



Head and Neck Associates of Orange County, Inc.

An Incorporated Medical Group

Head & Neck Surgery

Pediatric & Adult Otolaryngology

Facial Reconstructive Surgery

NECK DISSECTION SURGICAL INSTRUCTIONS

INTRODUCTION

Your doctor has recommended neck dissection surgery, a cervical lymphadenectomy, for you. The following information is provided to help you prepare for your surgery, and to help you understand more clearly the associated benefits, risks, and complications of neck dissection surgery. You are encouraged to ask your doctor any questions that you feel necessary to help you better understand the above procedure.

A cervical lymphadenectomy is usually done to help treat either a cancer which has already metastasized to the neck or has a high likelihood of metastasizing to the neck from a head and neck site. In some cases a neck dissection-type surgery is done for benign disease, and for all practical purposes these instructions will be identical. The purpose of a neck dissection is to remove most of the lymph nodes and some of the soft tissue between the collar bone and the base of the skull. There are several types of neck dissections, your doctor will discuss with you which type he has recommended for your specific situation and tumor. A radical cervical lymphadenectomy includes the removal of the lymph nodes, jugular vein, submandibular gland, and the spinal accessory nerve. A modified cervical lymphadenectomy preserves as least one of the above normal structures, and a functional lymphadenectomy spares all of them except the lymph nodes. Each type has advantages and disadvantages.

The head and neck region has some of the most complicated anatomy in the body. There are numerous nerves, vessels, and important structures running through it. The main goal of a cervical lymphadenectomy is to remove the necessary cancer or tumor, and associated lymph nodes while protecting the relevant structures. Obviously this may not be possible in all cases because some malignant tumors may have already invaded important nerves, vessels or other areas.

The following instructions are designed to help you recover from neck dissection surgery as easily as possible. Taking care of you can prevent complications. It is very important that you read these instructions and follow them carefully. We will be happy to answer any questions.

RISKS AND COMPLICATIONS

Your surgery will be performed safely and with care in order to obtain the best possible results. You have the right to be informed that the surgery may involve risks of unsuccessful results, complications, or injury from both known and unforeseen causes.

Because individuals differ in their response to surgery, their anesthetic reactions, and their healing outcomes, ultimately there can be no guarantee made as to the results or potential complications. Furthermore, surgical outcomes may be dependent on preexisting or concurrent medical conditions.

Initials _____

The following complications have been reported in the medical literature. This list is not meant to be inclusive of every possible complication. They are listed here for your information only, not to frighten you, but to make you aware and more knowledgeable concerning this surgical procedure. Although many of these complications are rare, all have occurred at one time or another in the hands of experienced surgeons practicing the standards of community care. Anyone who is contemplating surgery must weigh the potential risks and complications against the potential benefits of the surgery, or any alternative to surgery.

1. Damage to important nerves such as: (a) the Vagus nerve with resultant weakness or paralysis of the vocal cord or cords; (b) the facial nerve with resultant weakness or paralysis of the facial muscles; (c) the accessory nerve with resultant weakness or paralysis of the shoulder muscles and/or pain in the shoulder; (d) the hypoglossal nerve with resultant weakness or paralysis of the tongue, and (e) the Phrenic nerve with resultant elevation of the diaphragm..
2. Bleeding or hematoma. In rare situations, a need for blood products or a blood transfusion. You have the right, should you choose, to have autologous or designated donor directed blood prepared in advance in case an emergency transfusion was necessary. You are encouraged to consult with your doctor if you are interested in this option.
3. Fistula which is the drainage of material such as lymph, saliva, or salivary secretions through the incision site. If this occurs, it is likely to heal with local wound care or in some situations may require one or more surgical procedures.
4. Need for further and more aggressive surgery, recurrence of the tumor, or failure to cure the tumor despite effective therapy.
5. Prolonged pain or discomfort, impaired healing, infection, need for prolonged hospitalization, permanent numbness of the neck skin, poor cosmetic result, and/or scar formation.
6. Need for adjuvant therapy such as radiation therapy or chemotherapy. Many malignant tumors are best treated with surgery followed by radiation therapy. Your doctor may not be able to determine if you will need radiation therapy until the final results of the tissue analysis is completed post-operatively.
7. Decreased ability or difficulty in swallowing and/or the loss of taste. Aspiration pneumonia.
8. Airway obstruction and the possible need for a tracheotomy. Your doctor will likely discuss this with you prior to the time of surgery, and in most situations the tracheotomy is only temporary.

BEFORE SURGERY

In most situations, the surgery is performed at the hospital or at the outpatient surgery center. An anesthesiologist will monitor you throughout the procedure. Usually, the anesthesiologist will call the night before surgery to review the medical history. If he or she is unable to reach you the night before surgery, they will talk with you that morning. If your doctor has ordered preoperative laboratory studies, you should arrange to have these done several days in advance.

