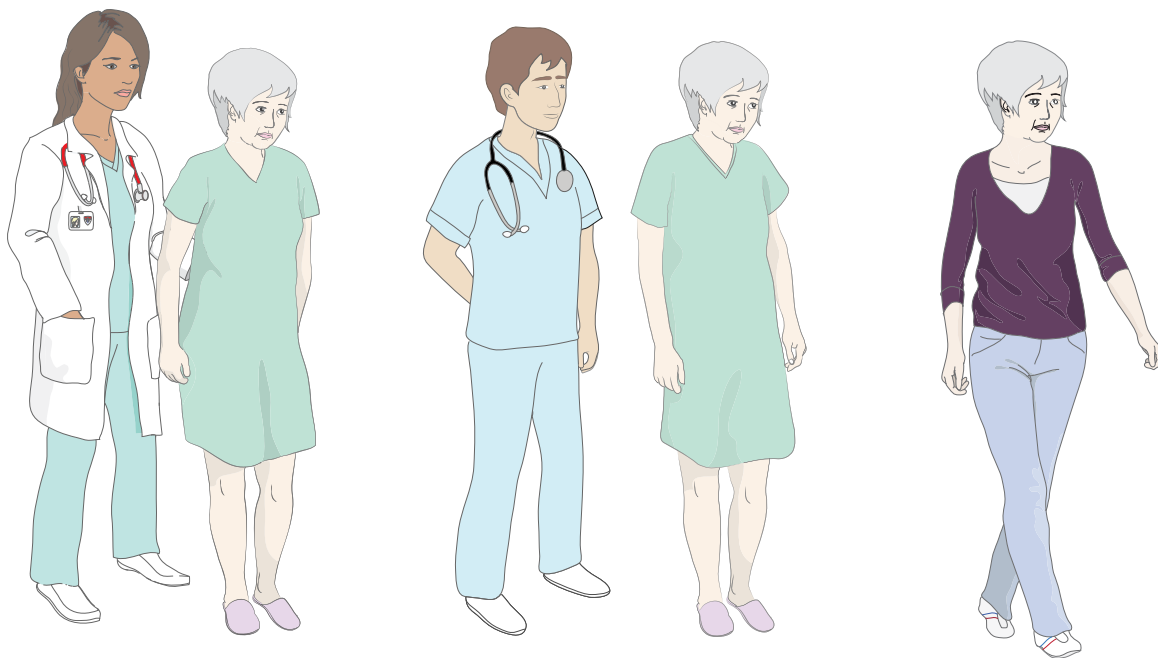


# A Guide for your Neck Dissection Surgery



This booklet will help you understand and prepare for your surgery.  
Bring this booklet with you on the day of your surgery.

[www.muhcpatienteducation.ca](http://www.muhcpatienteducation.ca)

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**PRET/SURE**

Parcours de rétablissement chirurgical du CUSM  
MUHC Surgery Recovery Program

This booklet was developed by The MUHC Surgical Recovery (SURE) working group, Dr. Makhoul and his team of surgeons and the MUHC Patient Education Office.

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### IMPORTANT: PLEASE READ

Information provided by this booklet is for educational purposes. It is not intended to replace the advice or instruction of a professional healthcare practitioner, or to substitute medical care. Contact a qualified healthcare practitioner if you have any questions concerning your care.



This material is also available through the  
MUHC Patient Education Office website  
[www.muhcpatienteducation.ca](http://www.muhcpatienteducation.ca)

