



# **Procedure Information Sheet**

#### Introduction

Excision of all or part of the neck lymph nodes and adjacent structures

### Indication

- Confirmed neck lymph node metastasis
- Suspected neck lymph node metastasis
- Serve as a neck staging procedure

# **The Operation / Procedure**

The operation is done under general anaesthesia. A neck incision is made and the neck structures are exposed and identified. Diseased tissues and lymph nodes are removed. The wound is closed with drainage tubes inserted.

# **Before the Operation / Procedure**

- 1. Inform your doctor of any medical condition and any medication you are taking. The medications may need to be adjusted as appropriate.
- 2. Intended benefits and expected outcome
  - 2.1 Complete removal of the neck metastasis
  - 2.2 Staging of neck metastasis for further treatment planning
  - 2.3 There is chance of incomplete removal of disease and recurrence
- 3. Conditions that would not be benefited by the procedure
  - 3.1 Extensive local disease involving vital structures
  - 3.2 Distant metastasis

# After the Operation / Procedure

- 1. You will have neck wound dressing and drainage tubes. The drainage tubes are connected to drainage bottles and will be removed after a few days
- 2. Wound pain is normal and will be controlled by medications. You may experience weakness of the shoulder
- 3. See the doctor as scheduled

#### Risk and Complication

- 1. There are always certain side effects and risks of complications of the procedure. Medical staff will take every preventive measure to reduce their likelihood.
- 2. Common Risks and Complications (>1% risk)
  - 2.1 Bleeding
  - 2.2 Infection
  - 2.3 Shoulder pain and weakness
  - 2.4 Chyle leakage
  - 2.5 Numbness of neck
  - 2.6 Lymphedema
  - 2.7 Hypertrophic scar or keloid formation
  - 2.8 Cosmetic deformity

Γ	
Patient's Label	
Patient Name:	
Hospital No:	
Episode No:	

 $\neg$ 





# **Neck Dissection**

- 3. Uncommon Risks with Serious Consequences (<1% risk)
  - Skin necrosis
  - 3.2 Nerve injury
    - 3.2.1 Facial nerve (VII) injury causing facial and mouth asymmetry
    - 3.2.2 Vagus nerve (X) injury causing hoarseness of voice
    - 3.2.3 Acessory nerve (XI) injury causing shoulder muscle weakness, pain and stiffness.
    - 3.2.4 Hypoglossal nerve (XII) injury causing impairment of tongue movement and swallowing problem
    - 3.2.5 Brachial nerve injury causing upper limb paralysis
    - 3.2.6 Phrenic nerve injury causing breathing difficulty
    - 3.2.7 Sympathetic nerve injury causing dropping of eyelid, dryness of face.
  - 3.3 Increased intracranial pressure causing headache, vomiting, neurological deficit.
  - 3.4 Pneumothorax causing breathing difficulty
  - 3.5 Cerebrovascular accident
  - 3.6 Death due to serious surgical and anaesthetic complications
- 4. Consequences of No Treatment
  - 4.1 Progression of disease

# **Alternative Treatment / Investigation**

- 1. Radiotherapy
- 2. Chemotherapy
- 3. Observation

### **Disclaimer**

This leaflet only provides general information pertaining to this operation / procedure. While common risks and complications are described, the list is not exhaustive, and the degree of risk could also vary between patients. Please contact your doctor for detailed information and specific enquiry.

#### Reference

Smart patient website by Hospital Authority: Neck Dissection (2/2020)

		Γ	$\neg$
Patient's Signature:	Date:	Patient's Label Patient Name: Hospital No: Episode No:	