You should not take aspirin, or any product containing aspirin, within 10 days of the date of your surgery. Non-steroidal anti-inflammatory medications (such as Advil) should not be taken within 7 days of the date of surgery.

Many over-the-counter products contain aspirin or Advil type drugs so it is important to check all medications carefully. If there is any question please call the office or consult your Pharmacist. Tylenol is an acceptable pain reliever. Usually your doctor will give you your prescriptions at the preoperative visit. It is best to have these filled prior to the date of your surgery.

You must not eat or drink anything 6 hours prior to the time of surgery. This includes even water, candy, or chewing gum. Anything in the stomach increases the chances of an anesthetic complication. Smokers should make every effort to stop smoking, or at least reduce the number of cigarettes. This will help to improve the healing process and to reduce postoperative coughing and bleeding.

If you are sick or have a fever the day before surgery, call the office. If you wake up sick the day of surgery, still proceed to the surgical facility as planned. Your doctor will decide if it's safe to proceed with surgery.

THE DAY OF SURGERY

It is important that you know precisely what time you are to check in with the surgical facility and that you allow sufficient preparation time. Bring all papers and forms with you including any preoperative orders and history sheets.

You should wear comfortable loose fitting clothes that do not have to be pulled over your head. Leave all jewelry and valuables at home. Remove all make-up with a cleansing cream. Thoroughly wash your face and neck with soap and water. Do not apply make-up or cream to your face.

Do not take any medication unless instructed by your doctor or the anesthesiologist. Usually in the pre-operative holding room, a nurse will start an intravenous infusion line (IV) and you may be given a medication to help you relax.

DURING SURGERY

In the operating room, the anesthesiologist will usually use a mixture of a gas and an intravenous medication to put you to sleep and to maintain your anesthetic at a safe and comfortable level. During the procedure, you will be continuously monitored including pulse oximeter (oxygen saturation) and cardiac rhythm (EKG). The surgical team is prepared for any emergency. In addition to the surgeons and the anesthesiologist, there will be a nurse and a surgical technician in the room.

The whole procedure usually takes one to four hours. Your doctor will come to the waiting room to talk with any family or friends once you are safely to the recovery room.

AFTER SURGERY

After surgery, you will be taken to the recovery room where a nurse will monitor you for several hours. In most situations you will spend 1-2 nights in the hospital. You will need to arrange to have a friend or family member to pick you up from the surgical facility and to take you home. He or she should spend the first night with you after your return home.

Your neck may be swollen and bruised after surgery, and in many instances you will have a bandage wrapped around your neck. All bandages are usually removed one to two days following surgery. There may be a small plastic drain(s) exiting through the skin. Your nurse will empty and record the output from this drain. Sometimes you may even go home with a drain in place; the nursing staff will teach you how to manage this drain. Do not cut or trim the sutures taped to your neck.

Numbness, slight swelling, tingling, discoloration, bumpiness, hardness, crusting, tightness, and a small amount of redness around the incision are normal findings after surgery and should improve with time. After the bandages have been removed, clean the wound with a Q-tip soaked in hydrogen peroxide to remove all crusts. By gently removing all crusts, the wound edges will heal better with a less obvious scar. Apply Polysporin ointment, or a similar antibiotic ointment of your choice, to the cleaned wound. If you develop a rash, discontinue the ointment and notify your surgeon. You may wash your face, neck, and hair after the bandages have been removed. Avoid excessive scrubbing of the wound. Use a gentle soap and shampoo.

In the hospital and after you go home you should go to bed and rest with your head elevated on 2-3 pillows. By keeping your head elevated above your heart, you can minimize edema and swelling. You may get out of bed with assistance to use the bathroom. Avoid straining, if you are constipated, take a stool softener or a gentle laxative.

It is best to eat a light, soft, and cool diet as tolerated once you have recovered fully from the anesthetic. Even though you may be hungry immediately after surgery, it is best to go slowly to prevent postoperative nausea and vomiting. Occasionally, you may vomit one or two times immediately after surgery; if it persists, your doctor may prescribe medications to settle the stomach. It is important to remember that a good overall diet with ample rest promotes healing.

You will likely be prescribed antibiotics after surgery, and should finish all the pills that have been ordered. Some form of a narcotic will also be prescribed (usually Vicodin), and is to be taken as needed. If you require narcotics you are cautioned not to drive. If you have nausea or vomiting postoperatively, you may be prescribed anti-emesis medications such as Phenergan. If you have any questions or you feel that you are developing a reaction to any of these medications, you should consult your doctor. You should not take any other medication, either prescribed or over-the-counter, unless you have discussed it with your doctor.

