Mersey and West Lancashire Teaching Hospitals NHS Trust

Neck dissection

Patient information leaflet

If you need this information in a different language or accessible format, please speak to a member of staff who can arrange it for you

Якщо вам потрібна ця інформація іншою мовою або в доступному форматі, зверніться до співробітника, який зможе це для вас організувати

إذا كنت بحاجة إلى هذه المعلومات بلغة مختلفة أو بصيغة ميسَّرة، فيرجى التحدث إلى أحد العاملين والذي سيقوم بترتيب ذلك لك.

如果您需要其他語言或無障礙格式的資訊，請聯繫工作人員，他們將為您安排。

இந்தத் தகவலானது உங்களுக்கு வேறொரு மொழியிலோ அல்லது எளிதில் அணுகக்கூடிய வடிவத்திலோ தேவைப்பட்டால், அதனை உங்களுக்காக ஏற்பாடு செய்துதரக்கூடிய பணியாளர் ஒருவரிடம் தயவுசெய்து பேசவும்.

Dacă aveți nevoie de aceste informații într-o altă limbă sau într-un format accesibil, vă rugăm să vă adresați unui membru al personalului, care va face demersurile necesare pentru dumneavoastră.

اگر به این اطلاعات به زبانی دیگر یا در قالب دسترس‌پذیر نیاز دارید، لطفاً با یکی از کارکنان صحبت کنید تا آن را برای شما تهیه کند.

Se necessitar desta informação numa língua diferente ou num formato acessível, por favor fale com um membro da equipa que poderá organizá-la para si

اگر آپ کو یہ معلومات کسی مختلف زبان یا قابل رسائی فارمیٹ میں چاہیے، تو مہربانی کرکے عملے کے کسی رکن سے بات کریں جو آپ کے لیے اس کا بندوبست کر سکتا ہو۔

Jeżeli niniejsze informacje mają być przekazane w innym języku lub dostępnym formacie, prosimy o kontakt z członkiem personelu, który może to dla Państwa przygotować

ئەگەر پێویستیت بەم زانیارییانە هەیە بە زمانێکی جیاواز یان شێوازێکی تر، تکایە لەگەڵ ئەندامێکی ستافەکە قسە بکە کە دەتوانێت بۆت ڕێکبخات

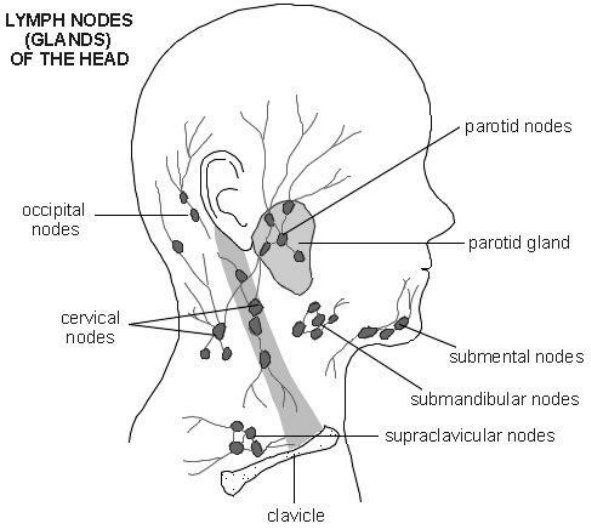
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Introduction

Your consultant has advised that you need to have surgery to remove the lymph nodes, also known as glands, from your neck in an operation called a neck dissection. This leaflet describes this operation and what you can expect during your recovery.

What are lymph nodes and the lymphatic system?

Skin cancer of the head and neck area can sometimes spread from the skin. The most common route is via the lymphatic system to the lymph nodes in the neck area. Lymph nodes are an important part of the immune system. They filter bacteria, viruses and cancer cells, which may be carried in the lymphatic fluid that circulates around the body via tiny lymphatic channels or tubes. It is normal to have lymph nodes, but they cannot usually be felt. Lymph nodes vary in size from being small to the size of a baked bean. If cancer spreads to the lymph node this can cause the lymph node to swell and it may be possible to feel them. The number of lymph nodes differs from person to person. Lymph nodes occur in groups especially in the armpits, neck and groin as well as other parts of the body.



What is a neck dissection?

If a lymph node is found to contain skin cancer it is recommended that this lymph node and all of those in the area and the surrounding tissues should be removed with an operation.

