

Post-operative Instructions following

Neck Dissection

Neck Mass Excision

General:

Neck dissection and excision of neck mass procedures are performed to remove malignant and benign tumors, abnormal/malignant lymph nodes or congenital cysts. You *may* be hospitalized for one night following your procedure. Your surgeon will see you each day of your hospitalization to ensure that you are recovering well. A small plastic drain *may* be placed in the neck to prevent accumulation of blood under the skin flap following surgery.

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 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. Please contact our office (602) 258-9859 if your pain is not controlled with your prescription pain medication.

Activity:

Sleep with the head 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 is permitted. No heavy lifting or straining for 2 weeks following the surgery. You should plan for 1 week away from work. If your job requires manual labor, lifting or straining then you should be out of work for 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). The neck dressing (if applied) will be removed on the morning following your surgery. Please take a moment to look at the wound in the mirror prior to your discharge from the hospital 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 3 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. If you have a history of eczema then apply Vaseline petroleum jelly to the wound 3 times daily instead of the antibiotic ointment. 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. Pat the area dry; don't rub it with a towel. After 7 days you may gently lather the wound with soap and water.

Follow-up Appointment:

Your follow-up appointment in the office will be 5-8 days 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 postoperative

visit the pathology report is reviewed and your sutures or staples are removed. For large wounds, staples may be left in place for 10-12 days.

***PLEASE CALL OUR OFFICE IMMEDIATELY IF
YOU EXPERIENCE:***

***Difficulty breathing or swallowing**

***Neck swelling**

***Bleeding from the wound**

***Fever greater than 101 degrees Fahrenheit**

***Purulent discharge (pus) coming from the wound**

***Increasing redness around the wound**