Fox Valley Surgical Specialists™

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LATERAL NECK DISSECTION

Why do I need a Neck Dissection?
Neck dissection is performed in order to remove known or suspected lymph nodes containing cancer. Your surgeon has discussed with you the specific reasons for, and alternatives to, your recommended neck dissection. It is important that you understand this information so ask your surgeon about anything that is unclear. Operations for thyroid conditions have a high success rate. However, you may choose not to have this treatment, as long as you are aware of the risks of your condition.

How do I get ready for Neck Dissection?
Before the procedure, your surgeon may order bloodwork, x-rays or other tests. **Avoid all medications that may thin your blood, including vitamin E, Fish oil and all non-steroidal medications (NSAIDs) such as Motrin, Advil, Aleve and ibuprofen for 7 days before surgery, and hold aspirin and aspirin-containing medications for 10 days before surgery.** It is fine to take Tylenol. Discuss Coumadin and Plavix medications with your surgeon before surgery. The Pre-operative anesthesia staff, or your primary care physician, will advise you about insulin use before surgery.

The night before your surgery, you should have nothing to eat or drink after midnight. If you are on daily medications, take them with a sip of water the morning of your operation, but do not have coffee, tea or anything else to eat or drink.

Most patients who have neck dissection will stay in the hospital overnight as a drain may be placed that stays in overnight, but some patients are discharged the same afternoon. So, when you arrive at the hospital the morning of surgery, you should be prepared to stay overnight. You need to plan for a ride home and for recuperation after the operation. If possible, you should try to find someone to help you at home the next day. Recovery is generally rapid.

What happens to me during the operation?
The anesthesiologist or anesthetist will meet and talk with you the morning of surgery. Your surgery may take place earlier or later than the scheduled time. You may bring a book or electronic device with you to pass the time. In the operating room, you will receive a relaxing medication through an intravenous line and then you will be placed asleep under general anesthesia. During surgery, you will receive an appropriate antibiotic medication.

After giving numbing medicine, the surgeon typically uses the same central incision made for thyroidectomy, if performed, or a central incision. Sometimes a small incision high in the neck is necessary to reach nodes high in your neck.

Your surgeon may send your tissue to be tested during the surgery (frozen section), but the final pathology diagnosis can change. Your surgeon may need to place a drain to help remove fluid from under the skin of the neck. Most patients do not need to have stitches removed after the surgery.

Continued on other side.

LATERAL NECK DISSECTION (continued)

What happens after the operation?
When you wake up, you may have a sore throat from the breathing tube. You may have nausea. If the surgeon places a small tube to help drain fluid from under the skin, the drain will usually be removed before you go home.

You may be discharged from the hospital the afternoon of surgery, or the following morning. **Do not expect to leave immediately after surgery.** You will need to stay 6 hours or overnight to monitor for bleeding. If you are sent home on new medications, take them exactly as directed. You should call for an appointment to see your surgeon in the office in 1 week. **Most patients find that regular Tylenol takes care of pain from the incision very nicely.**

Many patients allow for 1-2 weeks off work after the surgery, but you may return to work earlier – as soon as you feel ready. If your employer has a form to be signed, bring it to your first office visit after surgery.

You should shower the day after the operation, using soap to wash the incision very lightly. Do not scrub the Steri-Strips off your wound. **See the wound care instruction sheet given to you at hospital discharge.** You may eat regular food. You may take stairs. There are no restrictions on lifting or activity after the surgery. You may drive and work as soon as you feel it is safe. Do not drive if taking narcotic medication.

What are the risks of Neck Dissection?
Bleeding or infection may require treatment, but these are uncommon. Abnormal tissue may persist or grow back. There are also risks of bleeding, infection, chyle (lymphatic fluid) leak and injury to the spinal accessory nerve controlling shoulder mobility (rare). Your anesthesia doctor will tell you about risks associated with the general anesthetic.

When should I call?
Call the office during business hours (weekdays from 8:30 am-5:00 pm) if you have a question about the operation and to make your follow-up appointment. The pathology report will come back within 1 week and will be discussed with you via phone as well as when you return to the office after surgery. Our phones are answered 24 hours a day, **after hour calls are for emergencies only.** Your surgeon's phone number is on the front of this sheet.

Most incisions develop mild swelling under the stitches. Mild swelling is normal and expected and will slowly go away. Mild bruising is normal.

Please call the emergency line if you develop *a fever above 101 degrees (take your temperature with a thermometer first) or increasing swelling.* ***For severe swelling, choking or trouble breathing, call the emergency line promptly.*** *For a life-threatening medical emergency, call 911 and go to the nearest emergency room.*

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