

## NECK DISSECTION POSTOPERATIVE CARE

### Lymph Nodes:

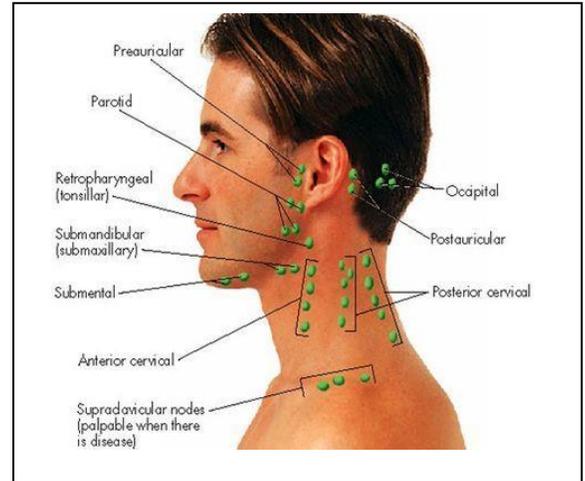
Each side of your neck has more than 20 lymph nodes. These nodes drain fluid from the face, mouth, and throat. The nodes may be enlarged due to infections (viral or bacterial) or nests of cancer cells (metastases).

### Neck Dissection:

Head and neck cancers spread to neck lymph nodes. The purpose of a neck dissection is to remove the lymph nodes at most risk for the spread of cancer cells.

Your surgeon makes an incision (cut) in the lower area of your neck. The exact size of the cut varies, so you may ask your surgeon to show you. Next, the fat and lymph nodes in the desired areas are taken out. The surgeon tries to spare as much normal tissue as possible, but cancer cells often invade other healthy tissue.

Structures that are sometimes removed are the internal jugular vein (IJV), the sternocleidomastoid muscle (SCM), and the spinal accessory nerve (SAN). There are usually little noticeable effects from removing one IJV. The SCM runs from behind your ear down to your collarbone and helps turn your head left and right. The SAN controls the SCM and the muscles that help shrug your shoulder. If part of the SCM is removed, it may be painful to raise your head off the pillow for several days; you may need to place your hand behind your head when sitting up during this healing time. Your neck may appear thinner on the side that the SCM is removed.



If part of the SAN is cut, you may notice trouble raising your shoulder or raising your outstretched arm sideways above horizontally. Doing shoulder exercises every day after surgery can help to maintain good shoulder mobility. Some patients see a physical therapist to learn these exercises. The greater auricular nerve runs right across the area of the operation and often must be cut for access to deeper tissues. If the nerve is cut, the skin around the ear lobe will be numb. This usually slowly resolves over a year.

You will be admitted to the hospital, at least overnight. Most patients go home within two days. If you are having a neck dissection on both sides of the neck, you may need to stay another day.

### After Surgery Care

#### Incision:

You need to keep the incision dry for 3 days. After 3 days you may shower and pat the incision dry. You may use Q-tips or gauze dipped in a mixture of ½ hydrogen peroxide and ½ water to remove any dried blood over the incision. After washing, apply a thin film of an antibacterial ointment called Bacitracin. Please avoid any activity that pulls across the incision. Do not shave for at least 2 weeks. The rest of the face may be shaved. The staples and/or stitches will be removed 1-2 weeks after surgery at your postoperative appointment.

#### Drain:

Some patients go home with a thin drain tube and an egg-shaped collecting bulb called a JP drain. The tube should be gently stripped every 4 hours (pushing the blood clots down the tube into the bulb). A nurse will teach you how to do this before you leave the hospital. When the JP drain looks half full or at least 2 times a day, please empty the bulb into a small plastic measuring cup. Then, write down the amount in the cup. Pour the fluid in the sink or toilet. When the

amount of fluid emptied from the drain is 30 mL (or 2 Tablespoons) or less in a 24-hour period, the drain is ready to be taken out. If the drain is in place for 1 week it needs to be taken out no matter how much fluid drained.

The drainage within the JP drain should be red, pink, or straw colored (yellow). If it is milky or looks like pus, you need to be seen by your surgeon right away.

**Activity:**

Do not strain, do heavy lifting, or hard exercise for 2 weeks after surgery.

**Diet:**

Most patients start with liquids and soft foods after surgery in case they are nauseated. You may eat your regular diet after surgery. If your lip “pucker” muscles are weak, you may drool slightly when drinking. This should improve over time.

**Shoulder exercises:**

May be started in the first week after surgery. Try to raise both arms out sideways and hold steady for several seconds. You may use small weights if desired.

**Pain:**

Your pain can be mild to moderate the first 24-48 hours. The pain usually lessens after that. The sooner you reduce your narcotic pain medication use, the faster you will heal. As your pain lessens, try using extra-strength acetaminophen (Tylenol) instead of your narcotic med. It is best to reduce your pain to a level you can manage, rather than to get rid of the pain completely. Please start at a lower dose of the narcotic pain med and increase the dose only if the pain remains uncontrolled. Decrease the dose if the side effects are too severe.

**Do not drive, operate dangerous machinery, or do anything dangerous if you are taking narcotic pain medication** (Hydrocodone or Norco). This medication affects your reflexes and responses, just like alcohol.

**When to call your Surgeon: If you have...**

1. Any concerns. We would much rather you call your surgeon than worry at home or get into trouble.
2. Fever over 101.5 degrees F.
3. Foul smelling discharge from your incision.
4. Large amount of bleeding.
5. More than expected swelling of your neck.
6. Increase warmth or redness around the incision.
7. Pain that continues to increase instead of decrease.
8. Problem urinating.
9. If you have chest pain or trouble breathing – **YOU NEED TO GO DIRECTLY TO THE NEAREST EMERGENCY ROOM WITHOUT CALLING.**

**Postoperative Appointment:**

You will need to have the sutures or staples taken out at your postoperative visit. If you have had radiation, you will need an appointment 10-14 days after your neck dissection surgery. If you have not had radiation, you will need an appointment 7-10 days after surgery.

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