

Neck dissection and superficial parotidectomy

You have discussed having further surgery for your skin cancer with your doctors. This information sheet covers your surgery, what you can expect before and after, including going home and coming back to hospital for dressings and results.

If you have any questions relating to your procedure, please contact your clinical nurse specialist on the numbers provided at the end.

What are lymph nodes and what do they do?

Lymph nodes filter lymphatic fluid and produce lymphocytes (blood cells). There are thousands of lymph nodes in your body and the collection of lymph nodes in your neck filter the lymphatic fluid from your head and neck area.

If your cancer has spread to the lymph nodes in the neck, we will offer surgery to remove all of the nodes in the area. The aim is to remove the cancer and prevent further spread to other parts of the body.

You may have a positive sentinel node or have a palpable lump in your neck from which we have taken a sample and which shows melanoma. If your melanoma is found to be in the neck nodes there is a chance it may also be in the parotid gland. The parotid gland is the large 'spit-gland' on the cheek and is part of the same 'chain' as the neck nodes. Your surgeons will discuss removing a small (superficial) part of this gland to test for melanoma.

How is a neck dissection and superficial parotidectomy performed?

The operation is performed under general anaesthetic and lasts four to six hours. Both procedures will be done at the same time and will involve two different entry points (cuts) in order to gain access to the lymph nodes that need to be removed.

There are many important nerves your surgeons will take great care to preserve during the operation using a specialised instrument called a 'nerve stimulator'.

At the end of the operation two drains are placed into the neck, to drain excess fluid away from the wound. These will be closely monitored and removed when they are no longer needed.

Before your procedure

You will be seen in our clinic and meet the doctors who perform the surgery. They will explain why we recommend you have the operation and discuss any potential

complications. If you agree to go ahead with the surgery, the admissions team will contact you with a date for a pre-admission check and a time and date for the procedure. We aim to do this as quickly as possible.

You will also be given instructions on where to go on the day of admission and told that you must not eat or drink for six hours before the surgery.

After your procedure

You are usually able to go home two to three days after the operation and your team will review you every day before discharge.

If you still require the drain(s) when you are discharged, you will be closely monitored until they can be removed. You will be given contact details for the dressing clinic and out of hours numbers in case you have any concerns when you are at home.

When at home

You will be given painkillers to take home and a course of antibiotics. The aim of antibiotics is to prevent infection so it is very important you take all of them as advised.

When washing or showering, wash around the dressing keeping it dry. The dressings are waterproof, but not for long showers.

A dressing is a barrier between the wound and possible infection and cannot work effectively if wet. If it does get wet it will need to be changed by removing the wet plaster completely. Then clean the area with soap and water and dry it thoroughly with a clean towel or a hairdryer, before applying a clean dressing.

Follow-up

You will spend the first couple of nights after the operation in hospital. Five to seven days after you go home, you will have an appointment to see the nurses in the plastics dressing clinic. The nurses will check the skin wound is healing and change the dressings. They will arrange to see you and monitor the wound healing and drainage over the following weeks. If the stitches in the skin are the non-dissolving type, these will be removed two weeks after the operation.

The result from the operation may take four weeks or more to be processed. You will have an appointment to see your doctor when the results are ready.

Main risks and side effects

Pain

Your surgeon will inject long-lasting local anaesthetic in the wound to reduce your

discomfort when you wake up. You will have regular painkillers prescribed and the option of further pain relief if you need it. It is important you tell the nurse looking after you if you are in pain so we can make you as comfortable as possible. When you go home it is important to take your painkillers regularly in the first couple of days to minimise the discomfort.

Bleeding

A small amount of bleeding into the dressing after the operation is normal. If this happens the dressing will be changed before you go home. If a bigger bleed is identified by the nurses or doctors looking after you, it will be assessed and may result in going back to the operating theatre for the bleeding to be stopped. Although very uncommon, if bleeding appears after you have gone home and the dressing becomes soaked with blood, please return to the Royal Free Hospital's A&E department. Inform the staff you are a patient of the plastic surgery team and they will notify the team to come and help you.

Infection

At the time of the operation you will be given a prophylactic antibiotic. This is a dose of antibiotic to stop infection occurring, rather than treating an infection. Usually you will also be given five days' of antibiotics to take home with you as further infection prevention.

If you notice increasing pain, fever, an unpleasant odour or yellow/green fluid coming through the dressing, you may still have developed an infection. Please contact the plastic dressing clinic to be seen as soon as possible if this happens.

Wound breakdown

The wound can open again after the operation and we may treat this with dressings or, very occasionally, we may need to operate again.

Prolonged drainage

When the operation is completed, the surgeon places two plastic drains in the neck to drain away any excess fluid. One of them is usually removed before discharge, but it is common for a drain to be left in the wound when a patient goes home. The drain will be connected to a plastic tube and normally clipped to your waistband, so you can move freely without tugging the tube. You will be given instructions on how to measure how much fluid has drained on a daily basis along with a contact number to ring to inform us of the amount. When you drain less fluid than 30mls over a 24 hour period, we will advise you to come in so we can remove the drain. This is a simple procedure and is usually done in the dressing clinic. It is normal to require a drain for two weeks.

Some people will drain fluid for over six weeks. At this point we may advise you to have another operation, so we can identify the leak and fix it.

Nerve damage

Nerves to your face, tongue and shoulder travel through your neck and will be visible to your surgeon during the operation. In some cases the cancer is attached or has encased a nerve so the nerve may have to be removed or be damaged as a result. Your surgeon will of course do everything to avoid this happening.

The specific nerves that may be affected can be discussed at your consultation with the doctor.

Lymphoedema

Lymphoedema is a collection of fluid. It is quite often a short-term side effect of surgery, but if it persists and either your face or neck feels swollen you will be referred to a specialist lymphoedema service in your local area.

Further questions?

If you have any further questions or concerns regarding your operation, you can contact the skin cancer clinical nurse specialists on the numbers below.

Useful contacts:

Skin cancer nurse specialist – 020 7794 0500, bleep 1984
Skin cancer nurse specialist – 020 7794 0500, bleep 1454
Day surgery – 020 7794 0500 ext 38586
Plastic surgery dressing clinic – 020 7794 0500 ext 31312

If you would like a large print or audio version of this information, please ask a member of staff.

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