

**Will I need any other sort of treatment?**

This will depend on what treatment you have had already, and the location and type of your tumour. Sometimes we recommend radiotherapy if we think this may give a better chance of a cure, but this will be discussed with you.

**How long will I need off work?**

This will depend on the type of treatment you have had, but generally you will need at least three weeks off work.

**Post-Operative Instructions:**

Please contact the hospital booking team to arrange your post-operative follow up appointment as per Mr Cascarini's advice.

Telephone numbers can be found at [www.lukecascarini.com](http://www.lukecascarini.com)

Should you have a post-operative concern, please email [pa.consultants@hcahealthcare.co.uk](mailto:pa.consultants@hcahealthcare.co.uk) within normal office hours. Outside of office hours, please contact the hospital.

Outside of office hours

Please note that there is a comprehensive out of hours service for our patients post operatively. The following instructions should be followed outside of working hours for any medical situation that requires urgent attention, but which IS NOT a life-threatening situation.

Contact the hospital where you were treated, and they will be able to provide medical advice or arrange for a doctor to see you if required.

**The Wellington Hospital**

Day Case Unit number is 0203 214 3643 (4th Floor PMC).  
If the Day Case unit is closed, then Switchboard is 0203 733 5344 and they will bleep Duty Manager.

**The London Bridge Hospital**

HCA LBH at Guys Reception Desk on 0203 905 4000 and ask to be put through to the duty manager (Ext 48400).

**The BMI Sloane Hospital**

Main hospital number, 020 8466 4000, then option 4 -  
(for all other enquiries)

**Private Consulting Rooms:**

The Platinum Medical Centre  
15 - 17 Lodge Road, St John's Wood  
London, NW8 7JA  
Appointments: 0207 483 5148

The Shard, London Bridge Hospital  
St Thomas Street,  
London, SE1 9BS  
Appointments: 0207 234 2009

The Sloane BMI Hospital  
125 Albemarle Road, Beckenham  
Kent, BR3 5HS  
Appointments: 0208 466 4050

# NECK DISSECTION



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## Head and neck cancer and the lymph nodes

Cancers of the head and neck have the ability to spread to other parts of the body; these are called metastases or secondaries. Cancers can spread in different ways; most often by the lymph system to the lymph nodes. In the head and neck region localised lymphatic spread is common. Sometimes cancer can spread by the blood to organs that are further away, but this is less common with head and neck cancers.

Lymph nodes (also called lymph glands) catch bacteria, viruses or cancer cells in the body.

Each lymph node drains a particular area of the body - the nodes in the neck drain the skin of the head and neck and all the swallowing and breathing tubes. Once a cancer cell has been picked up by a lymph node it can grow and multiply there, and in time can spread to the next node along and so on. The removal of a lymph node is carried out with an operation called a 'neck dissection'.

## Neck dissection explained

### There are two basic types of neck dissection:

A **radical neck dissection** is an operation which aims to remove all of the lymph nodes in the neck between the jaw and the collarbone. This operation is usually carried out if there is evidence that there are one or more nodes in the neck affected by cancer.

The nodes are small and can be stuck to other structures in the neck, so often other tissues are removed as well to ensure that all parts of the cancer nodes are taken. This can include the muscle, nerve, salivary gland and major blood vessels. However, we only remove structures which you can safely do without, and those which do not leave serious long-term effects.

A **partial neck dissection** is performed when there is a strong likelihood that there may be tiny amounts of cancer cells in nodes in the neck. In this case we tend to only remove those nodes which are most likely to be affected in your type of cancer.

Having the surgery enables us to make a definitive diagnosis. Having this definitive diagnosis will provide vital information, should you need further treatment. All the tissues are sent away to the laboratory to search for cancer cells and to see how extensive the spread has been.

## Procedure information

Most patients will be admitted either on the day or on occasion 1 day before their operation. The operation is performed under general anaesthetic which means you will be asleep throughout.

A neck dissection is often part of a larger procedure to remove cancer. Two incisions are made along a skin crease in the neck, extending vertically down the side of the neck. At the end of the operation you will have 1 or 2 drain tubes coming out through the skin and stitches or skin clips to the skin. This helps prevent infection and blood clots forming. Most patients do not experience very much pain after the operation. We may remove one of the large muscles from the neck, which can leave a small indent on the affected side and cause the neck to be stiff after the operation.

## Possible Complications

### Numbness

You should expect the skin of the neck to be numb following surgery. This will improve over time, but probably will not return to normal.

### Stiff neck:

Some patients find that their neck is stiffer after the operation.

### Blood Clot:

Occasionally the drain tubes which were put in during surgery can become blocked which causes blood to collect under the skin and form a blood clot. If this occurs, it is often necessary to return to theatre to remove the clot and replace the drains.

### Chyle leak:

'Chyle' is a milky bodily fluid made up of lymph and emulsified fats. Sometimes one of lymph channels called the thoracic duct is damaged during the operation. If this occurs, chyle can collect under the skin, in which case you will need to stay in hospital longer and be returned to theatre to seal the leak.

### Injury to the Accessory nerve:

This is the nerve to one of the muscles of the shoulder. It runs from the top to the bottom of the neck. We try to preserve this nerve but sometimes it needs to be removed, because it is too close to the tumour. If this nerve is removed, you will find that your shoulder is stiff and that it can be difficult to lift your arm above shoulder height. Lifting heavy things may also be difficult. Physiotherapy can help with shoulder movement.

### Injury to the Hypoglossal nerve:

This nerve makes your tongue move. Rarely, it has to be removed as it is very near to the tumour. This can mean you find it difficult to clear food from that side of the mouth and it can interfere with your swallowing. Your speech may also be less clear if this nerve is affected.

### Injury to the Marginal Mandibular nerve:

This nerve is also at risk during the operation, but we try very hard to preserve it. If this nerve gets damaged, you will find that the corner of your mouth will be slightly weak - this is most obvious when smiling.