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## **NORTHERN ORANGE COUNTY ENT MEDICAL CORP**

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## **NECK DISSECTION**

### **WHY DO I NEED SURGERY?**

This surgery is done in the neck area to remove lymph nodes which may be carrying cancerous cells. This is often required in a person who has a primary cancer found somewhere else in the body. In order that the cancer cells do not spread to the rest of the body, the lymph nodes may have to be removed.

### **WHAT HAPPENS DURING SURGERY?**

This procedure is done in conjunction with another surgery where the primary tumor is often located and removed. The procedure, depending on the type of neck dissection, could take anywhere from two to five hours. In relationship to thyroid cancer surgery, the neck dissection may be fairly limited to about 45 minutes. During the surgery, upon removing the primary cancer, the lymph nodes may be visualized. If the patient is noted to have cancer spread to the neck region where the lymph nodes are involved, the lymph nodes in the neck may have to be removed, excising the entire lymphatic chain.

### **WHAT TO EXPECT AFTER SURGERY?**

With respect to the neck area, a drain will be placed so that blood or fluid will not collect where the lymph nodes have been removed. Because there are many different types of drains available, and because it is impossible to predict which type will be necessary prior to your surgery, the nursing staff will provide instructions specific to the type of drain that was placed for you. In rare circumstances, a drain is not required.

### **WHAT ARE POSSIBLE RISKS AND COMPLICATIONS OF THE SURGERY?**

There are many nerves as well as veins and arteries that are in the area where the lymph nodes are. The spinal accessory nerve may be damaged because of the invasion of the tumor cells of the nerve, and if that is the case, some weakness of the shoulder may occur. If the jugular vein is injured or damaged, a ligation of the vein may occur which will result in swelling in the facial area after the surgery. If the recurrent laryngeal nerve is injured during the surgery, as well as any portions of the vagus nerve, you could have some problems with hoarseness and an inability to move the diaphragm, which could result in hiccup-type symptoms. Injury to the brachial plexus region, which is the nerve that allows you to move your arm, weakness of the shoulder and arm movements may occur. If there is any injury to the thoracic duct, which allows the fatty material from your stomach to be drained into your veins, you may experience chyle leaks, which could result in a burning sensation in your neck which may require another visit to have the duct repaired. Injury to cranial nerve XII; the hypoglossal nerve, could limit the movement of your tongue. If the esophagus is injured during this procedure, this may result in perforation of the esophagus, resulting in further surgery. Injury to the supralaryngeal nerve could result in the possibility of hoarseness as well as voice box problems. In respect to the glossopharyngeal nerve, which is the nerve that gives motility in the esophageal muscle, this may

result in difficult swallowing food. This is only a partial listing of the nerves, veins, arteries and ducts that are found in the neck area and therefore, this surgery is quite complex because of this. However, removing the possibly cancerous cells is very important. The percentage of risk is about 5-7 percent. We will make every possible effort to avoid any injury whatsoever.

If you have any further questions after having carefully read the above information, please feel free to discuss it with me in your preoperative evaluation, prior to any surgery. Remember, there are no dumb questions! We want you to be fully informed and comfortable prior to your surgery.

**IT IS MANDATORY TO BRING A FAMILY MEMBER OR FRIEND WITH YOU TO THE PREOPERATIVE VISIT. THIS IS BECAUSE PATIENTS, AFTER THE SURGERY, DUE TO THE GENERAL ANESTHESIA MAY FORGET THE INFORMATION PROVIDED TO THEM BEFORE THE SURGERY.**

**PLEASE SIGN AND RETURN THIS FORM TO OUR OFFICE WHEN YOU COME FOR YOUR PREOPERATIVE VISIT.**

**Please feel free to contact our office with any questions you might have at 714-441-0133.**

Respectfully yours,

**JAMES J. LEE, M.D., F.A.C.S.**

I understand the above information and consent to the surgery.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Patient Name-Printed

\_\_\_\_\_  
Date