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# Having an operation on the lymph glands in the neck (neck dissection)

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## Head and Neck

## Patient Information



**NHS**



# Contents

Introduction	1
What is a neck dissection?	1
What are lymph nodes?	1
Have I got cancer in my lymph nodes?	1
Will I be able to fight infection once my lymph nodes have been removed?	2
What happens before I come to hospital?	2
What does the surgery involve?	3
What can I expect after the operation?	3
What are the possible complications?	4
Will I need to have further treatment after my neck dissection?	5
How long will I need off work and should I avoid any types of exertion?	6
Contact details	7



## Introduction

This leaflet has been written to explain your operation and answer commonly asked questions. If you have any concerns about your illness or your treatment, please talk to your surgeon or clinical nurse specialist (key worker).

## What is a neck dissection?

A neck dissection is an operation to remove lymph nodes from one or both sides of your neck.

## What are lymph nodes?

Lymph nodes are glands that are present throughout your body. You may have felt swollen lymph nodes in your neck before if you have had an infection, such as a simple cold. Their job is to filter the liquid which naturally leaks out of blood vessels. This liquid (the lymph fluid) travels to the nodes which contain lots of white blood cells designed to trap and fight germs, which can cause infection. As well as trapping germs, the lymph nodes can also trap cancer cells.

## Have I got cancer in my lymph nodes?

Your doctor will have already felt your neck to see if there are any lumps. You may have had a procedure to look more closely at the glands, such as:

- A fine needle aspiration (FNA)
- A biopsy
- A special scan (CT, MRI or ultrasound).

Glands can feel big if there is infection in the area, so if you can feel a lump in your neck it does not necessarily mean that the cancer has spread. It is often not possible to tell if you have cancer in the lymph nodes until after your operation. The glands that have been removed from the neck will be sent to the histopathology laboratory and will be examined under a microscope.

## **Will I be able to fight infection once my lymph nodes have been removed?**

Yes. There are thousands of lymph nodes throughout your body which will still be there to fight infection.

## **When will my neck dissection be carried out?**

A neck dissection is usually carried out at the same time as an operation to remove a cancer from around the head and neck region. (There is further information available from your key worker about other operations.) However, in some instances a neck dissection is the only surgery you will require. Usually you will have the lymph glands removed from one side of the neck but occasionally you may require an operation on both sides of the neck.

## **What happens before I come to hospital?**

The doctors will discuss the surgery with you at your outpatient appointment. Please ask if you do not understand any terms they use. You will be given the opportunity to see the clinical nurse specialist who will be your key worker and will be available for advice and further information.

You will also have a pre-operative assessment visit. This is usually one to two weeks before your planned admission for your operation. During this assessment, a specialist assessment nurse will see you. They will discuss your general health with you, including any medicines you are currently taking. They will decide whether you need any tests before you have a general anaesthetic. You may also be seen by either the doctor or anaesthetist, or both if the nurse feels it is necessary. They will examine you and may listen to your heart and lungs.

Tests you may have include:

- Routine blood tests
- ECG (electrocardiogram or heart trace)
- Bacterial and viral microbiology swabs.

This appointment is also an opportunity to ask questions about your stay in hospital and to share any concerns you may have.

## **What does the surgery involve?**

The operation is done under a general anaesthetic and usually you come into hospital the morning of your operation. Please talk to your surgeon about how long you will stay in hospital, as this depends on if you have additional surgery to remove the cancer. An incision (cut) is made to find the lymph nodes in the neck. The 'U' shaped cut usually starts just underneath the chin and extends upwards to end behind the ear. The flap of skin is lifted off the tissues of the neck to expose the lymph nodes. Once the lymph nodes have been removed, the flap of skin is replaced with clips, stitches or surgical glue.

## **What can I expect after the operation?**

Every person has a slightly different recovery. This depends on your overall health and the extent of the operation you have. However, you may expect most of the following things:

- At the end of the operation a number of tubes (known as drains) are placed through the skin. These remove any blood which may collect in the wound.
- The doctors or nurses on the ward will let you know when you can eat and drink following the operation. This will depend on whether you have had another operation to remove the cancer at the same time.
- Some discomfort is to be expected and is usually worse for the first few days. It may take a couple of weeks to completely disappear but you will be given regular painkillers. Please tell the nurses if you still have any pain.
- You may also be given antibiotics to reduce the risk of any infection. These will be given through a vein in your arm while you are in hospital.
- The skin clips or stitches will be removed one to two weeks after surgery. The surgical glue will peel off one to two weeks after surgery.

