternatively you could be taken in a wheelchair if you wish.

A small needle or cannula will be inserted into the back of your hand.

**What sort of anaesthetic will I have?**
Your operation will be carried out under a general anaesthetic, which means you will be asleep throughout. The anaesthetist will visit you before your operation and discuss the anaesthetic with you.

**What should I expect after the operation?**
When the operation is over you will have your pulse, blood pressure, breathing and wounds checked regularly by a nurse.

If you require closer monitoring after your surgery, you may be admitted to Intensive Care or Ward 202 Step Down, where you will stay until the doctors are happy with you when you will be transferred back to your ward.

It is usual to feel drowsy for several hours. You will be given oxygen through a mask; this is normally via a facemask.

Anaesthetics can sometimes make people feel sick. The nurse may offer you an injection if the sick feeling does not go away, this will help to settle it.

You will have a drip running into a vein until you are eating and drinking again.

You may have a drain (thin tubes) coming from your neck. This drains any excess blood and fluid from your operation into a bottle. This will be removed when the drainage volume is reduced.

**Dressings and stitches**
Your wound will have stitches or clips to keep it together while it heals. These will be removed in 7 - 10 days. Your wound will be exposed; no dressing is required.

**Pain relief**
If you experience pain, it is important to tell the nurses who can give you painkillers to help.

**Mobilising**
To prevent neck stiffness, it is important you begin moving your head, neck and shoulders as soon as is possible after the operation. A physiotherapist will advise you. Within the first few days, you will be encouraged to get up and move around. It is important to mobilise as soon as possible after an operation to reduce the risks of blood clots.

**Bathing and showering**
You may bathe or shower when the nurse looking after you has advised it.

**Clothing**
For your comfort it is advisable to wear loose clothing around the neck area.

**Going home**
You will be in hospital for approximately 5 days.
DISCHARGE INFORMATION AND AT HOME ADVICE

Wound care
Try to keep the wound clean and dry as much as possible.

Personal hygiene
You may bathe or shower as usual.

Pain relief
It is usual to feel some pain after this operation. Take either the painkillers you were given from the hospital or a mild painkiller such as Paracetamol - follow the manufacturer’s instructions and do not exceed the stated dose.

Time off work
For the first 7 days you will be able to certify yourself. A certificate (fit note) may be issued by a doctor on the ward for further time off. Please ask if you require a certificate.

You should return to work when you feel able: we advise 2 - 4 weeks following discharge.

Driving
Do not drive until you can wear a seat belt comfortably and feel able to perform an emergency stop. Your insurance company may refuse to meet a claim if they feel you have driven too soon. It is also advisable to contact your insurance company with regards to cover following a general anaesthetic.

Outpatient appointment
An appointment will be made for you for approximately 2 weeks and, if you are not given a date before you leave hospital, one will be posted to you.

Useful contacts

Macmillan Information Centre
Cancer and Specialist Services, Level 1, Main Hospital, Royal Derby Hospital
Telephone: 01332 786008
Email: dhft.cancerinformation@nhs.net

Macmillan Cancer Support
89 Albert Embankment, London, SE1 7UQ
Telephone: 0808 808 0000
Website: www.macmillan.org.uk

ENT website
www.entuk.org

We hope your recovery is speedy and uneventful.

If you have any queries, or require further information, please telephone Head and Neck Outpatients on 01332 787472, Monday to Friday, 9.00am - 5.00pm.

After 5.00pm and at weekends contact Ward 307 on 01332 787307.
Head and Neck Nurse Specialist on 01332 787914 or 783192.