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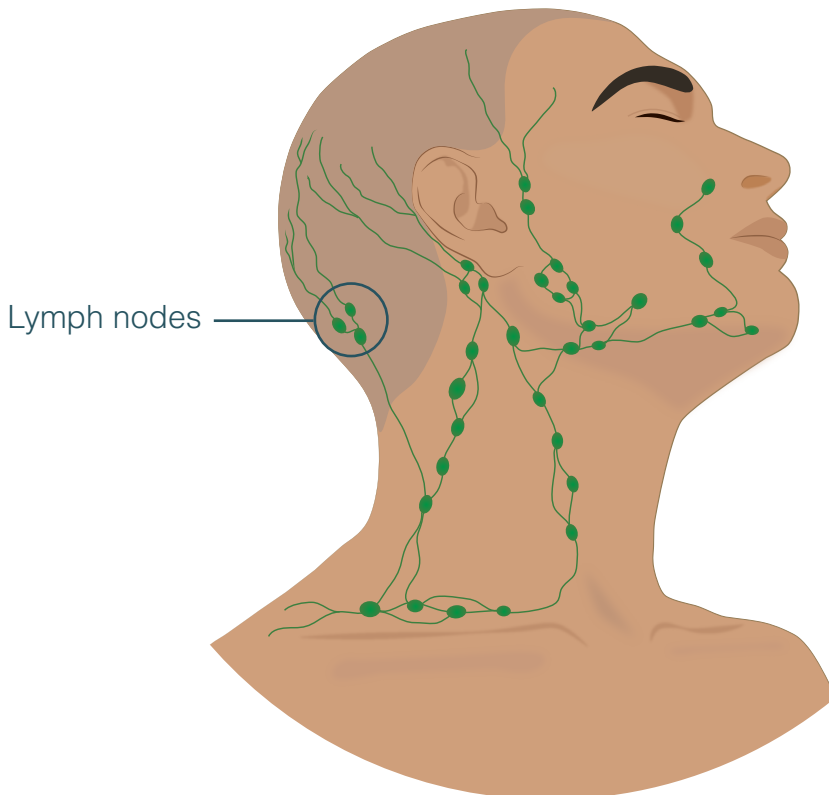
## What is a neck dissection?

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A neck dissection is a surgery done under general anesthesia (you will be asleep and pain-free during surgery).

During the surgery, your surgeon removes lymph nodes on one or both sides of your neck. Lymph nodes are small, round or bean-shaped clusters of cells. They are located in groups, and each group drains a specific area of your body.

- Lymph nodes are like filters. They filter lymphatic fluid as it travels through your body. Lymphatic fluid is fluid that has infection-fighting cells throughout the body. Lymph nodes protect you by destroying bacteria and viruses.
- At times, these lymph nodes may swell. Reasons for swollen lymph nodes can be infection and/or seeding with cancer cells. The word seeding means when cancer cells leave the primary tumor and spreads to other organs.





## Why is a neck dissection done ?

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Neck lymph nodes are removed when cancer is suspected or confirmed OR if there is a risk of cancer having spread to them from a tumor in your mouth or jaws.

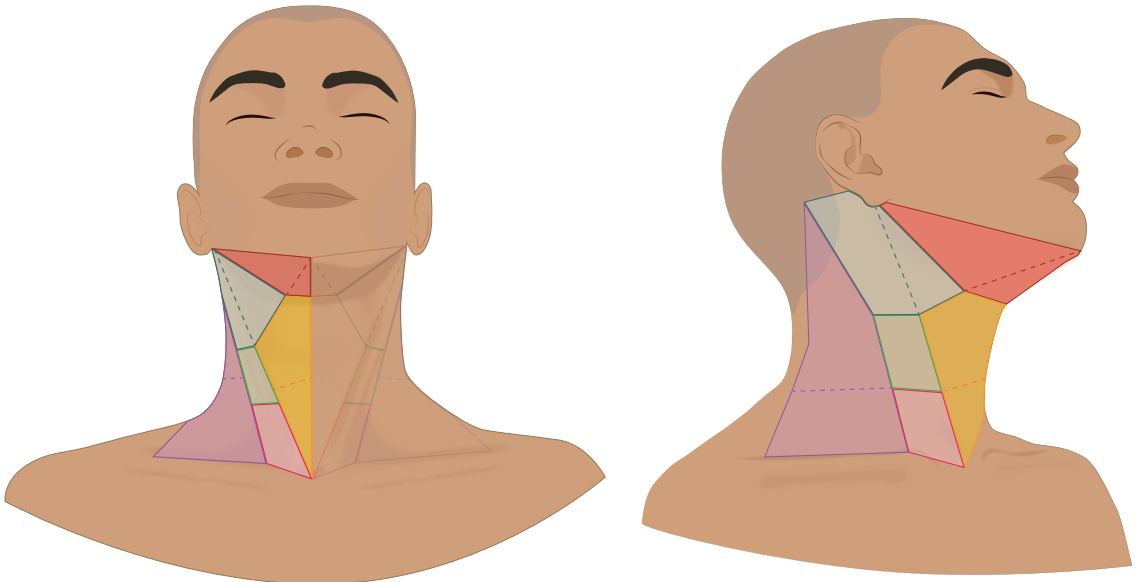
### Elective neck dissection

This is done to make sure that there are no cancer cells that have spread to the lymph nodes. Typically, there will be no cancer found in the lymph nodes on exam or x-rays, however removal of the lymph nodes will help confirm that there is no microscopic (tiny) spread of disease and will make sure there is proper staging of the cancer.

