

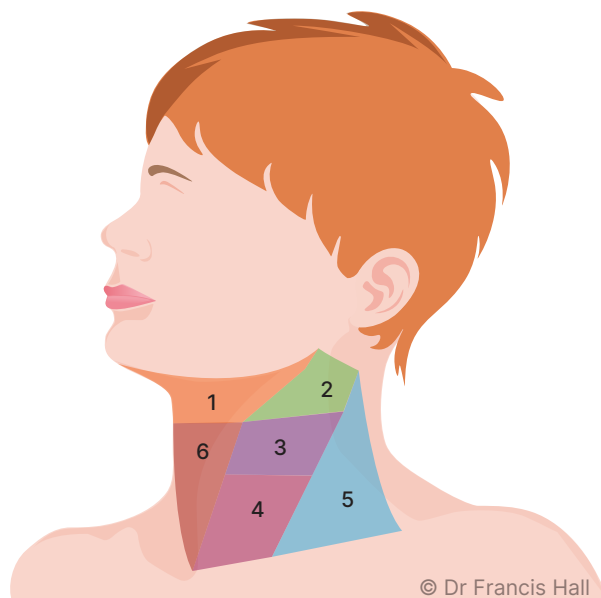


Dr. *Francis* T. Hall

EAR, NOSE, THROAT, HEAD & NECK

Neck dissection care

A neck dissection is an operation where groups of lymph nodes are removed from the neck. The neck is divided into six levels. Most neck dissections include some but not all of levels 1-5 and are called selective neck dissections. A central neck dissection is when nodes from level 6 are removed. In a radical neck dissection, nodes from levels 1-5 are removed. This care sheet gives you a general idea about how long it will take for you to recover, but each person recovers at a different pace. Follow the steps below to feel better as quickly as possible.



© Dr Francis Hall

What to expect:

- You will have either one or two plastic drains in your neck. A drain is a small plastic tube connected to a plastic bottle. It drains tissue fluid and any blood out from under the skin of your neck. The drain will be removed by the nurse once the volume in the drain is less than 30ml in 24 hours. Usually, the drains are removed on the third or fourth day following your operation. Sometimes patients go home with a drain in place and return to have the drain removed.
- You may have a sore throat after surgery. The tube the anaesthetist puts down your throat to help you breathe during surgery often irritates the throat and sometimes causes a hoarse voice after surgery. Thankfully the sore throat usually resolves quickly in 2-3 days. You should drink plenty of fluids, and it may be helpful to take throat lozenges to relieve your symptoms.
- Many people have a stiff sore neck after surgery. This is due to the position that you were in during surgery and the tissue that was removed during surgery. Please stretch the neck by looking up at the ceiling and rotating your head from side to side several times each day. This helps stretch the muscles and return things back to normal.
- Many people feel a tightness in their neck at the site of the operation. This will improve over a few weeks and the same stretching exercises mentioned above help this too.
- Some people find their shoulder is stiff and sore after the operation. It is important to exercise your shoulder after the operation by lifting your arm out and up.
- It is common for the skin above and below the incision to be numb after the operation. This usually improves a lot over the subsequent 2-6 months.
- It is usual to feel tired after surgery. Some of this tiredness is due to the operation and some is due to the general anaesthetic. Rest up, get some light daily exercise and the tiredness will quickly resolve.

Activity:

- Do not drive in the 24 hours following your surgery.
- Dr Hall recommends taking 2 weeks off work following a neck dissection.
- Rest when you feel tired. Getting enough sleep will help you recover.
- Try to walk each day. Start by walking a little more than you did the day before. Bit by bit, increase the amount you walk.
- In order to reduce the chance of bleeding, avoid strenuous activities, such as bicycle riding, jogging, weight lifting, or aerobic exercise, for 2 to 3 weeks.
- Refrain from heavy lifting (greater than 7kg) in the first 2 weeks following surgery.

Diet:

- Resume your regular diet, there are no dietary restrictions.

Shower/ bathing:

- Please keep the incision dry and shower from the neck down until three days after the last drain was removed. You may shower or bath as usual three days after the last drain is removed.

