

## **Post-operative Instructions and Information for**

### **Neck Node and Neck Dissection**

#### **Lymph Nodes:**

Each side of your neck has more than 20 lymph nodes. These nodes drain fluid from the face, mouth, and throat. The nodes may be enlarged due to infections (viral or bacterial) or nests of cancer cells (metastases).

#### **Neck Dissection:**

The purpose of a neck dissection is to remove the lymph nodes at most risk for the presence of cancer cells. Head and neck cancers spread to nodes in a fairly predictable pattern. This pattern allows the surgeon to fairly reliably remove the nodes at most risk for cancer cells by dissecting the tissues in specific areas of the neck and spare other areas of the neck from the surgery. Some patients have CT scans done before surgery to help plan the surgery.

The neck dissection starts with an incision through the skin, the exact location varies from patient to patient. You may ask your surgeon to illustrate the planned incision. Next the fat and lymph nodes in the desired areas are removed. The surgeon attempts to spare as much normal tissue as possible, but cancer cells do not respect tissue boundaries and frequently invade other healthy tissue. Some structures that are commonly removed are the internal jugular vein (IJ), the sternocleidomastoid muscle (SCM), and the spinal accessory nerve (XI). There are usually little noticeable effects from removing one IJ. The SCM runs from behind your ear down to your collarbone and helps turn your head left and right. The spinal accessory nerve controls the SCM and the muscles that help shrug your shoulder. If part of the SCM is removed, it may be painful to raise your head off the pillow for several days; you may place your hand behind your head when sitting up during this healing time. Your neck may appear thinner on the side that the SCM is removed. If part of the spinal accessory nerve is cut, you may notice trouble raising your shoulder or raising your outstretched arm out sideways above horizontal. Ask your surgeon about daily exercises to maintain good shoulder mobility. Some patients see a physical therapist to learn these exercises. The greater auricular nerve runs right across the incision and must often be cut for access to deeper tissues. If the nerve is cut, the area around the earlobe will be numb.

#### **Post-operative Care:**

1. **Incision:** Please keep the incision dry for 2-3 days, then gently wash the incision with soap and water 2-3 times a day as needed. After washing, please apply a thin film of an antibacterial ointment (e.g. Polysporin). Please avoid any activity that pulls across the incision such as shaving across the incision for at least 2 weeks. (The rest of the face may be shaved.) The staples and stitches will be removed 1-2 weeks after surgery.
2. **Drain:** Some patients are discharged with a thin drain tube and collecting reservoir called a grenade. Please empty the grenade and record the amount of fluid whenever the grenade looks half full or at least 2 times a day. Discard the fluid down a sink or toilet, do not save it.
3. **Head of Bed:** Please elevate the head of your bed 30-45 degrees or sleep in a recliner at 30-45 degrees for the first 3-4 days to decrease swelling. The skin above the incision may look swollen after lying down for a few hours. Elevating the head is crucial when both sides of the neck have been dissected to avoid a "swollen, puffy face".

4. Activity: Please avoid any activity that raises your blood pressure for one week, e.g. heavy lifting, strenuous exercise, etc. Walking every 2 hours while awake is encouraged to decrease the risk of leg clots.

5. Diet: You may eat your regular diet after surgery. If the oral “pucker” muscles are weak, you may drool slightly when drinking or have trouble with very sticky foods like peanut butter. You may notice a slight increase in fluid from your incision while eating. This is normal and usually resolves by a few weeks.

6. Shoulder exercises: May be started in the first week after surgery. Try to raise both arms out sideways and hold steady for several seconds. You may use small weights if desired. A physical therapist can help with your instruction.

**Bleeding and Bruising:** Oozing from the skin may occur that causes a slow drip of blood. Simply apply 15-20 lbs. of gentle pressure to the wound with a clean paper towel or wash cloth for 15-20 min. If the swelling is raised over 1 inch higher than the surrounding area, then call (503) 581-1567 for instructions. You may change any dressing as needed.

**Fever:** A low-grade temperature (100 degrees) and even an occasional elevated temperature above 101.5 degrees or higher are not uncommon. Should you have a temperature of 101 degrees or higher, take a deep breath and cough (once or twice) every 15-30 minutes and increase your fluid intake. Deep breathing and coughing opens the lungs and reverses a common cause of elevated temperature. If your elevated temperature persists 1-2 hours, call our office for further instructions. Please measure your temperature. Patients will often think they have an increased temperature because they feel warm.

