Gloucestershire Hospitals
NHS Foundation Trust

Patient Information

Neck dissection

Introduction

This leaflet will give you some extra information about your upcoming neck dissection operation.

What is a neck dissection?

A neck dissection is an operation to remove lymph nodes from one or both sides of the neck that we suspect may be affected by cancer. There are different types of neck dissection, but they each have a similar approach. An incision (cut) is made to gain access to the lymph nodes in the neck. Once the appropriate lymph nodes have been removed the wound is closed with stitches or clips. You may hear the operation described as a radical neck dissection or a selective neck dissection. This relates to the amount of nodes we wish to remove from the neck. Your surgeon will discuss this with you before you sign consent to the surgery.

In both operations we send all the removed tissue to the laboratory. This is to search for cancer cells and to see how far the cells have spread.

How do cancers spread?

All cancers which start in the head and neck region can spread to other parts of the body. These are called metastases (mets) or secondaries. Cancers can spread 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.

In the head and neck region lymphatic spread is common but the spread of the cancer to other parts of the body is uncommon. Lymph nodes or glands are like sieves which catch bacteria, viruses or cancer cells in the body. Each node drains a particular area of the body. 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 the lymph node it can grow, multiply and in time can spread to the next node.

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Patient Information

What can I expect from the operation?

Most patients will be admitted on the day of the operation. In many cases, the neck dissection is only part of the surgery and some other procedures will also have been planned which are 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 1 or 2 long cuts 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 to close the skin. These are usually removed between 7 to 10 days following surgery.

There will be some pain after the operation, but you will be prescribed pain relief both in hospital and to take home with you if you need them.

Follow up

A follow up appointment will be made for you for to see your consultant 2 weeks after the surgery. The consultant will discuss the laboratory results with you.

Risks and complications of surgery

Numb skin

The skin of the neck will be numb after surgery. This will improve to some extent but it is unlikely that it will return to normal.

Neck problems

You may find that your neck is stiff after the operation. You may also find that your neck looks slightly flatter.

Blood clot or bleeding

Sometimes, the drains tubes which are put in during the surgery become blocked. This can cause blood to collect under the skin and form a clot (haematoma). If this happens it may be necessary to return to theatre and replace the drain.

Infection

Very rarely patients can develop a wound infection following surgery. This is normally treated with antibiotics.

Patient Information

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 happens, lymph fluid or chyle can collect under the skin. We will need to keep you in hospital longer and may need to operate 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 save this nerve, but sometimes it needs to be removed because it is too close to the tumour to leave behind. As this a permanent procedure you may find that, after the surgery, it can be difficult to lift your arm above the shoulder. Lifting heavy weights, like shopping bags will be difficult too.

Hypoglossal nerve

This nerve makes your tongue move. Very rarely the nerve has to be removed as it is attached to the tumour. In this case you will find it difficult to clear food from the side of the mouth.

Injury to the marginal mandibular nerve

This nerve is also at risk during the operation, but we 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.

Will I need any other sort of treatment?

This will depend on what treatment you have had already, where your tumour is and what type of tumour it is. You may have to have further treatment such as radiotherapy.

How long will I need to be off work?

This will depend on the type of treatment you have had and whether there is some residual disability left. You should discuss this with your surgeon, but as a general rule, at least 2 weeks will be required off work.

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Contact information

If you have any further questions please do not hesitate to contact either your surgeons' secretary via the switchboard, or the Clinical Nurse Specialist on the telephone number below:

Gloucestershire Hospitals Switchboard
Tel: 0300 422 2222

When prompted please ask for the operator then for your surgeons' secretary.

The Clinical Nurse Specialist
Tel: 0300 422 6785
Monday to Friday, 8:00am to 4:00pm

Ward 2b
Tel: 0300 422 6184

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