Pain medicines:

- It is most uncommon to have severe pain. Dr Hall or his anaesthetist will prescribe several different medicines for the pain, from the following list: paracetamol (Panadol), ibuprofen (Brufen), celecoxib (Celebrex), Etoricoxib (Arcoxia), codeine, tramadol, and Diffiam spray. Please take the medications as instructed. Some of the medications are taken regularly and some are taken for break through pain. Please text or call Dr Hall if the pain becomes too much. He can make changes to your medications that can make a big difference to your level of comfort.
- Take pain medicines exactly as directed (Dr Hall will prescribe).
- If you think your pain medicine is making you sick to your stomach:
 - Take your pain medicine after meals (unless Dr Hall has told you not to).
 - Ask Dr Hall for a different pain medicine.

Incision care:

- Your wound is covered with Steri Strips. Steri Strips are thin adhesive strips which are placed over your incision to help it heal. Leave the Steri Strips in place until they fall off on their own. They often fall off the skin within 10 to 14 days. Remember to pat the incision site dry and not to rub a towel across the incision site as this will loosen the Steri Strips and they may fall off too early.
- Please keep the incision dry and shower from the neck down until three days after the last drain is removed. You may shower or bath as usual three days after the last drain is removed.
- Your stitches are below the skin (subcuticular) and are dissolvable.
- Keep sun off your wound for 6 months. This helps to prevent the wound going a dark colour (post inflammatory hyperpigmentation). There are three ways to keep the sun off the wound: wear clothing that covers the area, use sunblock or simply cover the wound with tape. Dr Hall recommends ½ inch light brown micropore tape (a 3M product). You can buy this product from most pharmacies.

Problems:

- Shoulder problems. Often lymph nodes around the nerve to the shoulder (accessory nerve) are removed during the operation. Sometimes this can result in the nerve not working properly and difficult elevating the arm above the head. Occasionally the accessory nerve is intentionally cut to remove the cancer. Occasionally the nerve is accidentally injured during the operation. Physiotherapy can often help.
- The nerve to your lower lip (marginal mandibular branch of the facial nerve) dips down into your neck. Your cancer may surround this nerve in which case the nerve is cut to safely remove your cancer, this will leave you with a crooked smile. Occasionally this nerve is accidentally injured. If this is the case, it frequently recovers. Occasionally this nerve does not recover in which case your lower lip remains crooked when you smile.
- There are nerves in your neck to your vocal cords, swallowing muscles, and tongue. Your cancer may involve any of these nerves or any of these nerves may be accidentally injured during your surgery. If this happens you will have trouble speaking clearly or swallowing. Dr Hall will be able to advise. Speech language therapy can help you retrain your voice or advise on strategies to help you swallow. Sometimes small additional procedures can help with your speech and swallowing. Once again Dr Hall can assist here.
- Sometimes bleeding can occur under the skin at the site of the operation. If this happens it is usually in the first 24 hours after surgery and usually you need to go back to the operating theatre so the blood can be drained, and the bleeding controlled.

- Sometimes tissue fluid either chyle (a milky fluid) or lymph (a clear fluid) collects under the skin at the site of the operation. If there is a lot of tissue fluid you may need to go back to the operating theatre for control of this fluid.
- Lymphoedema (swelling of the tissues under the skin). This is a common problem following a neck dissection. It is usually worse in the morning and often improves during the day when up and about. It improves with time. Lymphoedema therapy often helps. Please let Dr Hall know if this is a problem for you and he will refer you to a lymphoedema therapist.

When do I get my results?

- Usually, the pathologist sends a typed signed report to Dr Hall about one to two weeks after the surgery. Occasionally it may take the pathologist longer to issue a report either because of the complexity of your case or because of a higher than usual workload. Dr Hall will contact you by phone or text once he receives the pathologist's report in his inbox.

Follow up appointment

- Dr Hall usually sees his neck dissection patients about 2 weeks after surgery. His secretary Rebecca will arrange your follow up appointment for you. If you have not heard from Rebecca within one week of your surgery, please contact her on 09 281 2963.

Things to look out for

- If there is sudden swelling of your neck call Dr Francis Hall immediately on 021 733 677.
- If your incision is getting more sore or more red over a few days call Dr Hall.

Any problems call or text Dr Francis Hall on 021 733 677

Dr.  T. Hall