

Neck Dissection

Patient Postoperative Instructions and Information

Lymph Nodes:

Each side of your neck has more than 20 lymph nodes. These nodes drain fluid from the face, mouth, and throat. The nodes may be enlarged due to infections (viral or bacterial) or nests of cancer cells (metastases).

Neck Dissection:

Head and neck cancers spread to neck lymph nodes. The purpose of a neck dissection is to remove the lymph nodes at most risk for the spread of cancer cells.

Your surgeon makes an incision (cut) in the lower area of your neck. The exact size of the cut varies, so you may ask your surgeon to show you. Next the fat and lymph nodes in the desired areas are taken out. The surgeon tries to spare as much normal tissue as possible, but cancer cells often invade other healthy tissue.

Some structures that are commonly removed are the internal jugular vein (IJV), the sternocleidomastoid muscle (SCM), and the spinal accessory nerve (SAN). There are usually little noticeable effects from removing one IJV. The SCM runs from behind your ear down to your collarbone and helps turn your head left and right. The SAN controls the SCM and the muscles that help shrug your shoulder. If part of the SCM is removed, it may be painful to raise your head off the pillow for several days; you may place your hand behind your head when sitting up during this healing time. Your neck may appear thinner on the side that the SCM is removed.

If part of the SAN is cut, you may notice trouble raising your shoulder or raising your outstretched arm sideways above horizontal. Doing shoulder exercises every day after surgery can help to maintain good shoulder mobility. Some patients see a physical therapist to learn these exercises. The greater auricular nerve runs right across the area of the operation and often must be cut for access to deeper tissues. If the nerve is cut, the skin around the ear lobe will be numb. This usually slowly resolves over a year.

Usually, you will be admitted to the hospital overnight. Most patients go home the next day. If you have had neck dissection on both sides of the neck, you may need to stay another day.

After Surgery Care

Incision:

You need to keep the incision dry for 3 days. After 3 days you may shower and pat the incision dry. You may use Q-tips or gauze dipped in a mixture of ½ hydrogen peroxide and ½ water to remove any dried blood over the incision. After washing apply a thin film of an antibacterial ointment such as Polysporin. Please avoid any activity that pulls across the incision. Do not shave for at least 2 weeks. The rest of the face may be shaved. The staples and/or stitches will be removed 1-2 weeks after surgery at your postoperative appointment in the Ear Nose Throat (ENT) clinic.

Drain:

Some patients go home with a thin drain tube and an egg shaped collecting bulb called a JP drain. The tube should be gently stripped every 4 hours. A nurse will teach you how to do this before you leave the hospital. When the JP drain looks half full or at least 2 times a day, please empty the bulb into a small plastic measuring cup. Then write down the amount in the cup. Pour the fluid in the sink or toilet. When the amount of fluid emptied from the drain is 30 ml (or 2 tablespoons) or less in a 24-hour period, the drain is ready to be taken out. If the drain is in place for 1 week it needs to be taken out no matter how much fluid drained. Call the ENT clinic to have the drain taken out.

The drainage within the JP drain should be red, pink, or straw colored (yellow.) If it is milky or looks like pus, you need to be seen by your surgeon right away.

Head of Bed:

Keep the head of your bed up 30-45 degrees. You may sleep in a recliner for the first 3-4 days to decrease swelling. The skin above the incision may look swollen after lying down for a few hours. Keeping your head elevated is crucial when both sides of the neck have been dissected. This will help to avoid a swollen and puffy face.

Activity:

Do not strain, do heavy lifting, or hard exercise for 2 week after surgery.

Diet:

You may eat your regular diet after surgery. If your lip “pucker” muscles are weak, you may drool slightly when drinking.

Shoulder exercises:

May be started in the first week after surgery. Try to raise both arms out sideways and hold steady for several seconds. You may use small weights if desired.

Pain:

Your pain can be mild to moderate the first 24 – 48 hours. The pain usually lessens after that. The sooner you reduce your narcotic pain medication use, the faster you will heal. As your pain lessens, try using extra-strength acetaminophen (Tylenol) instead of your narcotic med. It is best to reduce your pain to a level you can manage, rather than to get rid of the pain completely. Please start at a lower of narcotic pain med, and increase the dose only if the pain remains uncontrolled. Decrease the dose if the side effects are too severe.

Do not drive, operate dangerous machinery, or do anything dangerous if you are taking narcotic pain medication (such as oxycodone, hydrocodone, morphine, etc.) This medication affects your reflexes and responses, just like alcohol.

When to Call Your Surgeon: If you have...

1. Any concerns. We would much rather that you call your surgeon then worry at home, or get into trouble.

2. Fever over 101.5 degrees F.
3. Foul smelling discharge from your incision.
4. Large amount of bleeding.
5. More than expected swelling of your neck.
6. Increase warmth or redness around the incision.
7. Pain that continues to increase instead of decrease.
8. Problem urinating.
9. If you have chest pain or trouble breathing- **you need to go directly to the emergency room without calling.**

Postoperative appointment:

You will have a postop appointment scheduled 7-10 days after surgery. During that visit, your surgeon will check your wound and vocal cords. If you don't have an appointment, please call 410 554 4455.