

Norfolk & Norwich Skin Tumour Unit Neck Dissection

The aim of this operation is to remove the lymph nodes in your neck, along with the surrounding fatty tissue, and any tumour which has developed in them. Sometimes it is necessary to remove the parotid gland as well, which is a small organ that produces saliva found in front of the ear.

The operation is performed under general anaesthetic which means you will be asleep during the operation. The anaesthetist will see you before your operation so you can discuss any queries you may have about the anaesthetic.

If you have had any difficulties during a general anaesthetic in the past, make sure both the anaesthetist and the ward doctor are aware of them.

What does the surgery involve?

A large incision is made to gain access to the lymph nodes in the neck. Once the lymph nodes have been removed the skin is secured back with stitches or clips. This will leave a scar from your ear down the neck and onto the shoulder. You should expect to stay in hospital for a few days following the surgery.

Immediately after your operation

On the evening after your general anaesthetic you may feel rather tired and sleepy and you may not wish for visitors.

Your surgeon will advise you when you are safe to eat and drink.

At the end of the operation a number of tubes are placed through the skin into the wound to drain any blood which may collect. These usually stay in place for a few days before being removed. Usually you will remain in hospital until these are removed, although a few patients may be able to go home with the drains in. If you do leave hospital with a drain you will be given information on how to care for this when you leave the ward.

Some discomfort is to be expected and it is usually worse for the first few days after surgery, although it may take a couple of weeks to completely disappear. Appropriate pain relief will be prescribed.

It is necessary to make sure that the wounds heal without any infection and so you will be given antibiotics through a vein in your arm whilst you are in hospital.

Once you are discharged home

Before you leave the ward you will be given an appointment for the plastics dressing clinic, this will be for the week following your discharge. The ward Nurse will give you some advice on your wound dressing and when you may shower/ wash, prior to

discharge home, if you have a dressing in place. The scar line will be checked at the plastic dressing clinic appointment and the skin stitches or clips may be removed. The skin of your neck will feel numb for several months after surgery as a result of bruising to the nerves. For some patients this sensation may never return to normal.

To start with you will feel rather tired and you should spend the first week or so taking it easy. After that you will be able to gradually increase your usual activities.

Driving – You are unable to drive for 48 hours following a general anaesthetic due to insurance. You will be able to start driving once you feel up to it and you are able to perform an emergency stop comfortably. For most people this will take about 4 weeks. Do not drive if you are not well, alert and able to take emergency action. It is advisable to check with your insurance company before you start driving again.

Work - You will be able to start work again once you feel up to it but if your job involves a lot of lifting or heavy work this will take longer. A medical certificate can be provided by the hospital whilst you are an inpatient. Once you are discharged, speak to your GP who will give you a medical certificate to cover until you are fit to go back to work.

What are the possible problems to look out for?

There are potential complications with any operation. Fortunately with this type of surgery complications are rare and may not happen to you. However it is important that you are aware of them and have the opportunity to discuss them with your surgeon/ Specialist Nurse.

Infection - Any operation can give problems with infection or bleeding. Simple infections will settle with skin treatment others through a course of antibiotics but some infections go on to form an abscess which may need a further operation. If you notice increasing redness of your wound or it is painful, or have flu like symptoms and a high temperature, tell a doctor or contact us on the details given at the end of this information sheet. It is important to contact us as soon as possible because infections caught early are easier to treat.

Haematoma - This is the name given to a collection of blood that has formed a blood clot around the site of the operation. This may be treated in 1 of 2 ways:

1. If small it may be left to be reabsorbed by your body's normal defences, or;
2. It may be necessary to return to the operating theatre to find the area it is bleeding from and to seal the area from further bleeding and to remove the clot of blood.

Chyle Leak - Major Lymph channels are encountered at the lower aspect of the neck, especially on the left side. These are carefully tied off to prevent lymph drainage into the wound. Occasionally a lymphatic leak occurs despite these efforts. Food in the stomach can increase the amount of lymphatic flow. A diet change to a fat free diet will be necessary, and a pressure dressing can usually control this problem. Further surgery may be required for repair.

Accessory Nerve - this is a nerve which runs from the top to the bottom of the neck and helps you to move your shoulder. The nerve has lots of lymph glands lying very close to it and so it is often bruised during a neck dissection. If the nerve is bruised it can stop working for several months. If this happens you may experience pain and some difficulty in moving your shoulders which makes getting dressed less easy. Rarely the lymph nodes cannot be completely removed without cutting this nerve. Should this be the case then these shoulder problems will be permanent. You will be given exercises by the physiotherapist whilst you are an inpatient to complete.

Facial Nerve - the branch of the facial nerve which makes your lower lip move can be bruised when the lymph nodes close to it are removed. If this happens then the lower lip does not move properly and you may end up with a weakness which results in a crooked smile. The majority of the time this gets better on its own, but can take several months to improve fully. Occasionally you may end up with swallowing difficulties and speech impairment but this is very rare.

Follow up after surgery

You will be followed up in clinic 3 months after your surgery; however you will be contacted by one of the skin cancer team with the results of your surgery within 2-4 weeks. They may ask you to come to the hospital to discuss your results.

Will I need to have further treatment after my neck dissection?

Hopefully not but this depends on what is found when the lymph nodes are looked at under a microscope. It takes several weeks to look at the lymph nodes properly so your doctors will not know until then whether additional treatment is necessary to help manage your cancer. Any additional treatment usually involves specialised X-ray treatment in the form of radiotherapy.

Useful Contacts:

Should you experience any of the problems following discharge listed in this leaflet please contact us on one of the numbers below:

Skin cancer Clinical Nurse Specialists, 8am- 5pm Mon-Fri: 01603 288365

Plastics Dressing Clinic, 8am- 5pm Mon-Fri: 01603 288014

**EAUS (Emergency Assessment Unit- Surgical), Out of hours/ weekends/
bank holidays: 01603 286424**

