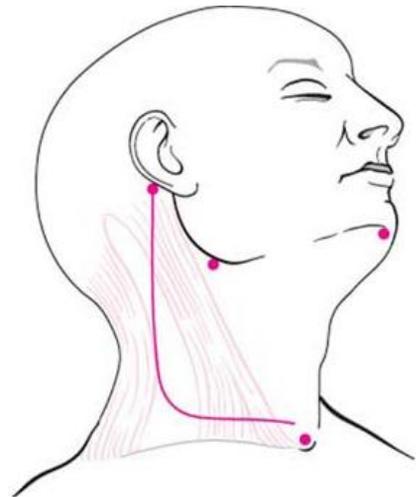


# Neck Excision Post-Operative Care



## What does the surgery involve?

David will make a large incision to gain access to the lymph nodes in the neck. The cut usually starts just underneath the chin and extends downwards towards the collar bone before arching upwards to end behind the ear.

This flap of skin is lifted off the tissues of the neck to expose the lymph nodes. Once the lymph nodes have been removed the flap of skin is replaced with stitches or clips. At the end of the operation a few tubes are placed through the skin into the wound to drain any blood that may collect. These usually stay in place for a couple of days before being removed.

## Time Off Work / School

Plan for 1 week away from work. If your job requires manual labor, lifting or straining then you shouldn't work for 2 weeks. We recommend limiting to light duty until the 2week mark.

## Wound Care

Do not wash or manipulate the neck wound for 48 hours following the surgery (except to apply ointment). Sleep with your head elevated for the first 48 hours. You can use two pillows to do this or sleep in a reclining chair. You may rotate, flex and extend your head and neck very gently. Do not heavy lift or strain your head and neck for at least 2 weeks following the surgery.

## How do I clean the area of my incision?

You can take a bath or shower 48 hours *after* surgery, but do not submerge the wound under water.

## Recurrence

Every effort is made to remove the entire cyst and tract associated with either a branchial cleft cyst or thyroglossal duct cyst, however sometimes there are tracts that are not easily identifiable. Most patients do not have any problems with recurrence. If it does recur, then further treatment would be needed

## Further Treatment

While unlikely, if a cyst were to recur, further treatment may be needed. In addition, lymph node biopsies could diagnose a condition such as cancer or lymphoma that would need further treatment

## Nerve Damage

The nerves that move the tongue (hypoglossal nerve), shoulder (spinal accessory), and vocal cords (recurrent laryngeal) all may travel near the cyst. The risk of injury to these nerves is very rare.

## Scarring/Poor Cosmetic result

Despite careful planning and closing of the incision it is possible to have undesirable scarring. If you are dissatisfied with your incision after it has completely healed, it is possible to have a scar revision.

## Post Op Appointment

The skin stitches or clips will be removed around a week following surgery. The skin of your neck will feel numb for several months after surgery as a result of bruising to the nerves.

## Pain

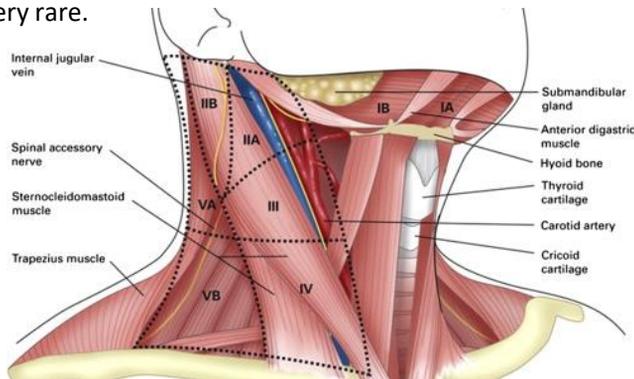
Some discomfort is to be expected and is usually worse for the first few days although it may take a couple of weeks to completely disappear.

## Infection

This is possible with any surgery, although the risk is low. If an infection occurs antibiotics may be needed. Rarely the infection needs to be drained. Please contact the Tūhauora Clinic if you notice increasing redness around the incision or drainage from the incision.

## Bleeding

There is a very low risk of bleeding during and after surgery. The large vessels of the neck-- the carotid artery and internal jugular vein, are usually intimately associated with the wall of the branchial cleft cyst. Great care is taken to dissect those away from the cyst. Injury to these vessels is very rare.



## Emergency:

Difficulty breathing or swallowing, Neck swelling, Bleeding from the wound, High Fever, Pus coming from the wound or Increasing redness around the wound

## Contact:

Tūhauora Clinic	Ph: 09 55 33 781
Whangārei Hospital	Ph: 09 430 4100
Kaitaia Emergency	Ph 408 9180
Ambulance	Ph: 111