Patient Information

Royal Devon and Exeter
NHS Foundation Trust

Exeter Cancer Service

Selective Neck Dissection

Introduction

This booklet is about the surgery to remove the lymph nodes from your neck. It aims to give you an idea of what is likely to happen and how long you can expect to be in hospital. We expect you to make a rapid recovery after your operation and to experience no serious problems. However, it is important that you should know about minor problems, which are common after this operation, and also about more serious problems that can occasionally occur. The section 'What problems can occur after the operation?' describes these, and we would particularly ask you to read this. The headings from this section will also be included in the consent form you will be asked to sign before your operation. You can help reduce certain risks by closely following the advice of your surgeon and his/her team both before and after surgery.

What is a selective neck dissection?

It is a surgical procedure performed under a general anaesthetic in which the lymph nodes in the affected side of the neck are removed.

Reasons for having a selective neck dissection

The doctors have decided that you require a selective neck dissection because either on examination of your neck they have found enlarged lymph node/s or following a positive lymph node biopsy.

The lymph node is part of the lymphatic system that runs alongside the bloodstream. The lymph system is part of the immune system which protects the body against diseases. The system contains lymph fluid, lymph nodes and lymph ducts. The nodes have an important role in draining and filtering such things as bacteria, viruses and cancer cells. When any of these reach the lymph nodes the nodes become large and swollen.

The doctor may have taken a sample from the node or you may have had a scan to determine the cause of the enlarged node. With these results the doctor has decided that the lymph nodes need to be removed. By removing these nodes it may reduce the chances of cancer cells spreading to different parts of the body (metastases).

What happens before the operation?

On the day of surgery you will not be able to eat or drink anything immediately before surgery. It is important to have an empty stomach before we can proceed with general and some local anaesthetics. You will be asked to stop eating food (including sweets and chewing gum) six hours before your operation. Please drink non-fizzy water, plain squash, black tea or coffee (no milk) up until two hours before surgery.

You should have a bath or shower, remove make-up, nail polish, piercing (eg. earrings and body jewellery) and jewellery. Wedding rings can stay in place. Contact lenses, false teeth etc. can be removed just before you go to the operating theatre.

When you come into hospital you will be asked to wait in the dayroom and later on the nurse will admit you to the ward. He or she will go through an individual plan of care with you and answer any questions you may have. You will also be examined by a doctor from your surgical team and be seen by the anaesthetist who will be giving you a general anaesthetic.

If you have not attended a pre-assessment clinic we will take a blood sample from you and you may require other tests such as an ECG (heart tracing).

What does the procedure involve?

The surgeon will make an incision/s (cut) in your neck usually in the natural crease in the skin over the lymph nodes that are to be removed. The depth of the incision will vary depending upon the location of the lymph nodes requiring removal. The lymph nodes are then removed. The tissue removed during surgery is sent off to be analysed.

One or two wound drains are then placed within the wound to drain away any excess blood or lymph fluid that may collect. The incision is then stitched with either soluble or removable sutures (stitches) and then occasionally suture strips (paper tape) are applied to the area.

What about the anaesthetic?

A general anaesthetic is usually given by injection into your hand or arm. The general anaesthetic is one of the main concerns for all patients, stemming from the fact that many feel they are handing over control of their life to another person. This worry is understandable but modern anaesthetics are very safe, and serious complications are uncommon. The operation itself usually takes 1½ to 2 hours.

What happens after the operation?

When you wake up from the anaesthetic you will need to be nursed propped up at 45° this will help reduce any swelling that occurs because of the surgery you have had.

The incision in your neck may be painful and turning your head may cause some discomfort. Please tell your nurse if you are experiencing any discomfort. You will probably feel some pain for the first few days. Suitable pain killing tablets, suppositories or injections will be prescribed. It is important you take painkillers if you need them.

You will be able to eat and drink as able on return to the ward following surgery.

Occasionally you may have a 'drip' in your arm to replace any fluid you might need. If so, this can usually be removed on the day of surgery or the day after depending on how well you tolerate drinking fluids.

You will be able to have a shallow bath or a wash as soon as you feel able ensuring you keep your wounds and dressings dry. If you require any assistance or your hair needs to be washed please ask the nurse looking after you.

The wound drain/s will remain in until there is minimal drainage, this is normally 2-7 days and then will be removed. A dressing will be applied over the drain site and the wound will be cleaned and new suture strips applied if necessary.

