

Patient information factsheet

Discharge advice following neck dissection

Definition

Neck dissection is an operation to remove diseased lymph glands or nodes in the neck. Depending upon the area affected, there are three differing levels of surgery. In general terms, a **radical neck dissection** involves complete removal of nodes, the main neck muscle called the sternocleidomastoid, the internal jugular vein and the spinal accessory nerve. A **modified radical neck dissection** is similar to the radical procedure but spares the spinal accessory nerve. The most conservative approach is that of the **selective neck dissection**, which removes only the affected node(s), thus preserving the sternocleidomastoid muscle, internal jugular vein and the spinal accessory nerve.

What does the operation consist of?

- The operation is carried out under general anaesthetic and can take two to three hours.
- You will have an incision line curving down the side of your neck, closed with wound clips or stitches.
- You will probably have two wound drains, stitched in place. These are sealed devices that drain any unwanted fluid or blood from the wound site and so help to reduce neck swelling and encourage healing. The amount drained is closely monitored and the surgeon will instruct when they are to be removed. They usually stay in place for five to seven days.
- You will wake up in the recovery area of the theatre department and be closely monitored by the nursing staff. You will be given medication to relieve any pain or sickness and you will probably have a drip (intravenous fluids) to hydrate you. The drip will be taken down once you are able to drink enough fluids.
- You may have a tube (urinary catheter) which will drain urine from your bladder. This is only temporary (usually a day or two) until you are more recovered.
- You may have oxygen running through a face mask or nasal tubes. This supports your breathing until the anaesthetic wears off.

What happens back on the ward?

- Upon return to the ward, you will need to rest in bed, as you may well feel sleepy from the anaesthetic. We strongly advise you not to leave the ward area as you may feel unwell.
- Your condition will continue to be monitored and medication given to keep you comfortable.
- You will be propped up in bed as this will support your breathing, encourage wound drainage and help to reduce any neck swelling.
- It is best not to lie on the affected side.
- Nursing staff will help you with all your activity.
- Fluids and a light diet can be taken as soon as you are feeling able. Eating softer foods is recommended as chewing may well feel difficult and uncomfortable.
- The wound drains can feel uncomfortable but have a very important purpose. Staff will provide you with a small carrier bag in which you can place the drains whenever you wish to move around.

Discharge advice

- Your consultant will advise you on a suitable recovery period. In general, four to six weeks is recommended. Avoid driving, strenuous activity, lifting heavy objects or operating machinery during this time. If you need a sick certificate, please ask the medical staff before you leave the ward.

- You will be given pain relief medication and the nurses will explain how and when this should be taken. Any pain tends to be mild to moderate and can take several weeks to subside. Avoid lying on the affected side.
- Take care bathing, showering, hair-washing and shaving, particularly until any wound clips or stitches have been removed. Pat the area dry rather than rub it, and avoid applying any perfumes, colognes or scented creams to the area until it is fully healed.
- Any wound clips or stitches will be removed after ten to 14 days. This may be done at your follow-up, outpatient appointment. Alternatively, our staff will arrange your GP practice nurse or a district nurse to do this. You will be given appointment dates before you return home.
- Smoking affects the body's ability to heal so we advise you to stop or cut down. Staff can provide advice, aids (e.g., nicotine patches) and support group contacts to help you quit.
- Rarely, the wound can become infected. To reduce this risk, be hygienic and regularly wash your hands with soap and water. Also, keep the area clean by using clean clothes, towels and bed linen.
- Eat a healthy diet to maximise your recovery. You may find softer foods are easier to manage, as chewing can be uncomfortable and difficult.

Shoulder dysfunction

In some types of neck dissection, the spinal accessory nerve is removed and this affects the function of your shoulder on that side. This is more common and tends to be permanent for those patients who have undergone a radical neck dissection. The shoulder tends to droop, it is difficult to raise the affected arm or shrug. The area can ache and there can be more localised shoulder pain.

- Taking regular pain relief is advisable and staff or your GP can discuss suitable medication with you.
- Physiotherapy exercises can improve the strength and range of movement of the shoulder and arm. If performed regularly, this can help to prevent further stiffness, pain or weakness.

Contact f5 ward if you have any concerns following discharge or if you experience any of the following:

- Bleeding or discharging fluid from the operation site
- Increasing pain, swelling or redness in the neck region
- Raised temperature or feeling unwell

Contact information

F5 ward: 023 8120 6511
 023 8120 4644

NHS 111 service: 111

If you need a translation of this document, an interpreter or a version in large print, Braille or on audio tape, please telephone 023 8120 4688 for help.