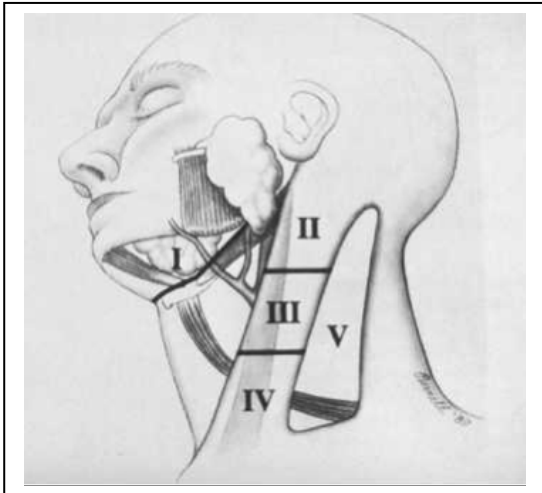


Neck Dissection



A common part of treatment of head and neck cancer is removal of the lymph nodes (called a *neck dissection*). The lymph nodes are part of the body's immune system. In head and neck cancer, tumor cells usually spread first via the lymph channels and will lodge in the lymph nodes. Removing the at risk lymph nodes usually does not cause a problem- other lymph node sites are left and will perform the role. Removing the lymph nodes provides important information about the chances of the cancer spreading and may determine

whether further treatment is required (eg radiotherapy, chemotherapy). If cancer is in the lymph nodes, early neck dissection may cure the cancer before it grows to a point where it is not possible to remove or spreads further.

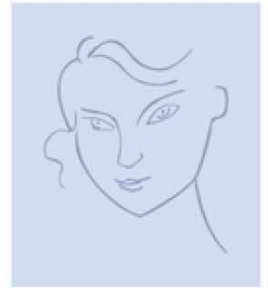
WHAT TESTS ARE HELPFUL?

Cancers rarely start in the lymph glands and Dr Iseli will carefully check all possible sites of the original cancer (including looking down the back of your throat with a flexible telescope). A needle biopsy may prove that an enlarged lymph node has cancer in it but, if negative, does not rule out cancer spread. A CT or PET scan of the neck and/or chest is used to look for the original cancer, enlarged lymph nodes, and to check for spread to the lungs (usually the next step after the lymph nodes).

SURGERY AND RISKS

Surgery to remove the lump is performed under a general anesthetic and usually takes 2-3 hours. Most patients stay overnight but many are able to go home the same day if they wish. One or two drains are placed that can usually be removed when you see Dr Iseli at 1 week after surgery. Sutures are dissolving. Risks of surgery include

- **Nerve weakness.** A number of nerves lie close to lymph glands of the neck including some that move the mouth, tongue, shoulder and voice box. Temporary weakness is not uncommon and the vast majority will recover over approximately 4 months. Occasionally one of the nerves is deliberately removed if cancer is found to be eating into it.
- **Shoulder pain** due to nerve weakness can usually be controlled with paracetamol (panadol or panadeine). Do not take aspirin or ibuprofen as they increase the risk of bleeding. Stronger pain killers will be provided to you should you need them. Early movement of the shoulder is critical to prevent long term stiffness and limitations. See the shoulder exercise section below.
- **Numbness.** There is always numbness over the neck and up to the ear lobe which partially improves over 4-6 months. There will always be a small area of altered feeling after surgery. Males should be careful with a razor and ideally use an electric shaver or shave in front of the mirror
- **Scar.** There will be a scar behind the ear and down onto the neck which is usually hidden in a skin crease. There may be a depression where the tumor and any structures eg muscles that were removed lay. After radiotherapy, the neck often becomes firm and the area under the chin swollen. Initially the scar is red and should be taped after showering for 6 weeks. Rarely, patients have keloid (unsightly scars) that may be revised with further surgery and injections.



