

Patient information

Neck Dissection

Head and Neck Cancer Centre - Aintree Hospital

Introduction

The aim of this leaflet is to provide information for you on the procedure to be carried out.

It will guide you through the journey you are about to take and assist you in understanding what is to be done and the intended outcome.

What is a neck dissection and why do I need this to be done?

A neck dissection is an operation that removes lymph glands from your neck, from one side or both, depending on your treatment.

This can be done as part of your treatment or for diagnosis, if a cause for your neck lump cannot be found.

If you have a diagnosis of head and neck cancer, it may be necessary to remove the lymph glands on one or both sides of your neck.

This is usually done because the cancer has spread from the primary site (where it started) to the lymph nodes in your neck. This is called a metastasis or secondary cancer.

On some occasions the cancer in your neck may be the only site where your doctor can find cancer and you may just have a neck dissection without any other surgery.

Lymph nodes, what are they?

They are glands that are all over your body. The main job of the glands is to filter the liquid that leaks out of blood vessels called lymph.

This fluid contains white blood cells whose function is to trap germs and fight infection, which means they can also trap cancer cells that are in the body.

Even when they are removed as part of the surgery, the remaining glands in the body will continue to fight infection for you.

How do you know there is cancer in the lymph nodes?

As part of your assessment, a doctor will have examined your neck and may have felt an enlarged gland.

Lymph glands can become enlarged due to infection such as a cold or a sore throat, so enlarged glands do not always mean they have cancer in them. If there are only a few cancer cells in the glands they will appear normal.

An MRI or CT scan of your head and neck/chest and usually a Fine Needle Aspiration (a needle into the lump to remove some cells to be looked at under the microscope) will usually confirm a diagnosis.

Occasionally it is not possible to give a definite diagnosis until after the surgery and the lump is looked at under the microscope.

How will my treatment be decided?

The results of your examination, scans and any biopsies or needle tests will be discussed at a Multi-Disciplinary Team meeting (MDT).

These are held weekly at Aintree Hospitals Trust with a team of Professionals who specialise in Head and Neck surgery.

At the meeting there are Consultant Surgeons, Consultant Radiologists (Doctors who specialise in X-rays), Consultant Histopathologists (Doctors who examine tissue for diagnosis), Consultant Oncologists (non-surgical specialists), Clinical Nurse Specialists and Allied Health Professionals (e.g. Dieticians, Speech & Language Therapists).

You will be seen in a clinic after the discussion and advised of the best treatment options. It is then for you and your doctor to decide on what is best for you.

What does the surgery involve?

A neck dissection can either be carried out on its own as a treatment or at the same time as surgery to remove a cancer from the head and neck region under the same anaesthetic.

The position of the incision (cut) depends upon what other surgery is being done.

Commonly a large incision is made to gain access to the lymph nodes in the neck.

This may start beneath the chin and extends downwards towards the collar bone before turning upwards to finish just behind the ear.

Sometimes the incision starts from behind the ear dropping down the neck and arching to the midline just above the breastbone (a J shape).

After the incision is made, the lymph nodes are then exposed in the neck for the surgery to commence.

Once the surgery is complete, the skin is placed back in its original position and either stitches or clips are used to hold the skin edges together, which will leave a scar.

What happens after the surgery?

The wound is usually numb and bruised following surgery. It is usual for the skin to feel numb for several months after surgery due to bruising and cutting of superficial nerves of the skin. Hopefully this will return but some people are left with a degree of numbness in the area of the incision.

The stitches or clips that have been placed to allow the skin to heal will stay in place for seven to ten days.

They will be removed either whilst you are in hospital or in the Community by **your Practice Nurse or a Treatment centre, the nurse will inform you on discharge**. It is important to keep the skin clean and dry until it has healed, to prevent any infection.

A drain or small tube will be placed in your neck at the time of surgery to allow for any excess fluid that may drain from your operation site.

The drain will usually stay in place for 48 to 72 hours after the operation. The doctors will review you on the ward daily and dependent on the amount of fluid draining, they will decide when it is to be removed.

Some discomfort and swelling are expected after surgery. You will be given painkillers whilst you are in hospital and a prescription for pain killers when you are discharged.

Before you are discharged you will be seen by a Physiotherapist who will give you some exercises to do after your drain has been removed.

They will advise you on the type of exercises and how often you should exercise your neck. You will be given an advice sheet with instructions of the exercises to be performed.

Chewing sugar free gum in-between meals will help keep the area moving and allow saliva to clean the area.

What are the risks to having the surgery?

There are always problems that can arise when you are having surgery. It is important that you are aware of any problems and that you have the opportunity to discuss them with your doctor before the surgery takes place.

The surgical team will try and make your operation safe, however complications can happen.

Some of these can be serious and can even cause death. You should always ask your doctor if there is anything you do not understand.

All the numbers which relate to the risk of surgery have been taken from studies of previous operations that have taken place.

Your doctor may be able to tell you how the risks will relate to you.

The complications fall into the following categories below.

Complications of Anaesthesia.

The Anaesthetist will be able to discuss with you any complications that may arise.

General Complications of Surgery

Pain

usually at the incision site. You will be given painkillers to control the pain.

Bleeding

this may be during or after the surgery. This can cause bruising or a haematoma (collection of blood under the wound).

If there is any bleeding in the wound it can cause pressure on the windpipe affecting your breathing and you may need an operation to stop the bleeding.

Infection

in the wound. If this occurs then it may be treated with antibiotics and, very rarely, surgery.

Blood clots

This can occur in the legs (Deep Vein Thrombosis) and can occasionally move to the lung (Pulmonary Embolus). You will be encouraged to get out of bed and walk around to help prevent this happening.