There are three types of neck dissection:

- A radical neck dissection
- A modified radical neck dissection
- A selective neck dissection

Your consultant will explain which type is best for you.

What are the benefits of having a neck dissection?

Having a neck dissection will remove all or most of the lymph nodes in the neck area which contains cancer.

Removing the cancer will also provide information that may help us to decide if you need any further treatment.

Before the operation

- You will need to attend the preoperative assessment clinic to ensure that you are safe to undergo this operation. This visit may take 3–4 hours. Here you will undergo some blood tests, may have tests to check your heart and lungs and be asked some questions about your medications, any allergies and general health by the nursing staff.
- You will be asked questions about your home and social situation so that we can help to organise getting you home as soon as possible after the operation.

- Please bring a list of medications with you and the details of any nonprescription medicines, including herbal and complementary medicines. At the clinic you will be advised which medications you may need to stop prior to the operation, such as those which thin the blood i.e. aspirin, clopidogrel or warfarin. It would also be helpful if you could bring a list of your medical conditions and the names of the doctors or health professionals who manage these conditions.
- If you have many medical conditions placing you at a higher risk from a general anaesthetic, you may also be required to attend the anaesthetic clinic and be reviewed by an anaesthetist. This will be either on the same day or at another time.
- You may also be required to have scans such as a CT scan or an MRI prior to the operation if you have not already had one recently.

On the day of the operation

You will normally be admitted to Ward 3A the day before or on the morning of your operation. When you arrive on the ward, you will be introduced to the nursing staff and shown to your bed.

You will have the opportunity to discuss the operation with the team. It is important that you understand your operation and the risks involved before you sign a consent form.

- You will be fitted with special stockings to help prevent blood clots in the legs.
- You will not be able to eat or drink anything for 6 hours prior to your surgery.
- Your surgeon or one of their team will see you before the operation to mark the site of the surgery.

- You will then be taken to the operating theatre where the operation is carried out under general anaesthetic, which means you will be asleep throughout. The operation can take two to three hours to complete. You will often be away from the ward for 4–6 hours depending upon how the surgery goes and how you recover from the general anaesthetic.
- You will have a cut curving down the side of your neck. This is then stitched or stapled and sometimes covered with a dressing. You will have a drain stitched into place to help any unwanted blood or fluid to drain away from the wound. This will be removed on the ward after a few days, before you go home. This fluid will initially be blood stained and then become more yellow in colour.
- The tissue and lymph nodes removed during the operation are sent to the pathology laboratory and examined under a microscope. The number of lymph nodes seen is recorded as well as the number which contain skin cancer. This information helps to plan your follow up care including whether any radiotherapy or other oncology treatments are required.

Parotidectomy

The parotid gland is also known as the salivary gland. It is situated in front of the ear on the side of the face.

If there is evidence of skin cancer in the gland, this gland will also be removed during the operation.

The main risk of taking this gland is the risk of affecting the function of the facial nerve. The facial nerve runs through the middle of the parotid gland and is very fragile. The facial nerve controls the facial muscles on that side of the face. Sometimes after surgery the facial nerve will not function but may recover after a few months.

After the operation

- You will return to the ward where the nursing staff will regularly check your pulse, blood pressure, breathing and wounds.
- Anaesthesia can sometimes make people sick.
- You will receive medication or an injection to help with this should this happen.
- You will be encouraged to get out of bed as soon as possible when you are feeling up to it as this helps to reduce clots in the legs and lungs and decreases the risk of chest infections.
- You can eat and drink as soon as you are able to after the operation although soft food may be required for a few days.
- You may have a drip running fluid into your vein until you are able to drink.
- The Neck may be tender and regular painkillers are advisable.
- It is important to begin moving your head and neck and shoulders as soon as possible after the operation.
- You will be seen on the ward by a physiotherapist who will advise you on how best to do this.
- They will teach you important exercises to do at home.
- You may be referred to local physiotherapy team if ongoing review is required.