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- **Infection** (redness, pain, swelling). This can usually be treated with *antibiotics*. Rarely, saliva leaks into the neck and requires further surgery.
- **Fluid collection**. This causes painless swelling after the drain tubes are removed and will usually go away without treatment over 2-3 weeks. Rarely, surgery is required to stop excessive fluid collection (chyle).
- **Bleeding** is a risk in almost all surgeries. Usually, bleeding would happen while at hospital and may require a second surgery to stop it.
- **Recurrence of cancer** may happen with the very best of surgery and follow up treatment. Sometimes small cancer cells that cannot even be seen with the naked eye may have already spread at the time of surgery. Other treatment may be necessary if your lump turns out to be cancerous. This treatment may include further surgery, radiotherapy, chemotherapy or a combination of these.



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PREPARING FOR SURGERY

- Stop smoking (ideally 2 weeks before surgery)
- Do not eat or drink anything after midnight before surgery
- Take your normal medications with a sip of water on the morning of surgery
- Avoid aspirin or ibuprofen (painkillers other than paracetamol) for 10 days before surgery as they may increase your risk of bleeding

AFTER SURGERY

- It will be normal to have a mildly discomfort for 5-7 days after surgery. Take prescribed pain medication as required. You may use paracetamol (Panadol[®], panadeine) for discomfort. Do not take aspirin or nonsteroidals such as ibuprofen, naproxen etc.
- Maintain the drain tubes as directed.
- You may shower immediately (your sutures are dissolving under the skin)
- You may resume normal diet and activities as tolerated on the day after surgery.
- Avoid lifting >5kg for 2 weeks after surgery and avoid driving until you can turn your head easily to both sides without pain.
- Tape your wound with micropore tape for 6 weeks after the steristrips are removed or come off. Change the tape as infrequently as possible.
- After the first 6 weeks, massage your wound with bio-oil after showering.
- Make an appointment to see Dr Iseli 1 week after surgery.

EXERCISES TO KEEP OR MAINTAIN YOUR SHOULDER'S MOBILITY

CODMAN'S EXERCISE OR PENDULUM EXERCISE

- Lie face down or stand and lean on a chair with the opposite arm. Relax the muscles in your shoulder and slowly swing your arm back and forward without using your neck. It might be easier to have someone else gently start swinging your arm. As pain decreases, increase the range of motion and duration (start with 15 seconds 3x/day and increase to 5 minutes).

STRETCHING EXERCISES

- #1: Crawl your bad hand up the wall until your arm is straight up in the air. Repeat 5x, three times a day.
- #2: Lift your arm out in front of you with the elbow bent at 90 degrees. Using your other arm gently pull the elbow forward and across your body.
- #3: Hold a towel in your good arm and pass it behind your head. Take the lower end of the towel with your bad arm. Gently pull the towel up with the hand behind your neck, gradually increasing the pull on the hand behind the small of your back. Then, gradually pull down with the hand behind the small of your

back. Swap hands. Both shoulders will have an increased range of motion with repetition of this exercise.

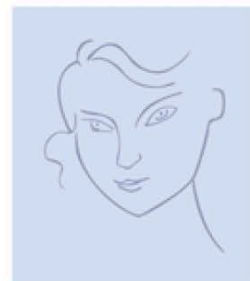
STRENGTHENING EXERCISES

- Standing with your arm at your side with your elbow bent, hold onto a small weight eg water bottle. Slowly move your elbow away from your body.
- Standing with your hand at your side and holding onto a weight, gradually lift the hand in front of you until it is over your head. Repeat both exercises 5 repetitions, 4 times a day and increase to 10x. As you grow stronger you can gradually increase the weight.

Do all exercises with weights that are small and easy to use when beginning your exercises. Gradually increase the weight as you grow stronger. Do not do exercises to the point of pain. If your shoulder becomes painful, decrease the number of repetitions or the amount of weight used. As your comfort increases you can gradually return to the same weights, resistance, or number of repetitions.

SEEK MEDICAL CARE IF:

- You have increased bleeding from wounds.
- You see redness, swelling, or have increasing pain in wound or your neck.
- You have pus coming from your wound.
- You develop an unexplained temperature over 38.5° C
- You develop lightheadedness or feel faint.
- You develop a rash or reaction to antibiotics (if prescribed).



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