Head and neck cancers often spread to nearby tissues and the lymph nodes. When this happens, surgery to remove these tissues becomes necessary. This kind of surgery is called a neck dissection.

Neck dissection involves cutting into the neck on one or both sides to remove lymph nodes that may have cancer cells. Doctors called pathologists look at the lymph nodes under a microscope to see if there are any cancer cells. By doing this they can determine how much cancer there is and how far it has spread. This process is called staging.

Types of Neck Dissections
Surgeons take out only as much tissue as necessary to remove the cancer. If the cancer has spread widely, they will perform a radical dissection. This surgery removes the most tissue and may include removal of muscle, large veins, and nerves. If the cancer has not spread too far, they perform a modified neck dissection, which removes less tissue. A selective neck dissection removes even less tissue. Surgeons perform selective dissections when cancer is discovered early and has not spread. The goal is always to remove all the cancer while saving as much healthy tissue as possible. Your surgery team will discuss the details with you before the operation.

What are the possible complications?

Pain. After any surgery, some pain is normal. While you are in the hospital, your health care team will do their best to control your pain. They will ask you often about how much pain you are feeling on a scale of 0-10, with 10 being the worst pain you can imagine. This helps your health care team decide what medicines will best relieve your pain. They may put pain medicine directly into your veins or give you pills, depending on what works best.

When you go home, you will receive a prescription for the same kinds of pain pills you took in the hospital. Follow the pharmacy directions for your medications, slowly tapering the amount you take as your pain decreases. Notify your health care team if your pain does not decrease.

Infection. Whenever there is a break in your skin, there is also a risk of infection. Good hand washing is the best and easiest way to prevent infection from spreading.

Wash or disinfect your hands often, and make sure your caregivers and visitors also do so.

Watch for these signs that an infection may be starting:

- Increased pain, redness, or warmth at the site of your surgery
- Increased drainage from your surgery wound
- A fever higher than 101°F

If you notice any of these signs, tell your nurse or doctor right away.

Swelling. Swelling around the surgical site can cause pressure on the windpipe and make it difficult to breathe. To decrease the swelling, the surgeon will place tubes that drain fluids to the outside at the site of your surgery. At first, a suction device connected to the tubes will help remove the fluid. Your nurses will check the amount and character of the drained fluids often to make sure there is no infection.

Swelling can also make it difficult to swallow. It should improve within several days after surgery. Tell your health care team if you are not able to drink liquids or if you have questions about your diet.
**Bleeding.** The neck has many blood vessels so bleeding is always a risk during neck surgery. The surgeon will place tubes in your neck to allow fluids that collect to drain away and to reduce the swelling after surgery. Your nurses will watch the amount and color of the drainage for excess bleeding. Some blood is common immediately after surgery, but the drainage becomes more yellow as you heal.

**Pneumonia.** Lying in bed too much keeps your lungs from expanding fully. This can increase the risk of getting the lung infection called pneumonia after surgery. To help prevent this, your nurses will ask you to start walking as soon after your surgery as it is safe.

The nurses will also give you a device called an incentive spirometer to exercise your lungs in the hospital and after you go home. To use it, you breathe out as deeply as you can and breathe in through the mouthpiece of the device. It measures how much air you breathe in. After you go home, use the device about every two hours to keep your lungs in good shape and prevent pneumonia.

**Blood clots.** Inactivity increases the risk that a blood clot will form in your legs. If a clot occurs, it can move through the veins to your lungs. This can be life threatening. To help prevent blood clots, your nurses will encourage you to get up and move around as much as you can. While you are in the hospital, your health care team may put special foam boots on your legs. They inflate and deflate to keep the blood in your leg veins moving so it cannot clot. Your doctor may also prescribe a blood thinner to prevent clots from forming.