

Post-operative instructions following

Neck Dissection

Neck Mass Excision

General:

Neck dissection and excision of neck mass procedures are performed to remove both benign and malignant tumors, enlarged or abnormal/malignant lymph nodes, and congenital cysts. You may be hospitalized for one or two nights following your procedure. Your surgeon will see you each day of your hospitalization to ensure that you are recovering well. A small drain may be placed in the neck to prevent accumulation of blood and fluid under the skin flap following surgery, and this is typically removed prior to being discharged from the hospital.

Diet:

Unless otherwise directed, you may have liquids by mouth once you have awakened from anesthesia. If you tolerate the liquids without significant nausea or vomiting then you may take solid foods without restrictions. Generally patients experience a mild sore throat for 2-3 days following neck surgery. This usually does not interfere with swallowing.

Pain Control:

Patients report moderate neck pain for several days following neck dissection or neck mass excision. This is usually well controlled with prescription strength oral pain medications. Please take the pain medication as prescribed by your surgeon when needed. You should avoid non-steroidal anti-inflammatory drugs (NSAIDS) such as aspirin, ibuprofen, naproxen (Excedrin®, Motrin®, Naprosyn®, Advil®) because these drugs are mild blood thinners and will increase your chances of having a post-operative bleed into the neck tissues or neck wound.

Activity:

Sleep with the head of bed elevated for the first 48 hours. You may use two pillows to do this or sleep in a reclining chair. Gentle rotation, flexion and extension of the head and neck are permitted. Do not strain or lift objects greater than 20lbs for 2 weeks following the surgery. You should typically plan for 1 week away from work. If your job requires manual labor, lifting or straining, then you should be out of work for approximately 2 weeks, or limited to light duty until the 2 week mark.

Wound Care:

Do not wash or manipulate the neck wound for 48 hours following the surgery (except to apply ointment). Please take a moment to look at the wound in the mirror prior to your discharge from the hospital. You will find that the skin has been closed with sutures or staples that will be removed at your follow-up appointment. Mild redness and swelling around the wound is normal and will decrease over the 2 weeks following surgery. If you have questions about the appearance of the wound please ask your nurse or surgeon prior to discharge from the hospital. If a drain has been placed in the neck, this will be removed prior to your discharge from the hospital unless otherwise directed by your surgeon.

Once you are home, apply a thin layer of the prescribed antibiotic ointment to the wound 2 times daily. This is best accomplished by washing your hands thoroughly with soap and water and then gently coating the wound with ointment using your finger. You may shower and allow the wound to get wet 48 hours following the surgery. Allow soap and water to run over the wound. Do not scrub or manipulate the wound for 7 days. Do not soak the wound in a bath tub. Pat the area dry; do not rub it with a towel. You may gently lather the wound with soap and water, but do not scrub or apply tension to the wound edges.

Follow-up Appointment:

Your follow-up appointment in the office will be 1-2 weeks following your surgery. This visit should be scheduled prior to your surgery (at the time of your pre-operative visit). If you do not have the appointment made, please contact our office when you arrive home from the hospital. At the post-operative visit the pathology report is reviewed and your sutures or staples are removed. For large or previously irradiated skin wounds, staples may be left in place for 10-14 days.

Please call our office immediately if you experience:

- *Difficulty breathing or swallowing**
- *Acute neck swelling**
- *Progressive neck enlargement or pressure**
- *Persistent bleeding from the wound**
- *Fever greater than 101 degrees Fahrenheit**
- *Purulent discharge (pus) coming from the wound**
- *Increasing redness or pain around the wound**