Staging is a way of describing or classifying a cancer based on the extent of cancer in the body.

### Therapeutic neck dissection

This is done when there is some evidence of lymph node involvement from a cancer site. Removal of these lymph nodes helps remove cancer seeded in the neck and makes sure there is proper staging of the disease.



## What does the surgery involve ?

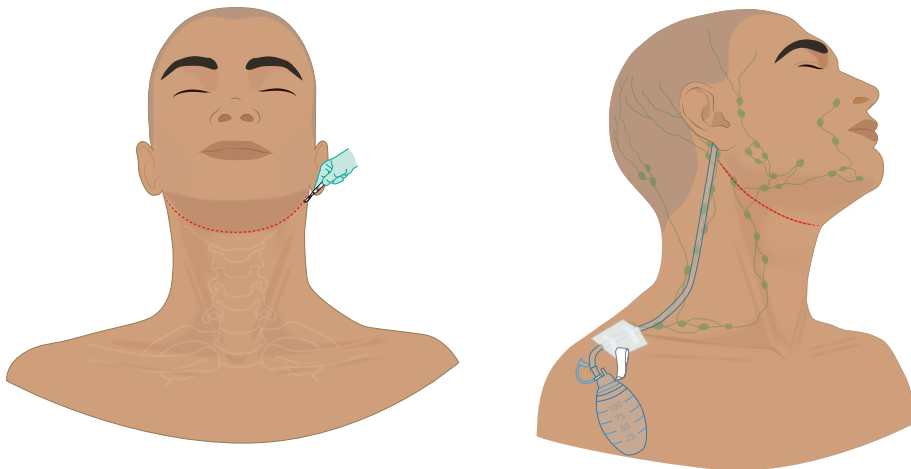
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### Are there any options other than surgery?

There may be other types of treatment for you but your surgeon and medical team will choose what is the most appropriate for you.

### What does the surgery involve?

- A neck dissection is usually done at the same time as another surgery is done to remove a tumor from around your mouth, face, jaws or throat.
- If the neck dissection is done alone, the lymph nodes will be removed through an incision (cut) in the neck.
- 1 large incision (cut) is made to reach the lymph nodes in the neck.
- The cut usually starts just underneath the chin and extend down to the collarbone then arching up to end behind the ear.
- Care is taken to make sure that this cut is placed in an existing crease of your neck, to try to “hide” the scar as much as possible.



Your surgeon lifts this flap of skin to expose and see the lymph nodes and then removes them. The flap of skin is then replaced and the skin is closed together with stitches or clips.

# What does the surgery involve ?

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## We describe 2 neck dissections

### 1. Radical (complete) neck dissection

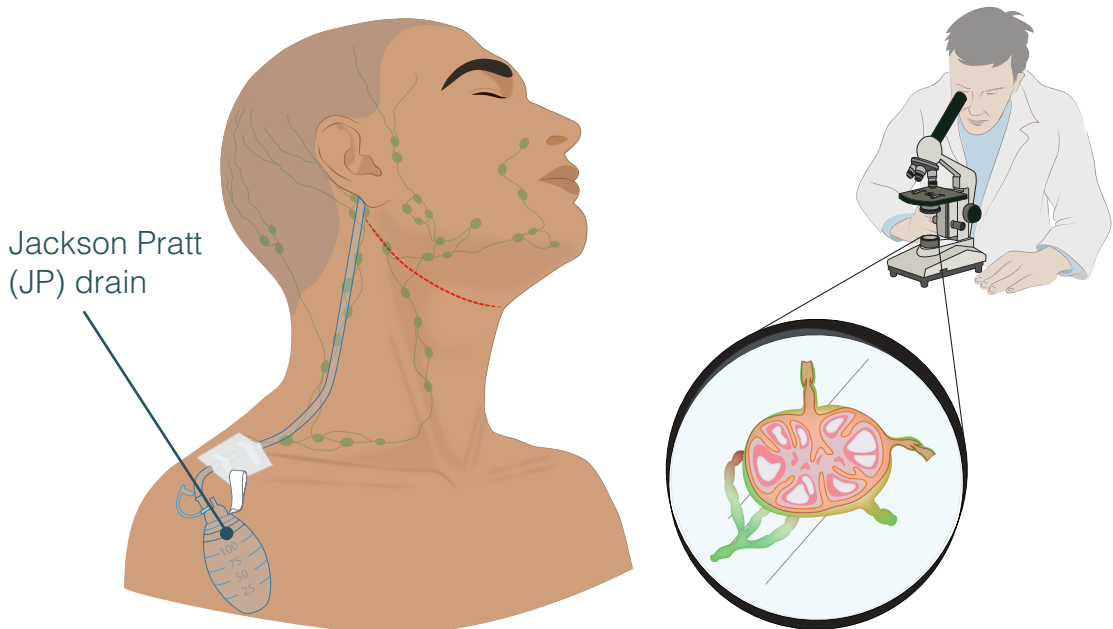
All the nodes between the jaw and the collarbone are removed. As well as potentially surrounding muscles, vessels or nerves that maybe close to the cancer in the lymph nodes.