## What are the possible complications?

Although there are complications with any operation, they are mostly rare with this type of surgery and you may not experience any. However, it is important that you are aware of them and have the opportunity to discuss them with your surgeon. You may experience some of the following:

- **Numb skin:** The skin of the neck and occasionally the ear lobe will be numb after the surgery and will persist for several months. This will improve gradually, but you should not expect it to return entirely to normal.
- **Stiff neck:** Some patients find that their neck is stiffer after the operation.
- **Blood clot:** Sometimes the drains which are put in at surgery become blocked. This means that blood can collect under the skin and form a clot (haematoma). If this occurs, it may be necessary to have another operation to remove the clot and replace the drains.
- **Chyle leak:** Chyle is the tissue fluid, which runs in lymph channels. Occasionally one of these channels (called the thoracic duct) leaks after the operation. If this occurs, chyle can collect under the skin and you will need to stay in hospital longer until it stops. Sometimes it may be necessary for you to have another operation to seal the leak.
- **Injury to the accessory nerve:** The accessory nerve provides the shrugging (lifting) movement of your shoulder. This nerve has lots of lymph glands lying very close to it and so it may be bruised during a neck dissection. If the nerve is bruised it can stop working for several months. If this happens, you may experience pain and some difficulty in moving your shoulder. This can make some tasks such as getting dressed more difficult. A physiotherapist on the ward can give you some exercises to help with this. Sometimes the damage does not recover or it is necessary to cut this nerve in order to remove the lymph nodes completely. If this is necessary then these shoulder problems may be permanent.



- **Injury to the marginal mandibular nerve:** This nerve is connected to the muscles of the lower lip and chin. It can be at risk during the operation, but we try hard to preserve it. If it is damaged you will find that the corner of your mouth will be a little weak. This is most obvious when smiling and talking. The majority of these weaknesses get better on their own, but can take several months to improve fully. You may see a speech and language therapist on the ward or in outpatients who will give you exercises that may help.
- **Injury to the hypoglossal nerve:** Very rarely this nerve, which makes your tongue move, has to be removed. In this case you will find it difficult to clear food from the side of the mouth and it can interfere with your swallowing. A speech and language therapist will assess your swallowing and give you advice on how to cope with this.
- **Seroma:** A seroma is a swelling of lymph and other body fluids near the surgical site. It generally occurs a few days after the drainage tubes are removed. It is a common, treatable complication that should not cause worry or concern. The excess fluid can be drawn off using a small syringe and needle. Please contact the hospital if it occurs as the fluid can cause pressure on the healing wound and be a source of infection.

## Will I need to have further treatment after my neck dissection?

This will depend on what is found when the lymph nodes are looked at under a microscope. It can take up to 10 days to look at the lymph nodes. Your doctors may not know until then whether additional treatment is necessary.

## How long will I need off work and should I avoid any types of exertion?

This will depend on the type of treatment you have had. However, we usually advise that you take at least two weeks off work. If you have a job which involves heavy lifting or you like to take vigorous exercise, please talk to your physiotherapist about when to start these activities again. Discuss with your surgeon when you can start driving again.

## Contact details

If you have any further questions about your surgery, please contact your clinical nurse specialist or surgical team.

**Head and Neck Surgical Team:** 020 8661 3112

**Physiotherapy team:** 020 7808 2821  
(answer machine)

Outside normal workings, you may contact:

**The Royal Marsden Macmillan Hotline:** 020 8915 6899

You can ring the hotline 24 hours a day, 7 days a week.

Call us straight away if you are feeling unwell or are worried about the side effects of cancer treatments.

This service provides specialist advice and support to all Royal Marsden patients, as well as to their carers, and both hospital and community-based doctors and nurses caring for Royal Marsden patients.

You can also find more information about the types of cancer of the head and neck, surgery or other treatments from Macmillan Cancer Support either by phoning 0808 808 0000 or by visiting their website at [www.macmillan.org.uk](http://www.macmillan.org.uk)

## Notes and questions

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## References

This booklet is evidence based wherever the appropriate evidence is available, and represents an accumulation of expert opinion and professional interpretation.

Details of the references used in writing this booklet are available on request from:

The Royal Marsden Help Centre

Telephone: Chelsea 020 7811 8438 / 020 7808 2083

Sutton 020 8661 3759 / 3951

Email: [patientcentre@rmh.nhs.uk](mailto:patientcentre@rmh.nhs.uk)

No conflicts of interest were declared in the production of this booklet.

Should you require information in an alternative format, please contact The Royal Marsden Help Centre.

The patient information service is generously supported by The Royal Marsden Charity.

[royalmarsden.org](http://royalmarsden.org)

Registered Charity No.1095197



Revised April 2023. Planned review April 2026  
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