

Selective Neck Dissection

Procedure-Specific Information & Consent

This document explains neck dissection and supports your discussion with your surgeon.

Patient Name: _____ PHN: _____ Date of Birth: _____

1. Why Selective Neck Dissection Is Recommended

- Remove lymph nodes that contain cancer or may contain microscopic cancer spread
- Determine the cancer stage and help plan further treatment
- Reduce the risk of cancer returning in the neck
- Remove a deep, recurrent, or infected congenital neck mass or cyst and any associated tract when applicable.

This procedure may be recommended for:

- Cancer of the mouth, throat, voice box, thyroid, salivary gland, or skin of the head and neck
- Known or suspected cancer in neck lymph nodes
- A deep, recurrent, or infected branchial cleft cyst or other congenital neck mass.

Surgery is recommended when imaging, biopsy, tumour characteristics, or recurrent infection indicate lymph node involvement or significant risk of spread.

2. What the Surgery Involves

- Performed under general anesthesia. You are fully asleep while an anesthesia specialist monitors you
- An incision is made along a skin crease in the neck
- Lymph-node groups on the right, left, or both sides are removed as discussed before surgery
- A branchial cleft cyst or other neck mass and any associated tract may be removed when applicable
- Important nerves, muscles, and blood vessels are preserved when safe. If cancer directly involves a structure, removal and repair or reconstruction may be needed
- A temporary drain is usually placed; many patients remain in hospital for 1–2 days.

The planned side and extent are discussed before surgery. Closely related steps may change based on findings during surgery when needed for safe cancer treatment. Final pathology may show that radiation, chemotherapy, or another operation is needed.

3. Expected Benefits and Limitations

Potential benefits:

- Removal of known or suspected cancer in neck lymph nodes
- Lower risk of cancer spreading or returning in the neck; cure is not guaranteed
- Removal of a branchial cleft cyst or other neck mass and associated tract when applicable
- Pathology information that helps determine stage and further treatment.

Important:

- Cancer may return in the neck or elsewhere despite surgery
- Radiation therapy, chemotherapy, or another operation may still be needed
- A cyst or tract may return if it cannot be removed completely
- Final pathology helps determine the cancer stage and outlook.

4. Risks and Side Effects

Common or Expected

- Pain, swelling, bruising, and a neck scar
- Numbness of the neck or ear, which may be permanent
- Shoulder pain, stiffness, or weakness and reduced neck movement; physiotherapy may be needed.

Nerve-Related Risks

Surgery occurs near important nerves. Risks include:

- Spinal accessory nerve injury may cause shoulder weakness, pain, or reduced arm movement even when the nerve is preserved
- Marginal mandibular nerve injury may cause lower-lip weakness or an uneven smile
- Hypoglossal nerve injury may cause tongue weakness and affect speech or swallowing
- Vagus or recurrent laryngeal nerve injury may cause voice or swallowing problems
- Rare injury to the sympathetic chain may cause a drooping eyelid and smaller pupil (Horner syndrome)
- Rare phrenic nerve injury may weaken movement of one side of the diaphragm.

Nerve changes may be temporary or permanent. The risk depends on the lymph-node levels removed, prior treatment, and whether cancer involves a nerve.

Bleeding

- Bleeding or a collection of blood in the neck (hematoma) may cause rapid swelling and can require an urgent return to the operating room.

Fluid Collection

- A seroma (clear fluid) or hematoma (blood) may collect under the skin
- A chyle leak is leakage of fatty lymphatic fluid. It is more common after lower left-neck surgery but can occur on either side
- A fluid leak may require drainage, dietary changes, medication, or another operation.

Infection

- Wound infection may require antibiotics or drainage
- Infection or a neck cyst may return if a cyst or tract cannot be removed completely.

Rare but Important

- Trouble breathing from swelling or bleeding
 - Major blood-vessel injury, stroke, or blood clot
 - Air leak or collapsed lung after lower-neck surgery
 - Anesthesia-related complications, discussed separately
 - Need for another operation.
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5. Recovery Expectations

- Hospital stay and drain removal depend on the extent of surgery and recovery
- Sutures or staples are usually removed in 7–14 days
- Early shoulder and neck movement and physiotherapy may be recommended
- Follow-up is required to review final pathology and further treatment.

Seek urgent medical care for:

- Call 911 for trouble breathing, rapidly increasing neck swelling, or sudden heavy bleeding
 - Seek same-day medical care for fever, increasing redness, pus or clear/milky fluid from the wound, new shoulder or tongue weakness, or new voice or swallowing problems.
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6. Alternatives

Depending on the diagnosis, alternatives may include:

- Observation with follow-up imaging in selected cases
 - Needle aspiration as a temporary measure for some cysts
 - Antibiotics for infection
 - Radiation therapy, chemotherapy, or chemoradiation for selected cancers
 - No treatment, with the risks of delay or progression discussed for your condition.
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7. Acknowledgement

I understand the planned neck dissection or related neck-mass surgery, possible related procedures, expected benefits, limits, risks, alternatives, and recovery. My questions have been answered. This document supports, but does not replace, the hospital consent process.

Patient Name: _____

Signature: _____

Date: _____