Discharge Advice

Neck dissection

Neck dissection:
Surgery is done to remove the lymph nodes in the neck in order to remove those that contain cancer, when there is evidence that there may be one or more nodes affected by cancer in the neck. These are often small and stuck to structures in the neck. We may need to take away other tissues in order to ensure we remove all part of the cancer nodes. We only remove structures which you can safely do without.
In many cases the neck dissection is only part of the surgery and you may also be having some other procedure aimed at removing the primary or original tumour. The operation is performed under general anaesthetic which means that you will be asleep throughout. There will usually be one long cut made in the neck. These will have stitches or skin clips to close them.

What to expect after surgery:
Usually patients require the placement of 1 or 2 drains in the neck. The drains are usually removed within the first few days after surgery. If all is well you can then be discharged home. Most patients do not have much pain after the operation. We may remove one of the large muscles from the neck so that patients find that the neck looks flatter on the side of the operation, and their neck can be stiff after the operation
If non-dissolvable sutures/clips are used then these may require removal after a week usually at your GP practice. This will be discussed with you post-operatively and indicated on your discharge letter.
It is normal to feel more tired than usual for up to a week after your operation, if you are a parent or a carer you will need some support during this time.

It is important that you eat and drink normally.

Ensure your wound site is kept clean and dry. Avoid the use of makeup and perfumed creams. After 10 days, gently massage your scar with a non-perfumed moisturising cream two or three times a day.

Potential complications and advice following surgery:
Numb skin:
The skin of the neck will be numb after the surgery. This will improve over time to some extent, but you should not expect it to return to normal
Bleeding:
The risk of bleeding is low and it is important to avoid any strenuous activity in the immediate post-operative period to reduce this risk. Bleeding could result in a

haematoma (a blood clot) forming under the wound. You may need a further procedure to stop the bleeding and remove the clot.

Infection:
There is a risk of infection with any surgical procedure, but provided the wound is kept clean the risk is very small

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 theatre to seal the leak.

Nerve damage:
There are four important nerves that can be affected by this operation and they are each covered in the following few paragraphs.

1. 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, 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.
2. Injury to the Hypoglossal nerve: Very rarely, this nerve (which makes your tongue move) also 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.
3. Injury to the Lingual nerve: Very rarely, this nerve (which gives you taste and sensation on that side) also has to be removed due to involvement with the tumour. In this case you will find there is a change in your sense of taste on that side and you may find it difficult to eat due to sensation change.
4. 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.

Recovery time:
You may experience some pain on swallowing due to the surgery and the anaesthetic tube. This is normal and should resolve after 72 hours.
Neck stiffness can also happen and you should move your head within your limits to prevent neck stiffness

You should take at least 3 weeks off work in order to recover from the surgery. A sick note can be provided prior to your discharge from hospital if required.

You will have a scar. This will look red but will fade slowly over a variable period of time between a few months and a few years. You will need to protect your scar from direct sunlight for 18 months; it is advisable to use a total sun block. Some people produce a Keloid scar (raised/highly coloured scar). This is due to their skin type; it is unpredictable before surgery and may be treatable at a later date.

Follow up:
You should be seen in the outpatient clinic at around 2 to 4 weeks post-surgery. At this point the laboratory tests should be available. Your surgeon will also be able to review your neck and answer any questions you may have. Should you not receive this appointment, please call the outpatient booking office on 01495765055.

Further treatment:
This will depend on what treatment you have had already, where your tumour is and what type of tumour it is. Sometimes we add radiotherapy/chemotherapy to surgery if we think this may give a better chance of a cure.

EMERGENCY DISCHARGE INFORMATION

09:00 to 17:00 Monday to Friday (excluding bank holidays): Contact the ENT Treatment room on 01633234018

After 17:00/overnight (adults): Ward C0 01633 493926

In the event of a breathing emergency, attend your closest Accident & Emergency department. This can happen with bleeding or swelling in your neck, particularly in the first 48 hours after an operation.