

'The content provided in this leaflet is compliant with the cancer standards and keyworker documentation. All leaflets are updated whenever necessary or on the review date shown below'

How can I help reduce healthcare associated infections?

Infection control is important to the well-being of our patients and for that reason we have infection control procedures in place. Keeping your hands clean is an effective way of preventing the spread of infections. We ask that you, and anyone visiting you, use the hand rub (special gel) available at the main entrance of the hospital and at the entrance to every ward before coming in to and after leaving the ward or hospital. In some situations hands may need to be washed at the sink using soap and water rather than using the hand rub. Staff will let you know if this is the case.

www.buckshealthcare.nhs.uk

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Cervical (neck) dissection

This leaflet describes the removal of lymph nodes in the cervical (neck) region

Patient Information Leaflet

If you require a translation or an alternative format for this leaflet please ask for assistance.

Safe & compassionate care,

every time

Macmillan Cancer Support

0808 808 00 00

www.macmillan.org.uk

Cancer Research UK

tel: (Supporter Services) 020 7121 6699

tel: (Switchboard) 020 7242 0200

www.cancerresearchuk.org

Buckinghamshire Healthcare NHS Trust

Cancer Education, Information and Support Service

01296 316954

Free Prescriptions

All cancer patients undergoing treatment for cancer, the effects of cancer or the effects of cancer treatment can apply for an exemption certificate for a free prescription from their GP.

What should I look out for?

Your surgeon will discuss with you before the operation possible complications associated with a cervical dissection. If you experience any of the following:

- pain that is not controlled with painkillers
- inflammation or redness of the skin, which may be hot to touch
- profuse oozing or bleeding from your wound site
- temperature over 37 degrees (unrelated to cold or flu symptoms)
- offensive odour from wound dressing

Please contact the following number for advice (anytime)

Stoke Mandeville Ward 16B 01296 318110

If you have any problems getting through to the ward please contact the hospital switchboard on 01296 315000 and ask to speak to either the plastics dressing nurses in outpatients department or the on call doctor for plastic surgery.

‘This leaflet explains some of the most common side-effects that some people may experience. However, it is not comprehensive. If you experience other side-effects and want to ask anything else related to your treatment please speak to Lindsay Lane or Annette Ratcliff on telephone number 01296 316079 (answer phone available).’

Introduction

This booklet has been written as a guide for those or patients having surgery to remove the lymph glands in their neck. This information is only a guide and your healthcare team will give you more detailed information if you need it.

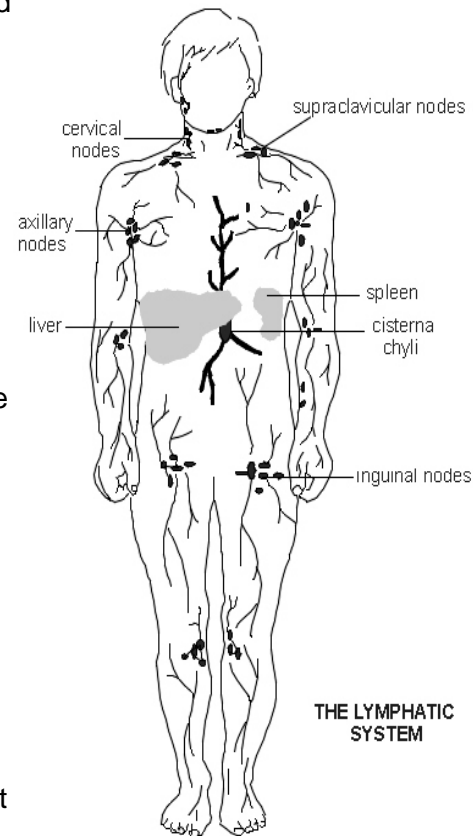
What is a lymph node?

A lymph node is part of the body's lymphatic system. The lymphatic system is a network of vessels that carry a clear fluid called lymph around the body. Lymph vessels lead to lymph nodes. Lymph nodes are small, round organs that trap cancer cells, bacteria, or other harmful substances that may be in the lymph. Groups of lymph nodes are found in the neck, axilla (underarms), groin, chest and abdomen.