Discharge from hospital

You will be discharged from the ward 2-7 days after your operation, when you are up and about, eating and you are comfortable. You will usually be discharged after the drain is removed.

Please arrange for someone to collect you and help out at home for a few days.

You will be given medication to take home with you; these will usually be painkillers. Please follow the instructions on the packet.

If your drain is still in place on discharge, then the nurse will teach you how to measure and record the daily drainage in the drain and change the bottle. You will be asked to the telephone the ward daily with the amount. When the drainage is minimal, you will need to return to clinic or Otter ward and have the drain removed.

We will give you instructions on when and where any sutures should be removed - either with us or at your GP practice. You will also be given a follow up appointment with your Consultant's team following surgery.

When will I be back to normal?

Bathing and showering

You will be able to have a bath or wash as soon as you feel able making sure you keep your wound dry. Avoid getting the affected side of the neck wet until the sutures are removed and the wound is healed. This is normally about 10 days after surgery. If you need to shave please avoid doing so until sutures are removed and the wound is healed and then for the first 3-4 weeks only use an electric razor.

Work/general activities

Please follow the advice given to you by the physiotherapist regarding moving your neck within your pain threshold. Most patients' wounds have healed within 2 weeks and if no complications occur then they can resume a normal life style within 4-6 weeks.

Sport

We advise you to avoid any sport that involves turning your head frequently for 4-6 weeks after your operation.

Driving

Ideally you should avoid driving for 4-6 weeks after your operation. You should feel comfortable turning your head freely without pain enabling you to see other traffic on the road.

What problems can occur after the operation?

Seromas(tissue fluid) and haematomas (blood)

Unfortunately sometimes blood and tissue fluid can collect within the wound. Sometimes no treatment is necessary, however if there is too much fluid we may need to drain it off using a needle. You may be required to return to theatre if a large collection of blood occurs.

Chylous fistula

This is rare but damage to the lymphatic duct at the base of the neck can result in leakage of milky fluid into the neck. Whilst you are eating the drainage into the drains becomes milky in colour. This sometimes resolves itself although surgery is normally recommended due to large amount of protein that can be lost.

Infection

Any surgery carries the risk of infection and if wound infections occur then they will be either treated with the appropriate dressing or you will be given a course of antibiotics to take.

Nerve damage

There are many nerves in the neck and some may occasionally be injured leading to temporary or permanent damage. If the nerve is temporarily damaged then it can stop working for several months.

There are some nerves that are especially at risk. These nerves are the accessory nerve, the marginal mandibular nerve and the greater auricular nerve. The accessory nerve helps you to move your shoulder up and enable you to lift your arms above your head. The marginal mandibular nerve controls the corner of your mouth and if damaged prevents the corner of the lip being pulled down and as such results in a crooked smile. The greater auricular nerve controls the sensation to the ear and if damaged sensation will be altered.

Deep vein thrombosis (DVT)

Deep vein thrombosis is a possible problem, but is uncommon. If you are at particular risk then special precautions will be taken to reduce the risk. Moving your legs and feet as soon as you can after the operation and walking about early, all help to stop thrombosis occurring.

The risks of a general anaesthetic

General anaesthetics have some risks, which may be increased if you have chronic medical conditions, but in general they are as follows:

- **Common temporary side-effects** (risk of 1 in 10 to 1 in 100) include bruising or pain in the area of injections, blurred vision and sickness (these can usually be treated and pass off quickly).
- **Infrequent complications** (risk of 1 in 100 to 1 in 10,000) include temporary breathing difficulties, muscle pains, headaches, damage to teeth, lip or tongue, sore throat and temporary difficulty speaking.
- **Extremely rare and serious complications** (risk of less than 1 in 10,000). These include severe allergic reactions and death, brain damage, kidney and liver failure, lung damage, permanent nerve or blood vessel damage, eye injury, and damage to the voice-box. These are very rare and may depend on your whether you have other serious medical conditions.

What should you do if you develop problems?

If you develop any problems then please contact either your Clinical Nurse Specialist or your GP for advice. Signs of problems to look out for include:

- Severe pain in the neck
- Very high temperature (above 38°C)
- Redness/heat/ excessive swelling of the neck
- A lot of pus/fluid/blood coming from the wound
- Offensive smell from wound
- Pain/swelling in calves

Who should you contact in an emergency?

If you experience any problems immediately after your discharge from hospital, you should either telephone the ward you were a patient on or the Clinical Nurse Specialist involved in your care for advice.

Reference Number: RDE 18 178 001
(version date: December 2018)