**Nausea and Vomiting:** Nausea and vomiting are common during the first 24 hours after surgery. Narcotic medication may increase the nausea and vomiting. Please try to reduce the narcotic pain medicine as much as possible, either by reducing the amount given or lengthening the time between doses. One may try to skip one dose of narcotic and use just a full dose of plain acetaminophen (e.g. Tylenol) or ibuprofen (e.g. Motrin). The patient may also try to eat some simple, non-fatty food with the next dose of narcotics. If nausea and vomiting is excessive or persistent, call our office for further instructions.

**Pain Management:** A realistic goal is to reduce the patient’s pain to a manageable level, not to eliminate the pain. One cannot predict a patient’s pain level or the necessary dose of pain medicine. One must approach each patient in a stepwise fashion for pain management. Specifically, when acetaminophen and/or ibuprofen do not lower the pain enough, then start with a lower dose of narcotic, and increase the dose if pain remains uncontrolled, or decrease the dose if the medication’s side effects are too severe. Close monitoring of each patient for side effects of each medication is essential.

1. Try to use plain acetaminophen before using the narcotics.
2. Always strive to either avoid the narcotics or give the lowest dose possible to control the patient’s pain.
3. Give the narcotic AS NEEDED but not more often than it states on the bottle
4. Do not give the narcotics “automatically around the clock” if the patient has minimal pain.
5. Never wake up a sleeping patient to give them narcotics
6. Avoid combining narcotics with another sedating drug: e.g. alcohol, sleeping pills, MUSCLE RELAXANTS or anti-anxiety pills (e.g. Valium and Xanax), antihistamines (e.g. Benadryl) unless instructed by your doctor.
7. Start with the lower dose that is prescribed, and take additional medication only if the pain is still not adequately controlled 45 minutes after taking the first dose. For example, if the prescription reads “1-2 tablets every 4 – 6 hours as needed for pain”, then start with 1 narcotic tablet on the

first dose. If the pain is not adequately controlled in 45 minutes, then add the second narcotic tablet.

8. Every day try to decrease the total amount of narcotic medication given, by:
  - a. increasing the time between doses, or
  - b. decreasing the amount used each time, or
  - c. substituting plain acetaminophen for the narcotic
9. Observe for unusual sleepiness, confusion, difficult or noisy breathing. If these occur, then stop all narcotics, call WENT MD on call at 503-581-1567 or go to Salem Emergency Room if the office is closed.
10. Always measure the amount of liquid narcotic with a syringe or a marked medicine cup. Spoon sizes are not reliable.
11. Record the medication given with the date and time on the same piece of paper. This helps reduce medication errors.

**Constipation:** PATIENTS MAY EXPERIENCE CONSTIPATION WHILE TAKING NARCOTICS AND EATING A LOW FIBER DIET. PLEASE TRY TO MINIMIZE NARCOTICS. TRY TO EAT SOME SOFT FOODS WITH FIBER: E.G. APPLE SAUCE, BANANAS and BERRIES. ONE CAN BLEND SOME FRUITS WITH ICE FOR A COOL "SMOOTHIE" DRINK.

**TO AVOID RUNNING OUT OF A NARCOTIC MEDICATION:**

1. Please fill your narcotic prescriptions at a pharmacy that is open after hours and on Weekends.
2. Call our office by 2 pm the day BEFORE you will need a refill to give us time to process your request. A FAMILY MEMBER MAY NEED TO DRIVE TO OUR OFFICE TO PICK UP THE NARCOTIC PRESCRIPTION (DEA RULES). IF YOU ARE TAKING NARCOTICS, YOU CANNOT DRIVE. YOU COULD BE CITED FOR "DRIVING UNDER THE INFLUENCE".

**Other Questions:** For non-emergent questions, please call our office (503-581-1567) between 9:00 am and 3:00 pm. Monday through Friday. For emergent question, please call our office (503-581-1567), and our answering service will page the doctor on call. We have a doctor on call 7 days a week.