Alternatively:
Telephone: 0808 800 1234
09:00 to 20:00
Monday to Friday.

Cancer information nurse specialists can answer questions about cancer types, treatment and what to expect following a diagnosis.

Website: www.macmillan.org.uk

The above website features information about living with cancer, Macmillan’s services and online communities in which people affected by cancer can share experiences and support. It also includes a link to www.cancerbacup.org.uk for detailed information about cancer types and treatment.

Information is also available for free, 09:00 to 21:00 Monday to Friday for other languages, call 0808 800 1234 and ask for an interpreter.
Address:  Head and Neck Cancer Centre  
University College Hospital  
1st Floor East  
250 Euston Road  
London NW1 2PG  
Email:  headandneckcentre@uclh.nhs.uk  

Where can I get further information  
You may wish to come into the UCH Macmillan Cancer Centre, in Huntley Street, London WC1E 6AG, where you can gain more information at the Macmillan Support & Information Centre, on the ground floor.  
Opening hours:  Monday to Friday.  
Alternatively, if you would like further information you can also contact a cancer support organisation such as:  

Macmillan Cancer Support  
Address:  89 Albert Embankment  
London SE1 7UQ  
Telephone:  0808 808 2020  
09:00 to 21:00  
Monday to Friday  
Trained advisers can answer questions about living with cancer and provide practical and emotional support.  
Email:  cancerline@macmillan.org.uk
How long will I be in hospital?
You will either come into hospital the day before, or on the morning of your operation. The time you spend in hospital depends on the type of neck dissection, and if you are having other surgery to remove the primary tumour at the same time. If you are not having any other operation, you will be in for about five days after a radical neck dissection, and three days after one of the other neck dissections. Please remember this is an estimate - every person is different.

What next?
If you have seen a physiotherapist for help with neck and shoulder movements and exercises when in hospital, you may need to continue with physiotherapy as an out-patient. Most people go home without needing ongoing care from their district nurse. If you do need extra care, once your discharge date is known the ward nurses will plan this with the district nurses. You will be given any necessary letters for your district nurse and GP, as well as medication and dressings to take home with you.

You will be given an out-patient appointment to see your medical team about 10 to 14 days after your discharge. At this time the results of the pathology report will be discussed with you. After this you will be given monthly appointments. If further treatment is planned, this will be discussed in detail with you.

Follow-up
You will continue to have regular out-patient appointments for a number of years.

Contact numbers
If you have any questions, please contact the appropriate healthcare professional secretary on 020 3447 9755. Your message will be taken and passed onto the appropriate department.
• **Chyle leak.** Chyle is the fluid which runs through the lymphatic system. Very occasionally one of the channels carrying this fluid is damaged during the operation and chyle leaks out. It is very difficult to see this at the time of the operation. This may mean a return to theatre to have the leak repaired, or a stay in hospital while the body heals itself. This may involve dietary management or feeding through a tube for a while.

**Will my speech and swallowing be affected?**
Your speech will not be affected by any of the neck dissection operations. However, if one of the nerves that supplies your tongue is affected during the operation, you may need help and advice with swallowing from a speech and language therapist. Our dietician is also available to help you with any nutrition problems you may have before, and after, the surgery.

**Will I have a scar?**
The operation will leave you with a scar on your neck. If at all possible, the surgeon will make the scar in a place that blends in with the skin creases in your neck so that it is not obvious. The scar fades over time, gradually becoming less visible. Many people disguise it with a scarf or high-necked blouse or sweater until it fades.

If scarring is of concern to you, a camouflage therapist can help once the wounds have fully healed. Please ask your clinical nurse specialist for details. If one of the large muscles of the neck is removed, the neck will look flatter on that side.
Introduction
This booklet has been designed to help you understand your forthcoming treatment and contains answers to many frequently asked questions.

If you have any questions that the booklet does not answer, or would like a further explanation, please ask one your doctors or Head and Neck Cancer Nurse CNS (Clinical Nurse Specialist) Team.

What is a neck dissection?
A neck dissection is an operation, performed under a general anaesthetic, to remove lymph nodes from the neck on one or both sides.

Why is it done?
This operation is undertaken for suspected or confirmed cancer in the head and neck area. Cancer in this area can spread through the lymphatic system to nearby lymph nodes in the neck. If it is suspected, or known, that the cancer has spread, then these nodes can be removed. This spread is known as “metastases” (“mets”) or “secondaries”.

Are there any alternatives to this surgery?
There may be other types of treatment for your cancer but your medical team will be suggesting this one as it is the most appropriate for you. Your medical team will be happy to discuss the reasons for recommending this operation and any other concerns you may have.
What does it involve?
A neck dissection is usually performed at the same time as surgery to remove the original or primary tumour from around the mouth, face or throat. If being done alone, the nodes will be removed through an incision (cut) in the neck.

There are different types of neck dissection, but all have a similar approach. A large incision is made to gain access to the lymph nodes in the neck. The cut usually starts just underneath the chin and extends downwards towards the collar bone, before arcing upwards to end behind the ear.

This flap of skin is lifted off the tissue of the neck to expose the lymph nodes. Once the lymph nodes have been removed, the flap of skin is replaced and skin closed together with stitches or clips.

- In a **radical (complete) neck dissection**, all the nodes between the jaw and collarbone are removed.
- In a **modified, partial or selective neck dissection**, those groups of nodes, and any other structure which experience has shown to be most often involved in the spread of your type of cancer, are removed.

All nodes removed will be examined for cancer cells by a specialist pathologist. This examination may take several weeks, so you are not likely to receive the results until you attend out-patients.

What can I expect before the operation?
At your pre-operative appointment the doctors will discuss the surgery with you. Following this meeting, pre-assessment appointments will also be planned.

These will involve seeing the doctor, anaesthetist, pre-admission nurse, speech and language therapist and the dietician. Routine tests for example bloods, chest X-rays and ECGs may also be performed. This also gives you an opportunity to ask any questions you may have.

At your pre assessment appointment you will be told by the nurse or anaesthetist when to stop eating and drinking so you can fast before your operation.

The CNS team have a pre treatment clinic where you will be offered further psychological support and be given the opportunity to ask further questions about your diagnosis and the surgery.

What can I expect after the operation?
- At the end of the operation one or two tubes or drains are put into the neck to drain blood and fluid from the operation area. These tubes will be removed before you go home. For the first day or two you may have a bandage around your neck, or the wound area may be covered with a clear plastic-like dressing.
- There will be some pain after the operation. We will give you painkillers both when you are in hospital and to take home with you when you are discharged. The pain will gradually get less over the first week.
- The cut in your neck is closed with stitches or skin clips, which are removed about a week after the operation. You may have to go to your GP to have these removed.

Are there any complications?
There are some risks in having this treatment, which you should consider before consenting for the operation. These potential complications are rare. You should discuss these with your doctor when you visit the hospital.