How do cancers spread?

Skin cancers such as malignant melanoma and squamous cell carcinoma have the ability to spread to other parts of the body; these are called metastases or secondaries. Cancers spread in different ways. The majority of skin cancers spread via the lymph system.

If cancer has been caught by a lymph node it can grow and multiply there and in time it can spread to the next node down the chain and so on.



Cancers can also spread via the blood system to other parts of the body and this can be detected by performing a Computerised Tomography (CT) scan.

What is a neck dissection?

Neck dissection is the name given to the operation that removes lymph nodes in your neck together with the surrounding fatty and connective tissue. The aim of the operation is to remove all the lymph glands involved with the cancer. This prevents recurrence in the neck and may stop the cancer from spreading elsewhere. The operation is performed under general anaesthetic, which means you will be asleep throughout.

What will happen before the operation?

We will ask you to come to a pre-assessment clinic. The nurse will check your weight and blood pressure, and ask you about your medical history and any medications that you may be taking. You will have blood tests, an ECG (heart tracing) and a chest x-ray. If you have any questions or concerns, please feel free to ask at any time.

MRSA

Part of the Department of Health initiative is to ensure that elective (planned) admissions are screened for MRSA,

therefore you will be screened before you start treatment. This is routine and nothing to worry about. It will involve taking swabs from your nose, throat and groin and will be painless.

The day of your operation

On the day of your operation you will come to the ward and be admitted by the nurse. Please remember to follow any instructions on when to stop eating and drinking. These instructions will have been given to you at pre-assessment. The anaesthetist will come to see you and explain the anaesthetic to you. Your surgeon will also come to see you and discuss the details of the operation and the risks and benefits. The surgeon will then ask you to sign a consent form to say you agree for the operation to go ahead.

What does the operation involve?

The surgeon makes one cut in the skin of your neck. The cut usually starts underneath the chin and extends down the collar bone and then arcing upwards to end behind the ear. This flap of skin is lifted to expose the lymph nodes.

Exercise

After the operation on your neck it is important that you bend and straighten your neck so that the soft tissues do not become tight and cause you pain and difficulty when moving.

A physiotherapist will see you on the ward before discharge and give you an exercise programme to follow. The exercises should be done slowly. You may feel some gentle pulling and discomfort.

Do not continue with the exercises if the wound is oozing, or if there is redness or severe pain. Contact the hospital for advice if this is the case.

What are my follow-up arrangements?

Before you leave the ward, arrangements will be made to see you in the dressing's clinic. Your wounds will be checked and your dressings changed. We will see you regularly in the clinic until your wound has healed. The pathology results will take about two weeks to come back.

How should I care for my wound?

Usually you go home with a dressing on the wound and you may still have wound drains in place. It is better to shower rather than bathe. If the dressings become wet, gently dab dry, it is better if the dressings remain intact until you are seen in the outpatient clinic, however, if it becomes dislodged then replace with the same dressing type that you will be supplied with to take home.

When the drains are removed sometimes there can be some oozing of fluid from the site and it may be necessary to apply a small collecting bag to the area that can be emptied on your return visits to the hospital.

Gentle massage of the neck and shoulder area can help to improve your comfort.

Deep vein thrombosis (DVT)

DVT's are blood clots in the legs. Every precaution is taken to prevent this from happening. We will give you a drug to thin the blood, and special compression stockings to wear. During your operation your feet are mechanically squeezed to help blood circulation. After the operation you are encouraged to move about and to move your feet in bed.

How will I feel at home?

Tiredness

At first you may feel very tired; you should spend the first week or so taking it easy. After this you will be able to slowly return to your usual activities. It is important to be mobile at home, but avoid any strenuous exercise.

Driving

You may be able to start driving once you feel up to it. For most people this will take about four weeks. Do not drive unless you are well, alert and able to take emergency action. It is advisable to check with your insurance company before you start driving.

