Neck Dissection Surgery

This is an operation to remove cancerous lymph nodes from one side of the neck. Traditionally a radical neck dissection was performed to remove the lymph nodes as well as other non-vital tissues from the neck, including salivary gland tissue, muscle, and veins. As the procedure has evolved, less radical forms of the surgery are usually performed, preserving uninvolved parts of the neck (modified radical, functional, or selective neck dissection). This leads to fewer long-term complications, better functionality, and shorter hospital stays. The surgery can be performed alone or in combination with other procedures to treat cancer of the head & neck.

Why do I need a neck dissection?
Chains of lymph nodes in the neck form a barrier to the spread of cancerous cells. By removing the lymph nodes on the affected side, possible sites of the spread of cancer are removed. Other tissues in the neck are also removed, as cancer can sometimes spread outside of the lymph nodes. Your surgeon will determine the extent of the operation that you will need.

How is the surgery performed?
Generally, the procedure is performed in a hospital setting under general anesthesia, and you will usually be admitted after surgery for a few days. The incision site will vary depending on the location of the group of lymph nodes to be removed but some examples are shown below.

After the lymph nodes and surrounding tissues are removed, drains are usually placed in the neck to prevent build-up of fluid under the skin that occurs after surgery. This usually also improves wound healing. The doctor will determine how long the drains need to stay in place, but are often removed after discharge.

What are the risks and possible complications of surgery?
The risks and potential complications will depend on the extent of the cancer and the extent of surgery that was required.

- Nerve injury: Certain nerves that are located in the neck may either be involved with cancer or may be in close proximity to the tissues and lymph nodes that are being removed. This can result in weakness of the lower lip, tongue, and shoulder.
- Bleeding: This may require a return to surgery to identify the source of bleeding and control it.
- Chyle leak: This is leakage of a milky lymphatic fluid (chyle) from injury to a lymph channel that drains fat.

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absorbed from the intestine into the blood vessels of your neck. It usually occurs only on the left side. It generally will heal itself on its own, and your doctor may advise a strict low fat diet until the chyle leak subsides.

- Difficulty swallowing or speaking

Your doctor will also generally advise to avoid any heavy lifting or strenuous activity for several days after surgery. Other instructions will usually be provided to you upon discharge from the hospital.