

Department of plastic surgery

# Cervical (neck) lymph node dissection

The surgery you are going to have is called a cervical lymph node dissection or clearance. This means removing the lymph nodes or glands from one or both sides of the neck. There are various types of surgery to remove neck lymph nodes. It is major surgery and is carried out under a general anaesthetic.

## What are the lymph nodes?

- The lymph nodes usually lie in groups in the neck, armpit and groin. They are also present inside the chest and abdomen. Each group tends to receive lymph from a specific area of the body. Lymph is a fluid that forms between the cells of the body. This watery fluid travels in the lymph channels, through the various lymph glands and eventually drains into the bloodstream. Lymph and lymph glands are major parts of the immune system. They contain white blood cells (lymphocytes) and antibodies that defend the body against infection.
- The lymph nodes in the neck receive the lymph from all parts of the head and neck area.
- Sometimes cancer cells can get detached from the main cancer and are carried in the lymph and settle in the lymph nodes. They can grow there causing swelling of the lymph nodes. This is a common method of the spread of many cancers. The doctor will examine you to assess if the lymph nodes are affected. Sometimes this diagnosis is confirmed with special investigations such as fine needle aspiration cytology, biopsy or a CT scan/ultrasound.
- If the lymph nodes are affected, they are treated with surgery or radiotherapy, or both. Sometimes chemotherapy may be needed. During surgery the surgeon removes all the nodes from the affected side of the neck along with some surrounding tissue. Sometimes the surgeon removes nodes from both sides of the neck. These nodes are sent for histology, that is, examination under microscope. The histology results are usually ready in 2 to 3 weeks. The doctor will discuss these with you in the outpatient follow-up clinic.

## Preparation for surgery

- The surgeon will discuss the surgery with you in detail, also the likely complications and side effects.
- Before surgery you will attend the pre-operative assessment clinic. This is to assess your general health before having a general anaesthetic. You will have investigations such as blood samples taken, ECG (tracing of your heart), MRSA swabs and blood pressure, height and weight. Other investigations may be organised at the time depending on your medical history.
- You will usually be admitted to hospital the morning of your surgery.



- The surgeon will mark the site for surgery on your skin with a permanent skin marker. Please ask the doctor any questions or discuss any worries you have about the surgery or anaesthesia at this time.

## Agreeing to treatment

### Consent to treatment

We will ask you to sign a consent form agreeing to accept the treatment that you are being offered. The basis of the agreement is that you have had The Christie's written description of the proposed treatment and that you have been given an opportunity to discuss any concerns. You are entitled to request a second opinion from another doctor who specialises in treating this cancer. You can ask your own consultant or your GP to refer you. Your consent may be withdrawn at any time before or during this treatment. Should you decide to withdraw your consent then a member of your treating team will discuss the possible consequences with you.

### What are the benefits of the treatment?

The aim of this treatment is to remove the cancer present in the lymph nodes in this area.

### What are the risks of this treatment?

There are few long term problems following cervical lymph node dissection. However you may have:

- hollowing of the neck, a visible scar and decreased sensation in the neck area are usual side effects
- if you have a radical neck dissection, the nerve supplying the shoulder muscles will be removed, and drooping of the shoulder may be quite noticeable
- sometimes, particularly if nodes are removed from both sides of the neck, puffiness of the face may last
- numbness of the ear
- drooping of the side of the mouth.

### Are there any alternatives to this treatment?

Surgery is the best treatment if the cancer has spread to the lymph nodes. However if surgery is not possible then in selected cases, depending on the type of cancer, radiotherapy or chemotherapy might be of help.

### What will happen if I do not have treatment?

Without treatment the cancer in the lymph nodes will continue to grow and it will spread to other parts of the body. The skin in this area may break down resulting in an open, painful wound with infection and bleeding.

### The operation

All the nodes and some surrounding tissue closely connected with the nodes are removed through one or two long cuts (incisions) in the neck. The wound is closed with one or two drains. Drains are plastic tubes. One end is put in the wound under the skin and the other end is attached to a plastic bag. This prevents the collection of blood or tissue fluid inside the wound. The surgery usually takes about 3 to 4 hours.

### Early care after surgery

- You will be carefully monitored in the ward for any effects of surgery or general anaesthesia and any necessary treatment will be started promptly if needed.
- You will have some pain after surgery so we will give you painkillers, at first by injection, then by tablet. Please tell the nurse if you still have any pain.

- After an overnight stay the staff will encourage you to walk. This helps to prevent any complications after the operation. The physiotherapist will also visit you to help you to move your shoulder.
- The dressings in the neck and the drains will be regularly checked. The drains are usually removed in 5 to 7 days when the drainage becomes less. Sometimes the amount of drainage may remain high and so the drains have to be left in for longer.

Some known complications during this early period are as follows:

- numbness in the neck and lip muscles
- bleeding
- collection of fluid in the wound
- infection
- wound breakdown
- swelling of the face.

You will stay in the hospital 3 to 4 days, and will usually be discharged home with the drain in place. The nursing staff on the ward will teach you how to manage and care for the drain yourself. If you do not feel confident with this, district nurses will be involved to support you at home

When you are ready to leave hospital, the staff will give you an appointment for review in the dressing clinic at the hospital in about a week's time. Please contact the hospital earlier if you develop severe or throbbing pain, increased redness and swelling in the operated area.

### Long term care

- Use an electric razor for shaving.
- Take extra care to avoid scratches and cuts to the face. If anything does happen: keep the wound clean, watch carefully for any sign of infection such as swelling, redness and marked pain and contact your doctor.
- We will ask you to attend a follow-up clinic at regular intervals to monitor any side effects and to check for any possible recurrence of the cancer. You should also examine your neck regularly every month. If you notice any swelling, contact your doctor at The Christie urgently.

### Contacting the hospital:

If you have any further questions, you can contact:

Dressing clinic - **0161 918 7310**

Skin cancer, clinical nurse specialist - **0161 918 7587**

Surgical oncology unit - **0161 446 3860 or 3862**

Consultant plastic surgeons (secretaries)

Mr D Mowatt - **0161 446 3368**

Mr D Oudit - **0161 446 3375**

Mr G Lambe - **0161 918 7455**

Mr Kosutic - **0161 918 7054**

After 5pm and at weekends: Phone The Christie Hotline on **0161 446 3658** for advice.

## Further information:

- Your GP
- Macmillan Cancer Support has information on all aspects of cancer  
Freephone **0808 808 00 00**, open Monday to Friday 9am to 8pm.  
Lines answered by specialist nurses  
[www.macmillan.org.uk](http://www.macmillan.org.uk)
- British Association of Plastic, Reconstructive and Aesthetic Surgeons  
[www.bapras.org.uk](http://www.bapras.org.uk).

If you need information in a different format, such as easy read, large print, BSL, braille, email, SMS text or other communication support, please tell your ward or clinic nurse.

We try to ensure that all our information given to patients is accurate, balanced and based on the most up-to-date scientific evidence. If you would like to have details about the sources used please contact [patient.information@christie.nhs.uk](mailto:patient.information@christie.nhs.uk)

For information and advice visit the cancer information centres at Withington, Oldham or Salford. Opening times can vary, please check before making a special journey.

Contact The Christie Hotline for  
urgent support and specialist advice  
**The Christie Hotline: 0161 446 3658**  
Open 24 hours a day, 7 days a week

