

Neck dissection

Information for patients, relatives and carers

Introduction

This booklet is designed to give you information about neck dissection. We hope it will answer some of the questions that you or those who care for you may have at this time. This booklet is not meant to replace the consultation between you and your medical team, but aims to help you understand more about what is discussed. If you have any concerns about your illness or your treatment, please contact your surgeon or clinical nurse specialist (CNS).

What is neck dissection?

A neck dissection is the surgical removal of some of the lymph nodes from your neck, either because we know or we suspect that your cancer has passed into the lymph nodes and needs to be removed, or because there is a risk that it may do so.

We will send all the tissue samples that are removed during the operation to the laboratory so they can be examined under a microscope by a specialist doctor to look for cancer cells. Usually, you will have the lymph nodes removed from one side of the neck but occasionally you may need an operation on both sides of the neck.

In some instances a neck dissection is the only surgery you will need. However, it may be part of a larger operation to remove the original tumour.

What are lymph nodes?

Lymph nodes are glands that are present throughout your body. You may have felt swollen lymph nodes in your neck when you have previously had an infection such as a simple cold. Their main job is to help us deal with infections, but they can become involved in the spread of some cancers and may become enlarged if this happens.

Will I be able to fight infections once my lymph nodes have been removed?

Yes. There are thousands of lymph nodes throughout your body which will still be there to fight infection.

Have I got cancer in my lymph nodes?

Having your lymph nodes removed does not necessarily mean that they contain cancerous cells. You may have this operation to confirm your diagnosis and/or to check that the cancer has not spread into the lymph nodes.

Lymph nodes can feel big if there is infection in the area, so if you can feel a lump in your neck it does not necessarily mean that the cancer has spread to your lymph nodes. It is often not possible to tell if you had cancer in the lymph nodes until after your operation. However, you may have some other procedures carried out before neck dissection surgery to try to find out whether your lymph nodes are cancerous such as a:

- fine needle aspiration (FNA)
- biopsy
- special scans (CT, MRI or ultrasound)

The average length of stay in hospital for a neck dissection is usually two to three days but this will be longer if you are having another surgery as well as the neck dissection.

Please remember that this leaflet is a general guide and your needs may be slightly different. Your individual treatment will be carefully planned and we will explain this in detail to you.

What happens before I come into hospital?

The doctors will discuss the surgery with you at your outpatient appointment. Please ask if you do not understand any terms they use. You will also be given the opportunity to see your head and neck CNS. He/she will be your key worker and will be available for advice and further information.

We advise you to stop smoking and reduce alcohol intake before your operation. If you would like further advice about stopping smoking, speak to your GP or practice nurse. If you are not sure whether the amount of alcohol you drink is within the recommended guidelines, please speak with your CNS.

Consent

We will ask for your consent before we perform any surgery. Your doctor will carefully explain the procedure involved, although details will vary according to each individual case. No medical treatment can be given without your written consent. If you do not understand what you have been told, let the staff know straight away so they can explain again.

You may also find it useful to write a list of questions before your appointment and to have a relative or friend with you to help you remember the discussion when the treatment is explained.

All clinical communications copied to your GP may also be sent to you, at your request. Please discuss this with your CNS.

Second opinion

You may wish to get a second opinion about your treatment and diagnosis from another specialist. Please discuss this with your surgeon. If you do not know who to contact, we can suggest appropriate specialists for you to consider and will provide copies of your medical notes, x-rays and scans to them. This may help you avoid having to repeat unnecessary tests. If you wish, we will also make the referral for you.

Please note that getting a second opinion may delay the start of your treatment so discuss this with your surgeon.

What are the possible risks with this operation?

There are risks with any operation, so it is important that you are aware of them. If you have any concerns please discuss them with your surgeon, CNS or speech and language therapist (SLT). The list below describes some common risks associated with surgery, but this does not replace the discussion you will have with your surgeon about the risks relevant to your particular case. You may experience **some** of the following:

Blood clot

Drain tubes are put in during surgery to drain off excess fluid to help prevent clots from forming. However, blood may collect under the skin and form a clot (haematoma). If this occurs it may be necessary to return to the operating theatre to remove the clot and replace the drains.

Numb skin

Occasionally you may find that the skin around your neck may be numb after the surgery and this can last for several months. This will improve gradually, but you should not expect the numbness to disappear entirely.