### 2. Selective neck dissection

Groups of nodes that may be involved in the spread of the cancer are removed, while not removing nearby muscles, vessels or nerves.

1 or 2 drains are put into the neck to drain blood and fluid from the surgery area. These are called Jackson Pratt (JP) drains. These drains will be removed before you go home.

A specialist called a pathologist examines the removed lymph nodes for cancer cells. It usually takes several weeks to get the results.



## Before and after the surgery

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Specific information including before, during and after your hospital stay will be explained to you.

If you do not understand the information, it is important that you tell us. It is our responsibility to make sure you understand the information.

A booklet titled: **“A guide for your microvascular maxillofacial reconstructive surgery”** will also be given to you.

This booklet explains in detail what to expect during your hospital stay, some temporary mobility restrictions you may have and what you can do to play an active part in your care each day after the surgery to recover and get on with your life.



# What are the possible complications ?

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## Possible complications

All surgeries have risks. Bleeding, infection and blood clots are risks of most surgeries. Some risks are more specific to neck dissection.

### They are:

#### 1. Numbness in the neck and ear

This usually goes away after several months but the feeling may not return to normal.

#### 2. Swelling

This is usually temporary and gradually goes away. The medical name for this is lymphedema. This condition may need extra physiotherapy to help it resolve.

#### 3. Neck stiffness

Damage to or stretching of the nerve to one of the large muscles in the neck or removing the muscle itself may cause neck stiffness.

#### 4. Chyle leak

Chyle is the name given to the fluid that runs through lymph nodes.

If one of the conduits (drains) carrying this fluid is damaged during surgery, chyle will leak out. If this happens, you may have to go back to the operating room to repair the leak or stay in the hospital longer for healing.

Diet changes or feeding through a tube for a while may be necessary to help healing.

# What are the possible complications ?

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## Nerve damage

- Many nerves run through the neck. The surgeon will take every precaution to avoid damaging any of the nerves.
- At times, it is necessary to cut and remove a nerve because it is close to the lymph nodes affected by the tumor or is in a position that makes it difficult to remove the lymph nodes. Stretching of these nerves can cause temporary weakness or numbness that may improve with time, but can also be permanent.

## The nerves that can be affected are:

### 1. The nerves affecting the tongue.

- Clearing food from that side of the mouth and swallowing can be difficult.

### 2. The nerve affecting the muscles of the lips.

- Clearing food from that side of the mouth and swallowing can be difficult. The corner of the lip may also be affected causing a droop.

### 3. The nerves affecting one of the shoulder muscles.

- Lifting the arm above the shoulder, carrying heavy weights and getting dressed can be more difficult.
- There might be some shoulder droop, stiffness and pain if the nerve is damaged or stretched during surgery. Physiotherapy after surgery will help improve shoulder function.

