

Having surgery for head and neck cancer: neck dissection

ENT & Maxillofacial Services

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Information for patients with head and neck cancer

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Introduction

This leaflet will help you to understand your treatment and answer any questions you may have. If you have any further questions not covered in this leaflet please ask.

What is a neck dissection?

A neck dissection is an operation to remove some or all of the lymph nodes from the neck. It can be performed on one or both sides of the neck.

What are lymph nodes?

Lymph nodes are glands which are present throughout your body. You may have felt a swollen lymph node in your neck if you have had an infection or cold. The job of the lymph node is to filter liquid which leaks from your blood vessels. Your lymph nodes contain lots of white blood cells which are designed to trap and fight germs which can cause infection. The lymph nodes can also trap cancer cells.

Does this mean I have got cancer in my lymph nodes?

Often its not possible to tell this until you have had your operation. Your glands will be removed and looked at under a microscope. You will have already had a special scan (CT or MRI) to look more closely at the glands and your doctor will have felt any lumps which may be present in your neck.

Glands often swell if you have an infection, so just because you can feel a lump it does not necessarily mean that there is cancer there.

If only a small amount of cancer cells are present in the gland it may be too small to feel or see on a scan which is why we do not know if it has spread to the neck until after they have been removed and viewed under the microscope.

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Will my body still be able to fight infection if my lymph nodes are removed?

Yes. You have thousands of lymph nodes in your body which will still be there to fight infection.

When will the neck dissection take place?

A neck dissection usually takes place at the same time as an operation to remove a tumour from the mouth or face, which means you will only require one general anaesthetic.

However, some patients require a neck dissection after they have completed radiotherapy treatment to remove a gland that has not completely responded to treatment or as a separate procedure before treatment starts.

What does the surgery involve?

Your surgeon will make a large incision in your neck to gain access to your lymph nodes. The incision usually starts below the chin, extends towards the collar bone and arches upwards towards the ear. This skin flap is then separated from the tissues in the neck to reveal the lymph nodes. Once the nodes have been removed then the skin is either sutured (stitched) or stapled back together.

What can I expect my recovery to be like?

Before the operation is completed a small tube will be inserted into the surgical site called a 'drain', this is to collect any blood or fluid which may accumulate in the surgical site. This drain usually stays in for a couple of days and will be removed in a simple procedure on the ward by the nursing staff.

You can expect to be in some discomfort for a few days following surgery and you will be given regular painkillers to take. This discomfort is likely to improve after the first three or four days but can take a couple of weeks to go away completely. You may also be given antibiotics following surgery to help prevent the risk of developing an infection.

The clips or sutures will be removed approximately seven to ten days after surgery and this can be done at your local GP practice if you have been discharged home. It is likely that the operation site will feel numb for several months following your operation as a result of bruising to the nerves.

What are the possible complications?

As with any operation there are risks associated with surgery and your consultant will go through these with you when you sign your consent form. With this type of operation surgical complications are rare and may not happen to you but it is important you are aware of them.

Most of the problems associated with a neck dissection are the result of damage to one of two nerves:

- **Accessory nerve**– this is the nerve that runs from the top to the bottom of your neck and helps to move the shoulder. It has a lot of lymph nodes which lie very close to it so is often bruised during the operation. If this happens you may experience pain and stiffness for several months which can make some simple tasks such as getting dressed or housework more difficult. If this happens to you then speak to your surgeon or clinical nurse specialist for a referral to physiotherapy. In very rare cases the nerve has to be completely severed in order to remove the nodes, in this case the damage would be permanent.
- **Facial nerve**– if the branch of your facial nerve is bruised during surgery to remove the nodes you may find that your lower lip may not move properly and you may develop a weakness which makes your smile crooked. This will usually heal on its own but can take several months to improve. You can speak to the speech therapy team who can advise you on lip exercises to improve the strength. As before, if the nerve has to be severed then the damage would be permanent.

Chyle leak

Chyle is a fatty fluid in the lymph system. It is formed in the intestines when we absorb fat from our diet. It contains important nutrients such as fat, protein, electrolytes and white blood cells. Sometimes a lymph vessel (called a lymphatic duct) is damaged as a result of surgery, Chyle then leaks out and may cause swelling in your neck or chest. If you have a chyle leak, we will ask you to have a low fat diet and you see a dietitian on the ward to explain this further. Usually, no other treatment is needed.

Will I require further treatment following the neck dissection?

This depends on what is found when the nodes are looked at under the microscope. It can take several weeks for your consultant to get the results and to be able to advise you if you need further treatment.

Your case and results will be discussed at the Multi-Disciplinary Team (MDT) meeting which involves a number of surgeons, oncologists and other team members who will discuss your results and suggest the best course of treatment. This is usually radiotherapy.

Reference

British Association of Oral and Maxillofacial Surgeons (BAOMS) website:

www.baoms.org.uk

Contact numbers

If you have any further questions please contact the Macmillan clinical nurse specialists (key workers) on:

Telephone: 0116 204 7829 (office) Monday to Friday 8am to 4pm.

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