

Discharge information following a Neck Dissection

Introduction

This leaflet gives you information about what to expect following your neck dissection.

Follow up appointments

- If you have stitches or clips in place, you will be asked to arrange an appointment with the practice nurse at your GP's surgery to have them removed 7 to 10 days after surgery.
- The consultant will see you in an outpatient clinic 2 to 4 weeks after your discharge to review your progress.

What to expect following discharge

- You may have some neck stiffness following the operation. Regular neck exercises should help to improve this. If the stiffness continues, please tell your consultant or the Head and Neck Clinical Nurse Specialist (CNS) and they will refer you to the physiotherapists for advice.
- The skin of your neck will be numb after the surgery. This will improve to some extent over a few months, but you should not expect it to return to normal.
- The accessory nerve helps to control the muscles in the shoulder. Surgeons try hard to protect this nerve but sometimes it is unavoidably damaged. If this happens, you may find that your shoulder is stiff and it can be difficult to lift your arm above shoulder height. If the stiffness continues tell your consultant or the Head and Neck CNS. They will be able to refer you to the physiotherapists who will give you specific exercises to strengthen your shoulder.

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Department

Head and Neck/
Oncology

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**Patient
Information****What to do if you have a problem at home**

- **Pain** – If you are experiencing pain that is not being controlled with the pain relief you have been discharged with then contact your GP for advice. The Head and Neck CNS can also advise you.
- **Swelling** – Slight swelling is to be expected following a neck dissection operation and will slowly get better over time. However, if the swelling worsens, please contact the Head and Neck CNS for advice.

If the swelling starts to affect your ability to breathe, call 999 and ask for an ambulance.

- **Bleeding** – If the wound oozes or bleeds, this can usually be stopped by applying pressure over the area for at least 10 minutes with a clean rolled up handkerchief or swab. Contact the Head and Neck CNS if you are concerned. If the bleeding continues, or if you are bleeding a lot, please go to the nearest Accident & Emergency Department or call 999.
- **Infection** – If you have any signs of infection such as a raised temperature, redness, new pain or a discoloured discharge then contact your GP, as you may need a short course of antibiotics.

Contact information**Clinical Nurse Specialists**

Tel: 0300 422 6785

Monday to Friday, 8:00am to 4:00pm

Head and Neck Dietitian

Tel: 0300 422 3460

Monday to Friday, 8:00am to 4:00pm

Head and Neck Speech and Language Therapists

Tel: 0300 422 8105

Monday to Friday, 8:00am to 4:00pm

Out of Hours**Ward 2b**

Tel: 0300 422 6184

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Making a choice

Shared Decision Making

If you are asked to make a choice, you may have lots of questions that you want to ask. You may also want to talk over your options with your family or friends. It can help to write a list of the questions you want answered and take it to your appointment.



Ask 3 Questions

To begin with, try to make sure you get the answers to three key questions if you are asked to make a choice about your healthcare.

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?

These resources have been adapted with kind permission from the MAGIC Programme, supported by the Health Foundation

* Ask 3 Questions is based on Shepherd HL, et al. Three questions that patients can ask to improve the quality of information physicians give about treatment options: A cross-over trial. Patient Education and Counselling, 2011;84: 379-85



<https://aqua.nhs.uk/resources/shared-decision-making-case-studies/>