Swelling

It is not unusual to have swelling in the face and neck following this type of surgery. This will usually reduce and improve over several weeks following your operation.

Seroma

A seroma is a swelling of lymph and other body fluids near the surgical site. It generally occurs a few days after the drainage tubes are removed. The fluid can cause pressure on the healing wound and be a source of infection. However, it is a common, treatable complication that should not cause worry or concern. If you feel more pressure than before contact your CNS or 10 south ward. The excess fluid can be removed using a small syringe and needle.

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 occurs, chyle can collect under the skin and you will need to stay in hospital until it stops. Sometimes it may be necessary for you to have another operation to seal the leak.

Nerves which may be affected are:

Injury to the accessory nerve

The accessory nerve provides the shrugging (lifting) movement of your shoulder. This nerve has lots of lymph glands lying very close to it and so it may be 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 shoulder. This can make some tasks, such as getting dressed, more difficult. You will be given some exercises by the physiotherapist on the ward to help you with this. Rarely, it is necessary to cut this nerve in order to remove the lymph nodes completely. If this is the case then these shoulder problems may be permanent.

Injury to the marginal mandibular nerve

This nerve is connected to the muscles of the lower lip and chin. It may be at risk during the operation. If it is damaged you will find that the corner of your mouth will be a little weak. This is most obvious when smiling. This is usually temporary but occasionally may be permanent. If this happens you may need to see a SLT either on the ward or in the outpatient department who will give you exercises that may help with this.

Injury to the hypoglossal nerve

Very rarely this nerve, which makes your tongue move, has to be cut or is bruised. In this case you will find it hard to clear food from the side of the mouth and may have some difficulty swallowing. A SLT will assess your swallowing and give you advice on how to cope with this.

The following risks are possible after any major operation. These include:

Chest infection

You can help by practising deep breathing exercises and following your physiotherapist's instruction. If you smoke, we strongly advise you to stop.

Wound infection

Antibiotics will usually be given through a drip to help reduce the risk of this happening.

Deep vein thrombosis (blood clot in the leg)

Major surgery carries a risk of clot formation in the leg. A small dose of heparin (blood thinning medication) will be injected once or twice daily until you go home. You can help by moving around as much as you are able and regularly exercising your legs. You may also be fitted with some support stockings for the duration of your stay in hospital. If you smoke, we strongly advise you to stop.

Pulmonary embolism (blood clot in the lungs)

Rarely, a blood clot from the leg can break off and become lodged in the lungs. This is treated with anticoagulant (blood thinning or clot dissolving) medication. Your doctor will explain more if this rare event occurs.

Bleeding

A blood transfusion may be needed. Very rarely, further surgery may be needed to stop the bleeding. If you are unable to receive blood products, please discuss this with your CNS.

Will I have a scar?

Neck dissection usually means that you will have a scar on your neck which will be visible.

If you are concerned about scarring please speak to your CNS who can offer you help and advice on ways of hiding the scar once the wounds have fully healed.

What happens during the operation?

Every person has a slightly different recovery depending on the extent of the operation. Your face and neck may be quite swollen after the operation.

At the end of the operation one or more tubes (known as drains) are placed through the skin. These remove any blood which may collect in the wound. These usually stay in place for one to four days before being removed.

The doctors or nurses on the ward will let you know when you can eat and drink after the operation. This will depend on whether you have had another operation to remove cancer at the same time.

What happens after the operation?

You will be seen by the doctors, nurses and other healthcare professionals as needed to review your progress and offer support and advice.

Your skin clips or stitches will be removed seven to ten days after surgery.

A discharge date will be discussed and decided depending on your recovery. The nurses on the ward will plan any extra care you may need after you leave hospital, such as visits from the district nurses if you need a dressing.

Will the operation be painful?

Some discomfort is to be expected and is usually worse during the first few days. The nurses will be monitoring your pain regularly and will give you painkillers as necessary. With any operation, it is normal to experience some pain, however, we aim to ensure that this is well controlled; please let the nursing staff know if you experience any problems with pain.

What will happen after I go home?

Once you are able to go home, we will give you an initial supply of medication and dressings if you need them. If you need further supplies you will need to get them from your GP.

You will receive a follow-up appointment to check on your progress and to discuss the results of your operation. At this appointment we will discuss whether or not further treatment is needed.