## Will my speech and swallowing be affected ?

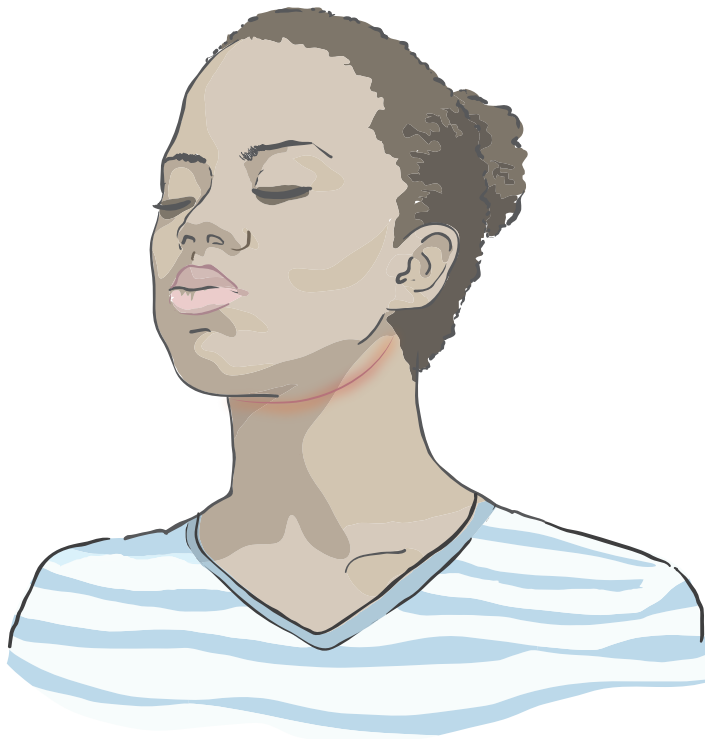
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- Your speech is not typically affected by any of the neck dissection surgeries.
- However, if 1 of the nerves that affects your tongue is affected, you may need help with speech from a speech-language pathologist (SLP) and with swallowing from an occupational therapist (OT). The SLP will evaluate your speech and decide what strategies may be needed to improve communication. The OT will assess you for any swallowing difficulties and will give some recommendations.
- The nutritionist will also help with any nutrition problems you may have before and after your surgery.

## Will I have a scar ?

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- You will have a scar on your neck.
- The surgeon tries to cut in an area that blends in with the skin folds and creases so that it is less noticeable.
- The scar will fade over time and blends into the wrinkles in the neck. If you have a history of severe scarring after surgery, tell your surgeon.
- There is a good amount of fat surrounding lymph nodes that are removed. Removal of this fat may make the neck look asymmetric (not the same on both sides) after surgery. If one of the large muscles of the neck is removed, the neck will look flatter on that side.





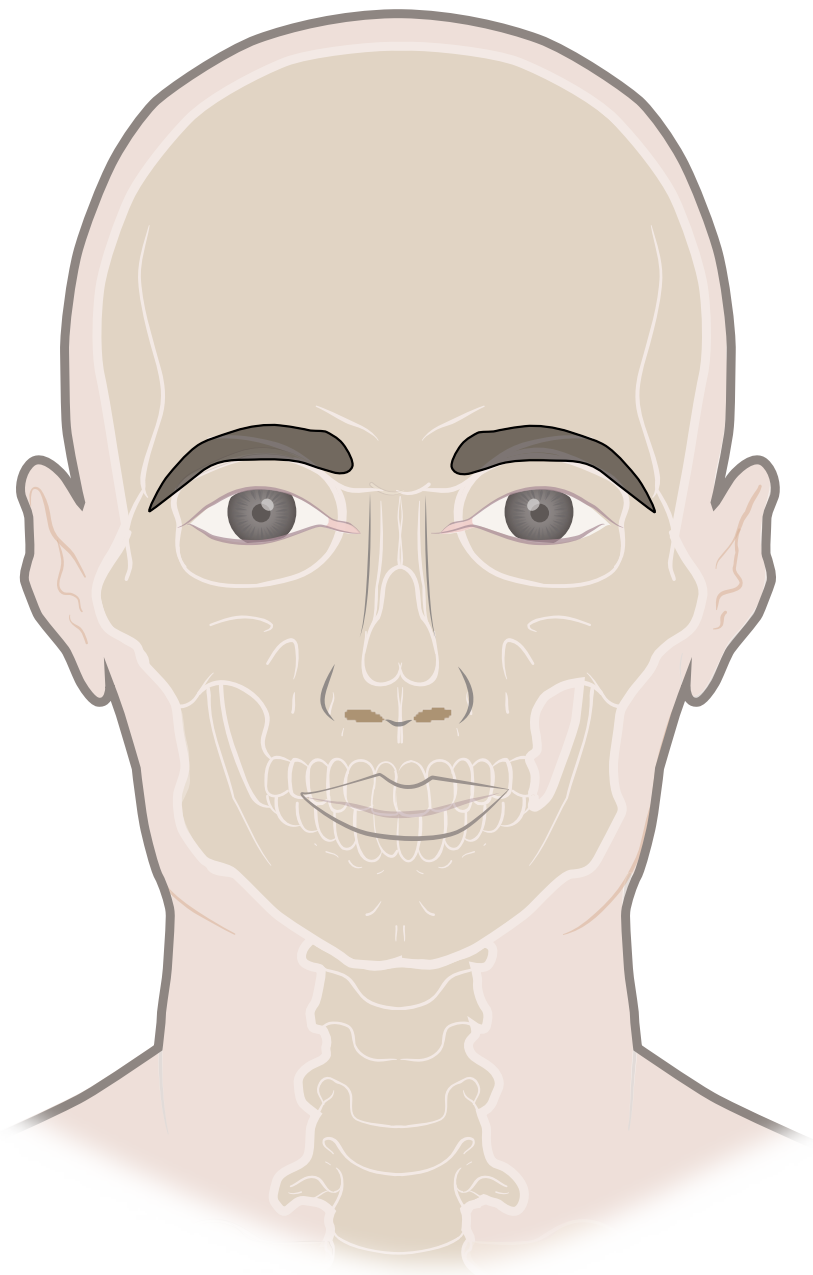
## How long will I be in the hospital ?

