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NECK DISSECTION

PATIENT INFORMATION SHEET and SURGICAL INFORMED CONSENT

The operation you are having is called a “neck dissection.” This operation involves removing the lymph nodes in your neck that may be or have been affected by cancer. There are several types of neck dissection, and this will be explained below in more detail. The type of neck dissection you will have depends on the extent of cancer, where the cancer started, and if you are having other treatment.

What are lymph nodes? The lymphatic system consists of a network of vessels and nodes which carry a substance called lymph around the body. The main function of lymph nodes are to help the body fight infection. Lymph nodes in the neck are ‘glands’ that become enlarged when you have an infection such as a sore throat. In addition to infection, cancers of the mouth, throat, and neck can spread into lymph nodes and sometimes cause them to become enlarged. Often, an important part of treating cancer of the head and neck includes removing these nodes involved with cancer.

Before your operation, the surgeon will explain the type of neck dissection you’re going to have. The surgeon is guided by the size and location of the involved lymph nodes in your neck. During the operation, the surgeon will make an incision in your neck, which begins just below your ear and extends downward towards the center of your neck. This will provide exposure to the lymph nodes in your neck.

Types of neck dissection:

Selective neck dissection: Lymph nodes from certain areas of the neck are removed, without removing large muscles, veins, or nerves. The regions of your neck where lymph nodes are removed will depend on the location of the initial tumor.

Comprehensive or modified radical neck dissection: All or most of the lymph nodes groups in the neck are removed. Often, muscles and veins are also removed with the lymph nodes, but in select cases, they may be left intact. The nerve that controls shoulder strength in your neck is not removed.

Radical neck dissection: All the lymph nodes in the neck are removed. Other tissues, such as muscles, veins, and the spinal accessory nerve (see below) are removed with the lymph nodes. Occasionally, the surgeon may also remove other tissues such as a portion of skin, if it is affected by the tumor.

The indications and risks of surgery must be understood prior to proceeding with surgery. Alternatives to surgery including radiation therapy and/or chemotherapy should be discussed before proceeding with surgery.

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SURGICAL RISKS AND POSSIBLE COMPLICATIONS:

Despite neck dissection having many potentially serious risks, they occur very infrequently, and the surgical procedure is usually performed without difficulty. Most patients typically leave the hospital within two to five days after surgery. In addition, although substantial tissue involved with cancer is removed from the patient's neck, this operation does not generally lead to a dramatic degree of disfigurement or dysfunction.

There are multiple **nerves** in the head and neck that are exposed during neck dissection surgery, and therefore, placed at risk during the surgery:

Injury to the **facial nerve** can lead to temporary or permanent facial weakness to the lower lip on the surgical side.

Depending on the type of neck dissection performed, you may have a temporary or permanent weakness to your shoulder. As stated above, sometimes the **spinal accessory nerve** is removed as a planned part of the neck dissection. This nerve gives you strength to your shoulder muscles, allowing shrugging and full raising of your arm. Removal of this nerve typically occurs only if it is necessary to safely and more effectively eradicate the tumor. Typically chronic shoulder pain occurs after removal of this nerve. After removal of the spinal accessory nerve one will often require physical therapy post-operatively in order to minimize chronic pain in your shoulder after surgery. Even when preserved, up to 50% of patients may experience temporary shoulder weakness and/or discomfort.

Injury to the **vagus nerve**, though rare, will result in hoarseness, swallowing troubles or throat dysfunction after surgery.

One half of your diaphragm may be paralyzed if the **phrenic nerve** is injured during surgery. Although in some cases it is not that symptomatic, it can lead to chronic shortness of breath.

Injury to the **lingual nerve** will result in numbness to one half of your tongue, but the tongue will have normal mobility.

Conversely, injury to the **hypoglossal nerve** will cause weakness or paralysis to one half of the tongue. The tongue will retain normal sensation, and with speech and swallowing therapy, normal or near-normal function can be re-established.

With most neck dissections, one or multiple **sensory nerves** are removed during the surgery. You may experience permanent numbness to the ear, lower face, neck or shoulder skin. Removal of these nerves is a planned part of the neck dissection, and does not represent a complication. In addition, it does not alter one's appearance.

On occasion, larger **lymph vessels** are encountered during surgery. Care is taken to prevent leakage of lymph fluid, however if this occurs post-operatively, further surgery may be required to control this problem. In addition, you may notice intermittent, but long-term swelling of your skin and face after neck dissection. This can be improved by sleeping upright for a couple of nights.

Significant **bleeding** is rarely encountered during neck dissection surgery. Despite this, there is a small chance of excessive blood loss possibly needing transfusion. If carotid artery injury was to occur you may suffer a stroke, or this could be a fatal event.

Poor scarring or poor healing can occur, especially if you have already received radiation therapy. On occasion further surgery is necessary to correct this problem.

Your operation will be carried out under a general **anesthetic**. As with any type of surgery, the risks of anesthesia such as drug reaction, breathing difficulties and even death are possible. Please feel free to discuss any specifics of the anesthesia with your anesthesiologist.

All efforts are taken by the physicians of Suburban Ear, Nose, & Throat Associates, as well as your other physicians, to attempt to cure you of your head and neck cancer. There is a realistic chance of recurrence of your cancer over time. The chance of tumor recurrence is directly related to the size and stage of your cancer, as well as the biological aggressiveness of your tumor. This latter factor is unfortunately very difficult to predict. For tumor surveillance, you will be closely monitored with regularly scheduled office visits in the months and years to follow.

GENERAL POST-OPERATIVE INSTRUCTIONS/CARE

- 1) Activity: Light activity for 1 to 2 weeks is recommended after neck dissection surgery.
- 2) Diet: You can eat a diet as you tolerate after neck dissection, unless throat surgery is performed simultaneously.
- 3) Medicines: You will be prescribed pain medicines and possibly antibiotics. Take these as directed.
- 4) Bathing: Generally, you may shower 24 hours after the drains are removed. Please do not take a bath until one week after your sutures or staples are removed.
- 5) Post-operative follow-up: your sutures or skin clips will be removed 7 to 14 days after surgery. If this post-operative visit has not already been scheduled, please call our office to make that appointment.

At Suburban Ear, Nose, and Throat Associates, Ltd., we go to great lengths to try to help you understand your plan of care. If, at any time during your care, you have any questions or concerns, please call us at (847) 259 -2530.

I/we have been given an opportunity to ask questions about my condition, alternative forms of treatment, risks of non-treatment, the procedures to be used, and the risks and hazards involved. I/we have sufficient information to give this informed consent. I/we understand every effort will be made to provide a positive outcome, but there are no guarantees.

Patient SIGNATURE: _____

Patient Name PRINTED: _____

Date: _____ Time: _____

Witness: _____ Date: _____