It is important that you make a list of all medicines you are taking and bring it with you to all your follow-up clinic appointments. If you have any questions it may help to write them down as you think of them. It may also help to bring someone with you when you attend your outpatient appointments.

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

This will depend on what is found when the lymph nodes are looked at under the microscope. It takes seven to ten days to get the results. Your doctors may not know until then whether additional treatment is needed.

When can I go back to work?

This depends on the type of surgery you have had and if you need further treatment. You should discuss this with your surgeon. You should not lift heavy items for a minimum of four weeks after you go home. Ask the nurses on the ward for a fitness to work certificate to cover you while you are in hospital. If you need more time off work you can get further certificates from your GP.

When can I drive?

Do not drive until your strength and speed of movement are back to normal, as you must be able to perform an emergency stop and turn your neck sufficiently for good visibility. You should also make sure that you are not drowsy from any painkillers and that your concentration is good. Discuss this with your doctor, before driving if you are not sure.

It is important to tell your insurance company that you have had an operation to ensure that you are covered in the event of an accident.

When can I have sex?

In most cases, you will be able to have sex once you have recovered from your operation and your wound is fully healed. This type of surgery may affect the way you feel about yourself. If you would like to discuss any concerns, please speak with your CNS.

How to contact us

Imperial College Healthcare NHS Trust has a **Macmillan navigator service**, which can answer questions on behalf of the relevant CNSs. Navigators, will also refer you to CNS teams, and to other specialist clinical staff, as needed. The service is available Monday to Friday 08.00–18.00.

Telephone: **020 3313 0303**

Outside of these hours, please contact your GP or phone NHS 111.

Further sources of support and information

Macmillan Cancer Support

Support Line: **0808 800 000** (Monday to Friday, 09.00-20.00)

www.macmillan.org.uk/

Macmillan Cancer Information and Support Service at Charing Cross and Hammersmith hospitals

The information centre at Charing Cross Hospital and the infopod at Hammersmith Hospital provide support, practical and signposting advice to anyone affected by cancer. These drop-in services are set in friendly, non-clinical environments in which people affected by cancer can discuss private and emotional needs.

The centre is located on the ground floor of Charing Cross Hospital, telephone: **020 3313 0171** and is open (except bank holidays):

- Monday and Friday 09.00-17.00 (volunteers only on Fridays)
- Tuesday, Wednesday, Thursday 09.00-16.00

The infopod is located on the ground floor of the Garry Weston Centre at Hammersmith Hospital, telephone: **020 3313 4248** and is open (except bank holidays):

- Monday and Tuesday 09.00-17.00
- Wednesday, Thursday, Friday 09.00-16.00

Maggie's Cancer Caring Centre

Maggie's is a cancer charity that provides the emotional, practical and social support that people with cancer may need. The centre combines striking buildings, calming spaces, professional experts offering professional support and the ability to talk and share experiences with a community of people who have been through similar experiences. Designed by leading architects, Maggie's centres are warm, friendly and informal places full of light and open space with a big kitchen at their heart.

Maggie's west London is located in the grounds of Charing Cross Hospital but is independent of our hospital. The centre is open Monday to Friday, 09.00-17.00. For more information please call **020 7386 1750**.

How do I make a comment about my visit?

We aim to provide the best possible service and staff will be happy to answer any of the questions you may have. If you have any **suggestions** or **comments** about your visit, please either speak to a member of staff or contact the patient advice and liaison service (**PALS**) on **020 3313 0088** (Charing Cross, Hammersmith and Queen Charlotte's & Chelsea hospitals), or **020 3312 7777** (St Mary's and Western Eye hospitals). You can also email PALS at imperial.pals@nhs.net The PALS team will listen to your concerns, suggestions or queries and is often able to help solve problems on your behalf.

Alternatively, you may wish to complain by contacting our complaints department:

Complaints department, fourth floor, Salton House, St Mary's Hospital, Praed Street
London W2 1NY

Email: ICHC-tr.Complaints@nhs.net

Telephone: **020 3312 1337 / 1349**

Alternative formats

This leaflet can be provided on request in large print or easy read, as a sound recording, in Braille or in alternative languages. Please email the communications team: imperial.communications@nhs.net

Wi-fi

Wi-fi is available at our Trust. For more information visit our website: www.imperial.nhs.uk