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- You will be in the hospital for about 8 days. The time you spend in the hospital depends on the type of neck dissection and the other surgery you have to remove the tumor and reconstruct the area. Typically, patients undergoing maxillofacial cancer reconstructive surgery spend 8 days in the hospital.
- This length of stay is necessary to make sure you heal well.
- Refer to **“A guide for your microvascular maxillofacial reconstructive surgery”** booklet for more details of how to get ready for your surgery, what to expect during your hospital stay, your follow-ups and information once you are home after the surgery.

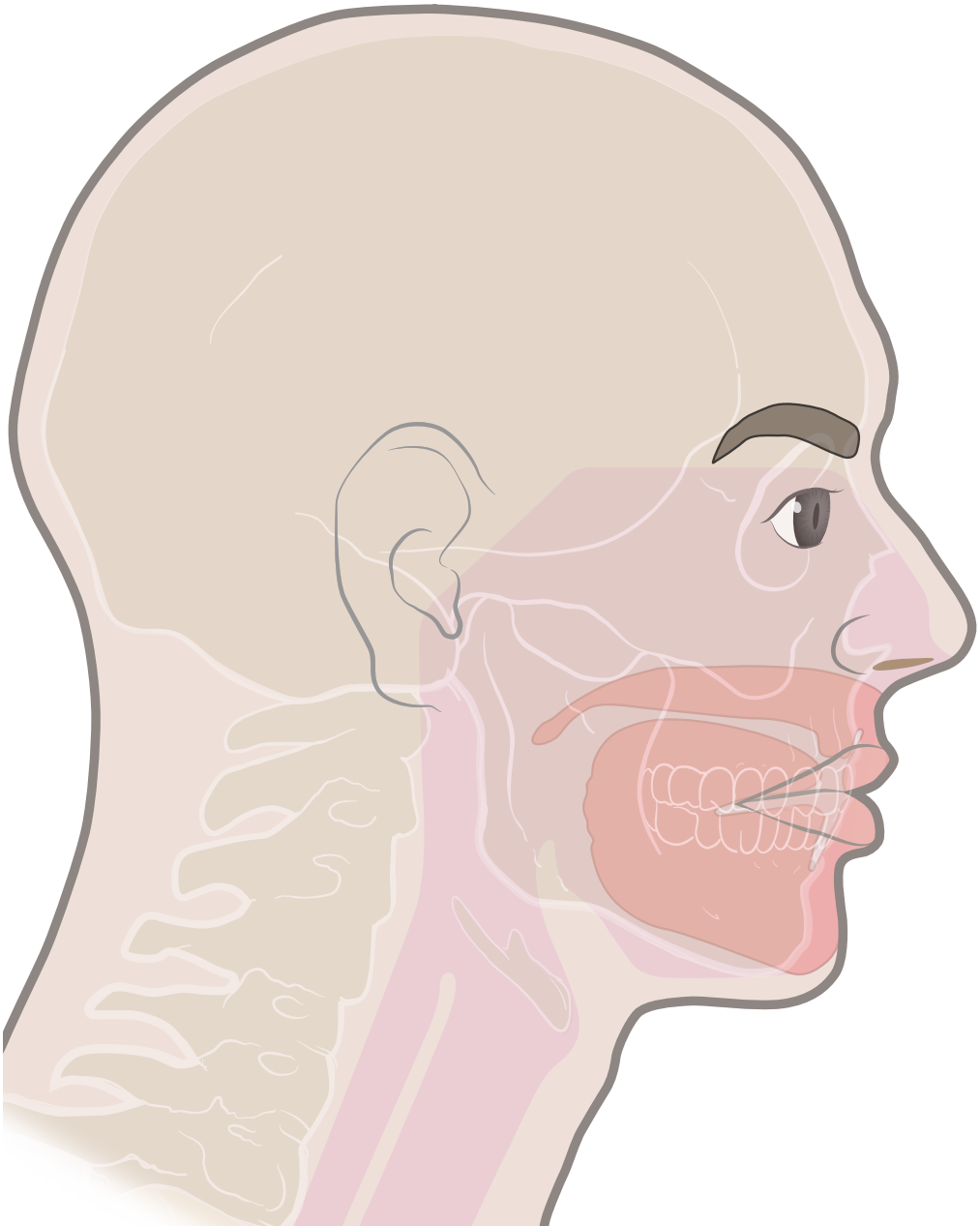
## Images of head and neck, front view

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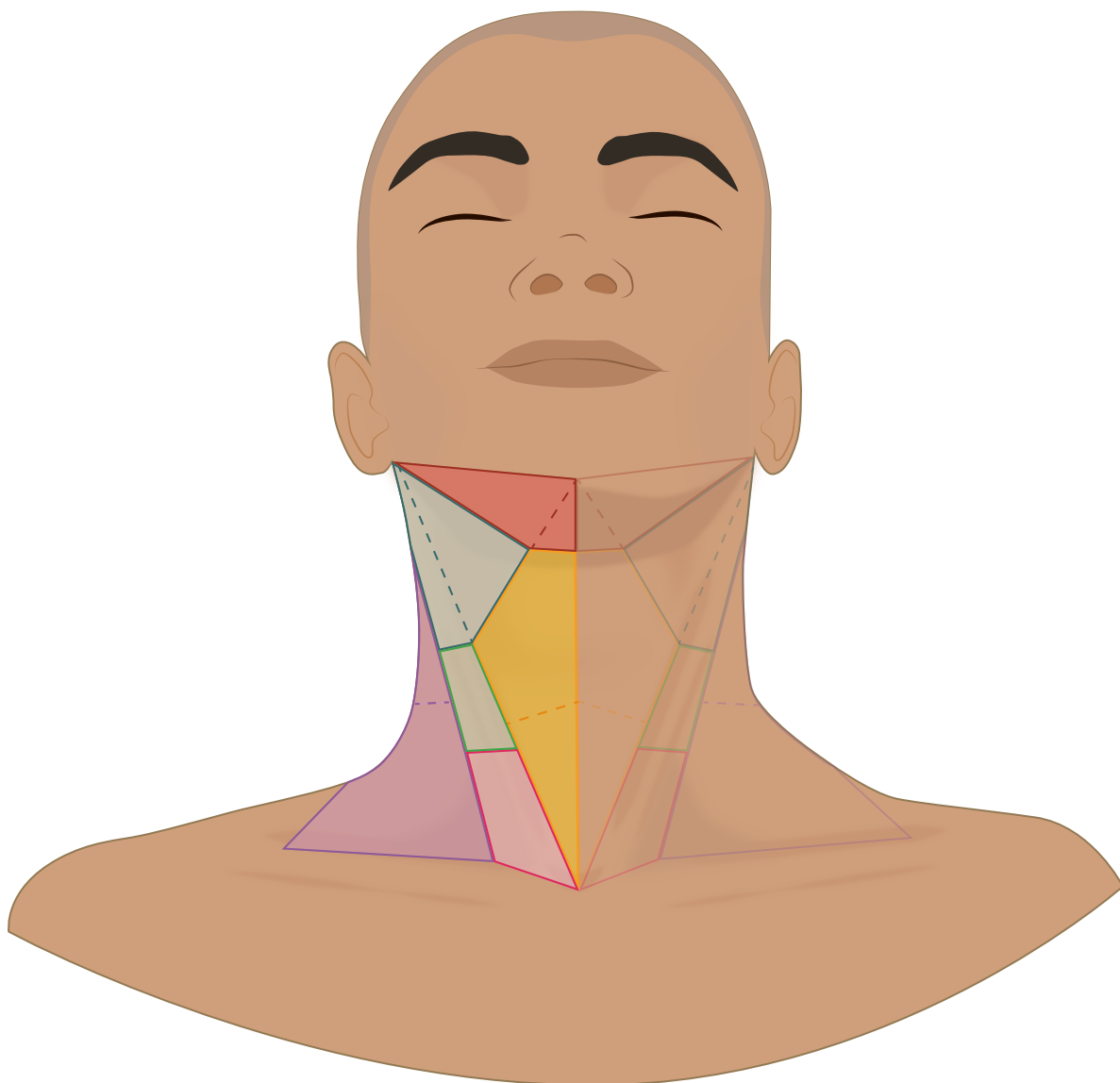
## Images of head and neck, side view