GENERAL INSTRUCTIONS AND FOLLOW-UP CARE

Your sutures will be removed approximately 7-10 days after surgery. You should call the office to arrange for a follow-up visit. Routine follow-up care will depend on the nature of the problem. For example, most patients with head and neck malignancies are followed for five years. It will be your responsibility to have follow-up visits with either our office or qualified medical personal to detect a recurrence.

You may go back to work or school only when your doctor gives you medical clearance. You are encouraged to rest for the first week following surgery. Avoid excessive talking, smiling, hard chewing, strenuous activities, lifting heavy objects, and bending over. Alcohol and tobacco should be avoided because they may prolong swelling and healing. We discourage tanning for 6 months after surgery. If you must be in the sun you should use a number 15 or greater sun block and consider wearing a hat. You may use your usual make-up anytime after surgery.

After 3 weeks if you are not having problems with bleeding or excessive swelling, you may resume exercise and swimming. You should plan to stay in town for 3 weeks to allow for postoperative care.

NOTIFY YOUR DOCTOR IF YOU HAVE

1. A sudden increase in the amount of bruising and pain associated with excessive swelling of the neck and possible difficulty breathing.
2. A fever greater than 101.5 degrees which is persistent despite increasing the amount of fluid you drink and Tylenol. A person with a fever should try to drink approximately one cup of fluid each waking hour.
3. Drainage from the wound.

IF YOU WOULD LIKE TO LEARN MORE

The physicians of Head and Neck Associates recommend www.medicinenet.com as an internet source of information. MedicineNet® is a network of U.S. Board Certified Physicians and Allied Health Professionals. Find easy-to-understand medical information to make smart health decisions with your doctor. Stay informed on all aspects of health and medicine. Get the latest health and medical news delivered to your e-mail box!

Please visit our web site at www.hnaoc.com

SELF-CARE AND PREVENTION

It is important for all patients with head and neck cancers to understand that in most situations they have a potentially curable cancer, especially if it is caught early. The following areas of prevention and self-care should always be remembered.

Neck Dissection

Initials _____

1. Stop smoking and avoid alcohol. As many as 90% of head and neck cancers arise after prolonged exposure to tobacco (cigarettes, cigars, chewing tobacco or snuff) and alcoholic beverages. If there is ever a time to change, the time is now. Recurrence of tumors and second primary tumors at another site are inevitable unless you stop smoking and avoid alcohol. In fact, in just one year the tobacco related deaths in America are greater than the number of people killed by the atomic bomb blast in Hiroshima.
2. Know the warning signs of recurrent cancer, and schedule follow-up visits with your doctor. Successful treatment of head and neck cancer depends on early detection. You should watch out for a lump in the neck, a change in the voice, a growth in the mouth, unexplained blood, swallowing problems, skin changes, persistent earache, or any new or unusual symptom. Consult with your doctor for any changes or questions. Knowing and recognizing the signs of head and neck cancer can save your life.
3. Avoid prolonged exposure to sunlight. Many head and neck cancers are linked to sun exposure and the risk can be decreased by using sun block.
4. Practice good health habits. Many head and neck cancers develop in the face of immune impairment. Good health habits such as maintaining good nutrition, exercising regularly, getting plenty of sleep, avoiding stress, and stopping alcohol and tobacco may improve one's survival.

SURGICAL FINANCIAL POLICY

Head and Neck Associates of Orange County will submit claims to your insurance company for any surgical procedures performed by our physicians. Prior to your scheduled surgery date our staff will verify eligibility and benefits. We will also obtain precertification and/ or authorization when required by your insurance company. Please be aware however, that this is not a guaranty of payment.

Any expenses deemed not covered by your insurance company for any reason, will be your financial responsibility. All monies owed by the patient, i.e., remaining deductible or coinsurance amounts and any procedures or fees deemed not medically necessary, are due prior to the date of surgery. All financial arrangements must be made prior to the date of surgery. Please be aware that this office will bill only for the physicians' services. Any other services related to your surgery, i.e., facility, anesthesiology, radiology, laboratory or pathology will be billed by the facility providing these services, and not included in our billings.

Our office accepts the following forms of payment; Visa or Mastercard, cash and personal checks. A twenty dollar service charge will be assessed to your account for any check returned by your bank.

IMPORTANT PHONE NUMBERS

If you have any questions, do not hesitate to call the office at (949) 364-4361. At night or on the weekends, if your need is urgent and cannot wait until regular business hours, you may call our emergency number at (949) 470-1403. Our answering service will contact the doctor on call. If for some reason you cannot reach the doctor on call and your need is life threatening, go to the emergency room.

Neck Dissection

Initials _____

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