

NECK DISSECTION

RISKS OF NON-TREATMENT

If cancer is present in the lymph nodes of the neck and is not treated, it will spread to other parts of the body and eventually cause death.

NON-SURGICAL TREATMENT OF NECK AND LYMPH NODE DISEASE

If cancer is present in the neck, two modes of treatment have been shown to provide a possible cure: surgery and radiation therapy. The choice of which type of treatment is appropriate in specific cases is beyond the scope of this consent. If you have questions about why your specific treatment has been chosen, please ask your surgeon.

DESCRIPTION OF SURGERY

Under general anesthesia, an incision is made from behind the ear to the middle of the neck just above the collarbone. If a bilateral procedure is planned the incision will be carried out on the opposite side as well. The lymph tissue in question will be identified and removed from the neck. The submandibular glands (salivary glands) are occasionally removed in the dissection as well. In some cases, it is also necessary to remove surrounding structures (such as muscles, large blood vessels or nerves) if they are involved or adjacent to the tumor. A drain is put in place to prevent blood from collecting in the neck and the incision is closed with staples or suture. The drain is removed in 2-5 days depending on the amount of drainage. Removing the drain does not require anesthesia.

RISKS OF SURGERY INCLUDE BUT ARE NOT LIMITED TO THE FOLLOWING

The risks of surgery include bleeding, infection and scarring, the need for future procedures, the need for additional therapy, numbness or weakness to the face, shoulder or tongue. There is a risk of hoarseness or paralysis of the nerve that controls the voice box. There is a risk of leakage of lymph fluid. There is a slight risk of pneumothorax or pneumomediastinum (a punctured lung). There is a slight risk of paralysis of the diaphragm. Some of these complications would require additional procedures.

RECOVERY TIME FROM SURGERY

Most people may go home within a few days of surgery. After 10-14 days, most people can resume normal activity, but some may need more time to regain their strength.

POST-TREATMENT CARE

A physician should evaluate fever, chest pain or an elevated heart rate. After 24 hours it is okay to shower and get the incision site wet. There should be no straining or heavy lifting for at least two weeks. Antibiotics and pain medication should be taken as directed.