You will usually be given an injection daily as a preventative measure to thin your blood whilst you are in hospital and you may be asked to wear stockings to promote blood flow.

Specific complications of the operation.

Accessory nerve

This helps you move your shoulder and runs from the top to the bottom of your neck. It has lots of lymph glands lying close to it and can very often get bruised during surgery. If this happens it can stop working for several months or may even stop permanently.

As a result, you may experience pain and some difficulty moving your shoulder, which can make shaving, combing your hair and dressing difficult.

On rare occasions the nerve may have to be cut during surgery as the lymph glands may not be able to be completely removed if this does not happen. In this case, the shoulder problems will definitely be permanent.

Facial nerve

the branch of the nerve that makes your lower lip move can be bruised or cut if the lump is close to it.

If this happens then you may develop a crooked smile. Although the majority get better, it may take several months.

Numbness of the tongue

The nerve that supplies sensation to the tongue, the lingual nerve, is bruised on rare occasions. If this happens, you may experience a tingling or numb feeling in your tongue.

Restricted tongue movement

On rare occasions, the nerve that supplies movement to the tongue, the hypoglossal nerve, is bruised. If this happens, you may experience reduced movement in your tongue.

Numbness of the skin/neck/ear

This is most noticeable to start with and gets better over a period of weeks to months. However, areas of permanent numbness can occur.

Chyle leak

Very occasionally, a small tube carrying a fatty fluid in the base of the neck can be damaged. When you start eating again, after surgery, this fluid can leak out and can collect in the drains.

If this happens, we usually change your diet to a fat free one to allow this tube to heal. It can sometimes prolong your stay in hospital and, on very rare occasions, it can mean a return to theatre for further surgery.

Cosmetic change

After neck surgery it can sometimes be noticeable that the operated side of the neck is flatter/slimmer compared with the opposite side. This is because tissue has been taken away. Immediately after surgery the face can be a little swollen, usually worse first thing in the morning.

This gets better, usually quite quickly. The skin under the chin can, however, remain swollen, which can be permanent. There will be a scar, which will fade and reduce in time. Massage is good at softening the area and your doctor will advise you when you can start massage with a simple moisturising cream.

Damage to major blood vessels

In rare circumstances the major blood vessels in the neck (the carotid) can be damaged during surgery.

Although extremely rare, this is serious and your doctor will discuss the risks of this happening with you.

Will the neck dissection be my only treatment or will I need any more?

Once you have had your surgery, the tissue they remove will go to the laboratory to be looked at under a microscope by a Histopathologist (a doctor who examines tissue for diagnosis).

They will be able to say whether there is any disease in the lymph nodes that will need further treatment.

Your doctor will explain to you the results and discuss with you whether you will need any further treatment. This will usually be in the form of a special X-ray treatment called Radiotherapy, or Chemotherapy and Radiotherapy together.

You will have the opportunity to discuss the benefits of the treatment with your Doctor and if it is agreed that you need the treatment, you will see an Oncologist who will give you the treatment and will discuss the treatment plan, benefits and any side effects with you.

Do you have questions?

It is important when you attend any of your appointments, if you have any questions you must ask them.

It often helps if you write down any questions so you do not forget to ask the Doctor about anything that concerns you relating to your treatment.

You may, if you wish and if you think it would benefit you, bring a responsible family member or friend with you, as they may remember things you may have forgotten during and after the discussion.

General care of wound and skin.

Once the clips have been removed and the wound has healed, the Doctor may recommend that you massage a simple moisturiser into the area of the neck, to help keep the area soft and supple.

It is also important to avoid direct prolonged sunlight to that area for at least one year after the operation, as this may cause the scar to become dark. Using a sun block is therefore very important.

You may experience some swelling at the site of your surgery. This is because the natural drainage system of your neck has been removed.

The swelling varies between patients and there are simple measures that you can do to assist with drainage. Lying supported by pillows whilst in bed and simply downward massage of the area can help.

If it causes you concern, discuss it with your doctor or Clinical Nurse Specialist. They may be able to refer you to a specialist who can help.

Feedback

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

Further information

Local advice

Macmillan Clinical Nurse specialists Head and Neck, Liverpool University Foundation Trust, Aintree Base.

The Head and Neck cancer information and support service is a telephone helpline run by the Clinical Nurse Specialist and Support Worker at Aintree site.

**Telephone; 0151 529 5256 direct line and answerphone
Available Monday to Friday 8am till 4pm
Email: headandneckcns@liverpoolft.nhs.uk**

When the telephone is not manned there is an answer phone for you to leave a message. They can put you in contact with patients who have a similar type and site of cancer who will provide a patient perspective for support.

Liverpool Head and Neck Cancer website

This is a local website to provide information for patients and carers. It has an online forum and message board for patients and carers.

www.headandneckcancer.co.uk

Head and Neck Cancer Patient and Carer Support Group

There are two local patient run support groups, meeting at least once a month at different venues. Providing support from patients/carers for patient/carers. Ask you Nurse Specialist which group would be best for your needs.

Contact Mike McGovern at mikemcgovern54@aol.com or speak to the Clinical Nurse Specialists at clinic or contact them on 0151 529 5256

National Groups

We are Macmillan

89 Albert Embankment

London SE1 7UQ

Tel: 0845 601 6161

www.macmillan.co.uk

This offers a free and confidential advice and information service about cancer to patients, families and carers. It also provides financial help and advice for cancer sufferers.

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All Trust approved information is available on request in alternative formats, including other languages, easy read, large print, audio, Braille, moon and electronically.

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