

Having a neck dissection

Information for patients



Leeds Cancer
Centre

A neck dissection is an operation that is done to remove lymph nodes in the neck. This is usually done alongside the the main operation to remove a head and neck cancer.

What are lymph nodes?

Lymph nodes are commonly known as “glands”. They swell in your neck when you have a cold or sore throat. Lymph nodes act as the filters of the lymphatic system in your body. The lymphatic system is made of lots of vessels that drain the excess fluid out of the various parts of your body. The lymph node are designed to catch any infection that have got into your body and stop it spreading. When bacteria or viruses get caught in them, special cells destroy them which causes glands to swell and sometimes feel a bit tender and that is when you notice they are there. There are about 200 lymph nodes in your neck, divided between the left and right sides.

How does cancer affect lymph nodes?

When you have a cancer in your mouth, face or throat, cancer cells can sometimes spread into the lymphatic system. If this happens they can get caught in a lymph node in your neck which will eventually grow into a lump.

What are the symptoms?

The first thing you will notice is that a lymph node is swollen and you can feel a lump. As part of your assessment, the doctor will feel your neck very carefully to detect any lumps. You may have your neck scanned or you may have a needle biopsy.

If you have any lymph nodes involved by head and neck cancer, they can be removed by a neck dissection.

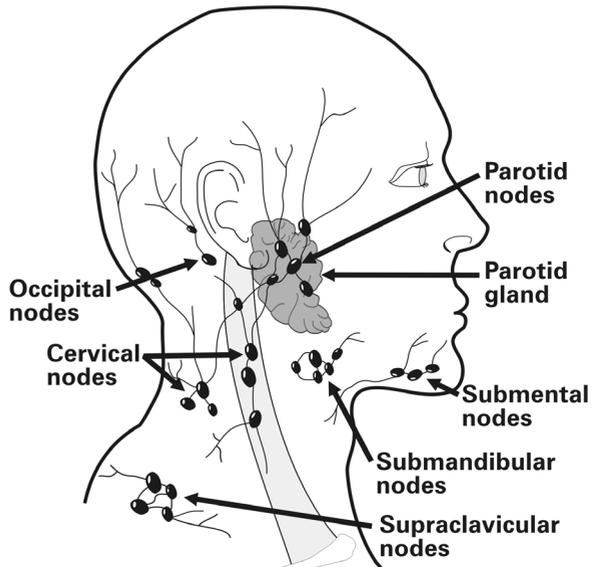


Diagram to show the different groups of lymph nodes in the neck

What is removed?

This operation removes the involved and/or high risk groups of lymph nodes on the affected side of the neck.

It may also involve the removal of some of the other structures in your neck:

1. The internal jugular vein (drains blood from your head and neck).
2. The accessory nerve (works the muscles of your shoulder and neck).

3. The sternocleidomastoid muscle (the muscle which helps your head move from side to side, backwards and forwards, and which gives the shape to your neck).

Your surgeon will tell you if any of these are to be removed.

What are the side effects of this?

1. **Numbness up the side of your neck**, and on the lower part of your face from your lips to your ear, including the ear lobe. This is due to sensory nerves being divided during the operation. When you touch your skin it may feel like it doesn't belong to you, some patients have described it as a rubbery or leather like sensation. This can trouble you initially but almost all patients adapt extremely well to it with time. Touching your skin by stroking it gently whilst applying moisturising cream will help you to adjust. You must take care not to burn yourself when using hot things like heat pads, hairdryers and curling tongs as you won't feel yourself doing it. For men, it can be difficult to shave at first because you can't feel what you're doing. This numbness will often improve over time, but some of it will be permanent.
2. **After the operation there will be a scar** running down the side of your neck. This will look quite red and raised at first, but after several months will fade away.

1. Scar after one month



2. Same scar after six months



- 3. Shoulder stiffness** may be a problem after the operation and this can be helped by physiotherapy. You may have some difficulty lifting your arm above your head. Your shoulder may drop forwards slightly. This is a bit like having a “frozen shoulder”. You may have difficulty lifting heavy objects with the affected arm. If your job involves heavy lifting and carrying, you may need to consider a job change. Your surgeon will discuss these possibilities with you. These problems can be helped by physiotherapy.
- 4. Swelling of the face** usually occurs on the affected side, as part of the lymphatic (or fluid) drainage system has been removed. However, this will eventually go away after about 6-12 months. You can help by doing massage to drain the area and if required sessions with a lymphoedema nurse will be arranged.
- 5. Nerve pain** can occasionally be a problem. There is unavoidable damage to the nerves during your operation. Nerve endings can occasionally cause unpleasant sensations, called “nerve pain” as they start to heal. There are several sensations you may feel such as ‘pins and needles’, stabbing pains, shooting pains and a nagging sort of pain. This pain often gets worse a few weeks after the surgery. Not everyone suffers from this, but if you do there are several ways to treat it. Please ask your surgeon or doctor for help if this is a problem. It can last for several months and very occasionally, this may persist, but there are several treatment options available to address this.

- 6. **Weakness in your lower lip** is possible due to damage to the mandibular branch of the facial nerve, which moves most of the lower lip. The surgeon will take great care to avoid damage to this nerve, but this is difficult due to the thread-like size of it. The weakness will cause loss of movement at the corner of the mouth when talking and smiling. This weakness is usually temporary lasting only a few weeks after the operation.
- 7. **Removal of the jugular vein** will cause temporary swelling of the face on the affected side. There are many other veins in the neck, and the blood will be diverted to these eventually. Swelling does go away in time (usually after about six months) and you can help by doing massage to drain the area.
- 8. **Removal of the sternocleidomastoid muscle** at the side of the neck generally does not cause much of a problem. If both sides are removed, movement is much more restricted and activities such as driving are more difficult as you can't turn your head to look over your shoulder. If you are a driver, you will need to make more use of your driving mirrors. Your neck shape will change, looking flatter on the affected side.



This gentleman has had neck dissections on both sides – you can see the difference

9. **Very rarely, the nerves that work your tongue, voice and swallowing** can be affected. If they are affected, you will experience reduced movement of your tongue, a weak voice and difficulty swallowing. This does not often happen and, unless the nerves have been cut, will recover over a few weeks.

What are the possible complications?

As with any surgery, there are risks attached. However, the risk of major complications from neck dissection is relatively low, and almost always far outweighed by the benefits.

- **Bleeding.** Rarely (less than 5% of patients) you may have to return to the operating theatre to stop this.
- **Infection.** This would be treated with antibiotics.
- **Wound breakdown.** This is more likely if you have already had radiotherapy. This is usually treated with dressings. Occasionally it might be necessary for the surgeon to operate again to solve the problem.
- **Chyle leak.** Chyle is a fatty fluid. There is a large vessel called the thoracic duct at the bottom of the left side of the neck that contains this fluid. Rarely this can be damaged during surgery and will leak fluid out. Having a drain tube in until the leakage stops, plus a special fat free diet treats this most of the time, some patients might require a minimally invasive procedure to stop the chyle leak.

Before and after your surgery our Specialist Team will provide advice and support to help your recovery. Please do not hesitate to contact any member of the team if you have any questions or concerns.



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