NECK DISSECTION

This information leaflet is to support your discussion with your specialist.

This leaflet will explain how cancer can affect the neck lymph nodes or glands and what surgery can be offered for your condition. Before you agree to any treatment you will always have an opportunity to discuss your procedure and raise any concerns or questions.

CANCERS IN THE HEAD AND NECK

Most cancers start in a small area of the body, usually a lining of the throat (pharynx), nose (nasal cavity), gullet (oesophagus) or voice box, (larynx). These cancers can damage and invade the local tissue from where they arise (primary) and occasionally they have the ability to spread to other areas of the body. This spread of disease is called metastasis ("METs" or secondaries). They can spread, through the blood vessels, to other organs like the lung, the liver, or through the lymph system vessels to the local lymph nodes in that area.

In the head and neck area lymphatic spread is more common but distant spread by blood vessels can occasionally occur. Lymph nodes are tissue that contain the body's immune cells that help to filter tissue fluid that passes through them and restrains viruses, bacteria or even cancer cells from moving beyond the lymph nodes to other areas of the body. The lymph nodes in the neck drain tissue fluid from the skin of the head and neck, and the lining that covers the swallowing and breathing passages. If a lymph node has a cancer cell within it the cancer cell may continue to grow and spread causing a swelling in the lymph node itself and spreading to other lymph nodes in the area.

WHAT IS A NECK DISSECTION?

There are, generally speaking, two types of neck surgical dissection.
A partial or selective neck dissection is performed when there is a suspicion that there may be microscopic or small sized amounts of cancer cells in the lymph nodes of the neck. This allows only the lymph nodes which are most likely to be draining the tissue from where the cancer arose to be removed.

The radical neck dissection is an operation which aims to remove all of the lymph nodes in the neck between the jaw and collar bone. This operation is carried out if there is definite evidence of lymph nodes being involved with cancer and that that cancer is sufficiently large to be involving other structures in the neck. These other structures in the neck are also removed with the lymph nodes of the neck to ensure that the disease is completely cleared. Only those structures that can be removed safely are removed.

In both operations the tissue that is removed is sent to the laboratory to allow for the cancer cells to be looked at carefully to assess the extent of the spread of this disease.

You may change your mind about the operation at any time and signing a Consent Form to allow a neck dissection surgery does not mean that you have to have this operation.

All cancer cases are discussed at the St. Bartholomew's Hospital's Head and Neck Cancer Multi-disciplinary Team Meeting (MDT). This meeting is attended by all Specialists involved with the care and treatment of patients with cancer affecting the head and neck in order to discuss cases and decide their best treatment. This allows a number of Specialists to provide opinions on the best way of managing the cancer. Your ENT surgeon may be able to provide you with the conclusions of the MDT discussions regarding your care and you should ask for this if you are unsure.

WHAT TO EXPECT FROM THE OPERATION?

The operation is performed under a general anaesthetic which means that you will be asleep throughout the procedure. There may be one or two cuts made in the neck (incisions). At the end of the operation there may be one or two small plastic tubes (drains) coming out through the skin. The skin will be closed using either skin clips, which are metallic clips specially designed to close the skin, or stitches. Most patients do not have much pain after the operation. The neck may look flatter after the surgery as one of the neck muscles from the neck may have been removed during the operation. The neck can also feel slightly stiffer after the operation and there is usually some swelling that occurs in the area of the cut which may last for up to a few weeks.

WHAT OTHER OPERATIONS MIGHT HAPPEN

The neck operation deals with lymph node disease. The primary site of the tumour may need an operation or other treatments. Occasionally the skin of the neck has tumour involving it, there may be some removal of skin and this may be replaced by skin from the surrounding area or from another part of the body. This is called a skin flap repair or reconstruction. The surgery and other treatments in addition to the neck dissection surgery will be discussed with you by your ENT surgeon.

POSSIBLE COMPLICATIONS AND CONSEQUENCES

There are some potential consequences and risks that you need to be aware of prior to giving consent for surgery. The complications are uncommon. Listed below are some of the problems associated with surgery, This is not a comprehensive list of the complications associated with surgery but does cover most problems including rare ones associated with this procedure. If you wish to discuss further specific issues, please do not hesitate to do so with your doctor.

Numb skin:

The skin of the neck will be numb after the surgery. This is a consequence of surgery. This will improve to some extent but you should not expect it to return to normal.

Stiff neck:

Some patients feel that the skin is tighter and that their neck is stiffer after the surgery. This can be more noticeable if other treatment like radiotherapy has treated the neck.

Bleeding and clots:

Sometimes the drain tubes that were put in during the surgery can become blocked causing blood and fluids to collect under the skin forming a clot (haematoma). This may require a second operation to have the clot removed and new drains inserted.

Nerve injury:

Accessory Nerve.

This is a nerve that supplies some of the muscles around the shoulder. The aim is to preserve this nerve as it helps in rotation of the shoulder blade at the back of the shoulder but if there is tumour or cancer close to the nerve this may lead to its removal during the surgery. If this occurs the shoulder will be stiff and it may be difficult to lift the arm above shoulder height. Lifting heavy weights, like shopping bags, may be difficult.

Hypoglossal Nerve (tongue nerve)

Very rarely this nerve, which moves half of the tongue, may be removed if involved with the tumour. This may lead to reduced mobility of the tongue may affect speech and swallow. Usually the other half of the tongue and the other hypoglossal nerve may allow for some compensation, possibly enabling return to a near normal function.

Marginal Mandibular Nerve

This nerve is also at risk during surgery. The nerve moves the lower lip but can be damaged if disease runs close to the nerve near the jawbone. The weakness of the lower lip will be most noticeable during smiling.

Chyle Leak

Chyle is the tissue fluid or liquid which is collected by lymph channels and taken to the lymph nodes and eventually passes into a larger lymph channel called the thoracic duct. This duct is found in the left side of the neck and can become damaged during the surgery. If this occurs there may be an excess accumulation of lymph fluid (or Chyle) under the skin which may lead to a longer stay in hospital or possibly a second operation to seal the leak.