Working

You will be able to start work again once you feel up to it. If you need a sick note please ask the doctor while you are in hospital. If your job involves a lot of manual lifting or heavy work, you will need to stay off work for longer. In this case you will need to get a sick note from your GP which states clearly what tasks you can and cannot undertake at work.

Everyday activities

You will need help at home for four weeks with activities such as cooking, laundry and housework.

The nodes are removed and the skin flap is replaced and secured with stitches or clips which will be removed at your dressing clinic appointment. You will have one or two tubes (wound drains) in place.

What happens after the operation?

You will return to the ward with a 'drip' in your arm which gives you fluids into the vein until you can drink. You may be given some oxygen through a mask, and the nurse will check your blood pressure and pulse. The nurse will also check your wound dressings and drains.

Tiredness

On the evening after your general anaesthetic you will feel rather tired and sleepy and you should warn your visitors not to expect you to be very good company! You will be able to eat and drink once you are awake.

Wound drains

The drains are left in place until they stop draining fluid from your wound. Sometimes lymph fluid can continue to drain from the wound and the drains need to stay in place longer than expected. While you are on the ward we will teach you how to look after your drains and you may feel able to go home with the drains in place. In this case we will show you how to measure the quantity of drained fluid and call the ward when it reduces or if there are any problems.

It is usual that the staff on the ward will want to see you a few times after your surgery.

The ward has an 'open door' policy that allows you to return to the ward with any problems.

You will usually be in hospital between five - seven days.

Moving

We will encourage you to get out of bed as soon as you feel able to do so, usually the day after surgery. The ward staff will be able to help you.

What are the complications and side effects?

This operation has a high rate (more than 50%) of problems with wound healing and fluid collection. Whilst these problems cause discomfort they are not life threatening.

Discomfort

Many patients experience discomfort after the operation at the surgical site or in the neck and shoulder area. This can be relieved with painkillers, which the nurses on the ward will give you. Some patients may experience small stabbing or shooting pains from time to time around the neck and shoulder area. This can be helped by massaging the area. There may be neck stiffness and some difficulty in raising your shoulder. These feelings are common and will slowly disappear over time.

Haematoma

This is excessive bleeding that can cause blood to collect under the skin and form a clot (haematoma). If this happens you will need to have a further operation to remove the clot and stop the bleeding (this is rare – in about 5% of patients).

There can be bruising around the operation site and even down the neck, shoulder, chin/cheek areas and this will resolve in time.

Infection

Your surgeon will have discussed with you another possible complication, infection. If you develop redness and tenderness around the wound, this is a sign that the wound has become infected. This can be treated with antibiotics. In some cases this may require a return to hospital for intravenous antibiotics (injections directly into the veins) or even an operation to drain the infection.

Weakness to nerves

The nerves to the muscle around the neck and shoulder area may be affected. Rarely these nerves are stuck to the lymph nodes or are damaged during the operation (in less than 1% of patients). If this happens you may notice weakness and drooping of the shoulder and this can last for several months.

The facial nerve which makes your lower lip move can be bruised. If this happens you may get a crooked smile which can also last for several months.

Scarring

Your operation will leave a scar. This will start off feeling tight and looking red but will settle over the next 12-18 months. Once the wound is healed massage the scar with simple moisturising cream, as this helps to soften and regain normal sensation.

Numbness

You may experience numbness in the neck area.

Lymphoedema

Sometimes having a neck dissection can cause the face to become puffy known as lymphoedema. This is due to the lymph fluid not having any glands to drain into. It may improve with time but if it does not completely settle it can be rather troublesome. Your specialist nurse and doctor will be able to advise you further on how to manage lymphoedema and if it is necessary you will be referred to the lymphoedema team. To reduce the risks, massage techniques may be used. You will be advised to exercise your shoulder. Support your head and neck with a pillow, sleep sitting up may also help.

Wound opening

Haematoma, fluid collection, lymphoedema, and infection can cause the wound to open. If this happens the underlying problem will be treated and the wound dressed until it heals. In certain circumstances a further operation is required and the wound re-stitched.