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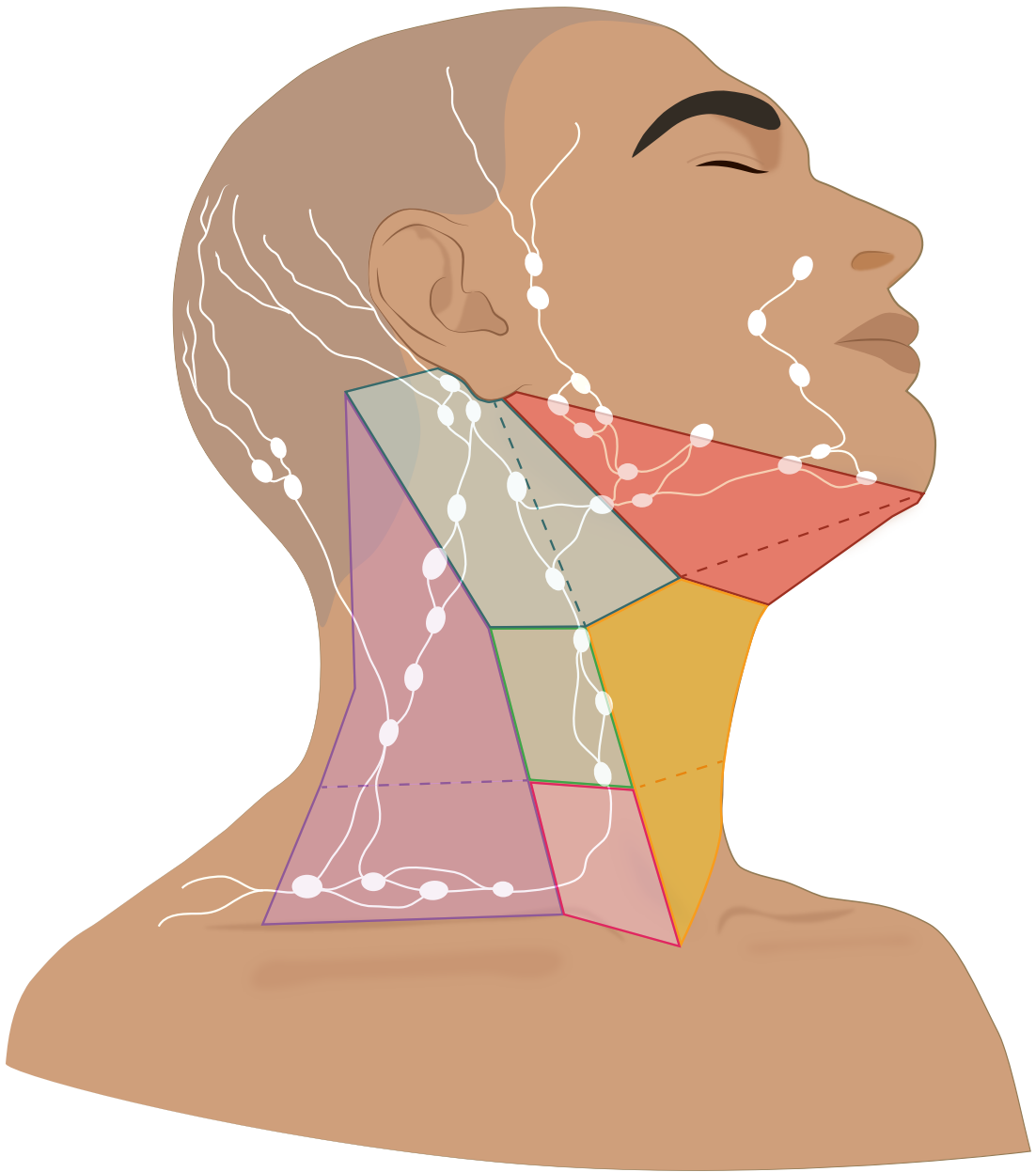
## Images of the triangles of the neck, front view

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## Images of the triangles of the neck, side view

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## Notes



# Montreal General Hospital

1650 Cedar Ave. Montreal, QC H3G 1A4

**D10-124**  
Surgical admission  
services

**E10-117**  
Preoperative clinic

**Legend**

Entrances

Parking

