

# EAR, NOSE AND THROAT ASSOCIATES OF CHESTER COUNTY

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## CERVICAL (NECK) DISSECTION

The treatment of cancers of the head and neck frequently involves the removal of lymph nodes and related structures in one or both sides of the neck. This may be performed in the presence of clinically obvious (palpable) lymph node swellings or in the case when there is no obvious evidence of cancer in the neck. The decision to perform a neck dissection as well as the extent or nature of the neck dissection will be determined by your physician based upon a variety of factors including: the site of the primary malignancy (if this is known), the pathology of the primary malignancy, and the staging or extent of the primary malignancy.

Various tests may be required including some or all of the following: CT scans, used to evaluate the extent of the cancer; PET scans, used to evaluate the presence of metastatic disease; ultrasounds and MRIs may also be useful; and in-office endoscopies and biopsies (which may include FNA or fine needle aspirate biopsies or an actual open biopsy, in which a portion of the tissue is removed). Again your surgeon will determine which of these studies are appropriate.

In addition to the above and dependent upon the type and extent of malignancy, your ENTACC physician may refer you to other specialists for radiation therapy or chemotherapy. This decision will be based upon the nature and extent of the malignancy. It is not uncommon that the situation may exist wherein the decision to refer for either radiation therapy or chemotherapy consultation will be based upon the surgical pathology findings and therefore may not be determined until after the surgery and the final pathology reports have been received.

For one (1) week prior to surgery, you should not take any aspirin or aspirin containing drugs, nor any ibuprofen or ibuprofen containing drugs. Examples of these include Advil (Motrin), Naprosyn (Naproxen), or Fiorinal. Also, supplements which should be avoided include Vitamin E capsules, omega 3 (fish oil), or glucosamine chondroitin. If you are required to be on any of these medications, discuss this matter directly with your ENTACC provider before stopping. If you are on Coumadin (Warfarin), Aspirin, or Plavix, please discuss with the prescribing physician about how to adjust this medication prior to your surgical procedure.

Surgery is performed as an inpatient in the hospital. One or two drains are kept in place postoperatively in order to ensure that the wounds heal without any accumulation of fluid. They are removed when an acceptable level has been achieved, normally in about two or three days postoperatively. Patients are generally discharged from the hospital within five days and have their sutures removed between 10 and 14 days.

The extent of the neck dissection will be based upon various factors. A traditional radical neck dissection is rarely performed. This involves not only the removal of the lymphatics but also the

major muscle of the neck, the internal jugular vein, and also the sacrifice of the spinal accessory nerve (which is responsible for some shoulder motion). More commonly this nerve is spared and the remaining tissues are removed; this is referred to as a modified neck dissection. Selective neck dissections involve the removal of lymphatics and related structures only in those areas of the neck in which there is a reasonable level of spread of malignancy.

Most patients who have a neck dissection will experience some numbness in the neck around the surgical incision lines. Occasionally a scar line might tighten leading to a contracture. Based upon the extent of surgery, there is a possibility of injury to regional nerves in the neck especially if surgical findings reveal that one or more of these nerves are involved with the tumor. Some patients will be benefited by post-operative physical therapy to strengthen the muscles of the neck and shoulder.

If radiation therapy is required, this is usually begun about six weeks postoperatively. As noted above, it is not uncommon that the final determination as far as radiation therapy will not be made until the final pathology report on the tissues removed has been reviewed. In other circumstances the decision is made preoperatively. The type and length of radiation therapy will determine consultation with a radiation therapist. If chemotherapy is required as well, it will start either at the same time or after completion of radiation therapy.