On leaving the hospital

- Most patients are able to go home 3-5 nights following their
- surgery.
- It is normal to feel some discomfort after the operation.
- Take either the pain killers provided to you on discharge or paracetamol if required.
- You should not drive yourself home and should refrain from driving until you feel you are fully recovered and are able to safely perform an emergency stop.
- You will be seen in the plastics dressing clinic approximately a week after your surgery to review the wounds.
- If stitches or clips were used, they are usually removed after 7-10 days once the wounds have healed.
- You should take things slowly at home avoiding strenuous tasks such as carrying heavy shopping for 2 weeks.
- You should return to work when you feel able.
- For most patients this will be 2-4 weeks following discharge.
- For the first 7 days you will be able to certify yourself.
- A certificate (fitness to return to work) may be issued by the hospital doctor if required.

What are the risks?

Most people recover well after this type of operation. However, as with any operations there is a small chance of side effects or complications such as:

- Bleeding.
- Blood collection: sometimes bleeding can occur under the skin which forms a blood collection (haematoma). This can result in a return to theatre to remove the clot and to stop any bleeding.
- Fluid collection in the neck (seroma).
- Wound infection which may require antibiotics and cause prolonged wound healing.
- Numbness around the wound and the neck area. This may
- improve with time although may not fully return to normal.
- Injury to the nerve to the lower lip which gives you a weak smile.
- Injury to the nerve which raises the eyebrow.
- Injury to the nerve to the accessory nerve (the nerve to one of the muscles in the shoulder). If this occurs the shoulder may become stiff and lifting the arm above your shoulder may be difficult as will lifting weights such as shopping bags.
- Deep Vein Thrombosis (clot in the veins), pulmonary embolism (clot in the lungs).
- Damage to nerves supplying the muscles, damage to blood vessels.
- Chyle leak can occur. Chyle is tissue fluid that runs in the lymph channels. Sometimes one of these channels, the thoracic duct, can leak after the operation which means a milky fluid comes out in the drain for some days. This usually settles if a low-fat diet is taken.
- Scar.
- After a parotidectomy it is possible to get a sweating sensation.

What are the alternatives?

Your consultant has recommended this surgery as the best option.

The alternatives to the procedure are limited.

Sometimes radiotherapy or oncology treatments are a possibility.

These will be discussed with you if appropriate to your case.

There is the option of not having surgery at all.

The consequences of this mean that the cancer may continue to grow and spread to other parts of the body.

Follow up

We will see you in the outpatient clinic a few weeks after your surgery to discuss your results and plan any further treatment required.

Your care will be discussed in the skin multi-disciplinary team meeting.

Further help and information

Ward 3A

Whiston Hospital
Level 3
Warrington Road
Prescot
L35 5DR
Tel: 0151 430 1520

Dressing Clinic

Whiston Hospital
Level 3
Warrington Road
L35 5DR
Tel: 0151 430 2234

Ward Physiotherapist

Whiston Hospital
Level 3
Warrington Road
L35 5DR

Macmillan Cancer Support/Information Centre

St Helens Hospital
Lower Ground Floor
Marshalls Cross Road
St Helens
WA9 3DA
Tel: 01744 646 985 / 7000

Skin Cancer Nurses

St Helens Hospital
Lower Ground Floor
Marshalls Cross Road
St Helens
WA9 3DA
Tel: 01744 646 791

Pre-Op Clinic

Green Zone
St Helens Hospital
Marshalls Cross Road
St Helens
Merseyside
WA9 3DA
Tel: 0151 426 1500

Admissions

Lower Ground Floor
Marshalls Cross Road
St Helens
WA9 3DA
Tel: 01744 64 6952

Skin Cancer Services
Tel: 01744 646791

There may be students and observers present during your consultation as part of their ongoing training. Please let the staff know if you do not wish any students to be present during your attendance

Please ask a member of staff if you would like a chaperone present during your procedure.

MWL has a zero-tolerance approach to any form of abuse, violence or aggression shown to staff and patients, by patients, visitors or members of the public. We will not tolerate any form of bullying, victimisation, harassment, discrimination, unacceptable and inappropriate behaviour and/or unacceptable and inappropriate language.

All instances of abuse, violence or aggression, no matter how big or small, will be investigated and action taken if necessary.

Whiston Hospital
Warrington Road
Prescot
Merseyside
L35 5DR

St Helens Hospital
Marshall Cross Road
St Helens
Merseyside
WA9 3DA

Newton Hospital
Bradlegh Road
Newton-le-Willows
WA12 8RB

Southport Hospital
Town Lane Kew
Southport
Merseyside
PR8 6PN

Ormskirk Hospital
Dicconson Way
Wigan Road
Ormskirk
L39 2AZ