



NECK SURGERY

Department of Otolaryngology – Head and Neck Surgery
VCU Health Systems

I. Neck Surgery Basics

Surgery of the neck is performed to remove a variety of benign or cancerous growths of the neck. These include growths arising in lymph nodes, saliva glands, and the thyroid glands. Your surgeon will have explained to you the precise reason for the surgery being planned. If you have any further questions about why your surgery is being recommended, ask your surgeon or a nurse immediately.

Neck surgery is usually performed under general anesthesia. Some limited procedures may be performed under local anesthesia, with or without sedative medication given through an intravenous line. An incision is made in the neck to allow the surgeon to identify and remove the growth in question. Depending on the location of the growth, your surgeon will need to identify a number of important structures in the neck, including nerves that give sensation and movement to the face, neck muscles, tongue, vocal cords, and throat, and the major blood vessels that bring blood both to and from the brain, head, and neck. Once the growth has been removed, the incision is closed with sutures or metal clips. A plastic drain tube is often left in the wound and brought out through the skin. This will prevent fluid or blood from collecting in the wound that may affect healing and cause infection. Following the surgery you may stay in the hospital for one or more nights, depending on the extent of surgery and other factors. Your surgeon will tell you when the drain tube and skin stitches or clips are to be removed.

II. Postoperative Issues

- 1. Pain** Most patients will experience mild to moderate pain for 1 – 4 weeks after the surgery. Prescription pain medications may be needed for some or all of that time. A prescription will be given at the time of surgery. Mild discomfort may be treated with Tylenol. Please avoid any ibuprofen-based pain medications (Motrin or Advil), as well as aspirin, as these can lead to postoperative bleeding.
- 2. Antibiotics** Following surgery you may be prescribed an antibiotic medication. All prescribed antibiotics should be taken as directed until completed.
- 3. Diet** Some patients may have mild nausea and even occasional vomiting for one to two days following general anesthesia. Once this subsides, the patient can usually eat a normal diet. There may be some soreness with swallowing due to inflammation of the neck and throat muscles, or from the breathing tube used during general anesthesia. This should resolve over 1 – 2 weeks.
- 4. Activities** It is best to avoid strenuous activities for approximately two weeks following surgery. Significant exertion will raise the blood pressure, again increasing the chance of bleeding. It is also best to avoid bending over, as this will increase blood pressure to the head and neck. Most will find it more comfortable to sleep slightly upright for at least the first few days after surgery.

5. Bleeding Minimal if any bleeding may be seen at the skin suture line for several days following the surgery. Bleeding may also occur under the skin (called a hematoma), and lead to a sudden increase in swelling at the operative site. If you were discharged to home with a drain still in the neck, bleeding under the skin may lead to a sudden increase in output from the drain, in particular red or dark red blood as seen in the drain collection bulb. Severe or prolonged bleeding, either through the suture line or under the skin, should always be reported to your doctor.

6. Fever A low-grade temperature (100.5° or less) is not unusual following surgery. Higher temperatures may be treated with Tylenol. Again, avoid any ibuprofen-based medications (Advil or Motrin), as these may affect bleeding. High fevers (greater than 102.5°) should be reported to your physician.

7. Warning Signs Please call your surgeon or a nurse (see Contacts below) if any of the following occur:

- Severe or prolonged bleeding (see 5 above)
- Fever over 102.5° (see 6 above)
- Prolonged nausea or vomiting (see 3 above)
- Difficulty breathing
- Difficulty swallowing
- Redness and tenderness of neck skin
- Increased neck swelling
- New rash

8. Follow-up Please call: Richmond Medical Commons/Stony Point Office (804) 323-0830
Downtown VCUHS Office – AD Williams Bldg (804) 628-4368

To schedule a follow up visit in _____.

9. Contacts During business hours (Monday through Friday, 8 am – 5 pm) please call the office at which you are usually seen: Richmond Medical Commons/Stony Point Office (804) 323-0830; Downtown VCUHS – AD Williams Building Office (804) 628-4368. Ask to talk to a nurse or your doctor. After business hours (5 pm – 8 am and weekends) please call the VCU Health Systems page operator at (804) 828-0951 and ask to speak to the otolaryngologist (Ear, Nose and Throat doctor) on call.