Willamette ENT
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Information on

Neck Node and Neck Dissection

Lymph Nodes:
Each side of your neck has more than 20 lymph nodes. These nodes drain fluid from the face, mouth, and throat. The nodes may be enlarged due to infections (viral or bacterial) or nests of cancer cells (metastases).

Neck Dissection:
The purpose of a neck dissection is to remove the lymph nodes at most risk for the presence of cancer cells. Head and neck cancers spread to nodes in a relatively predictable pattern, allowing the surgeon to fairly reliably remove the nodes at most risk for cancer cells by dissecting the tissues in specific areas of the neck. This is done in order to spare other areas of the neck from the surgery. Some patients have CT scans done before surgery to help plan for the surgery.

The neck dissection starts with an incision through the skin, the exact location varies from patient to patient. You may ask your surgeon to illustrate the planned incision. Next the fat and lymph nodes in the desired areas are removed. The surgeon attempts to spare as much normal tissue as possible, but cancer cells do not respect tissue boundaries and frequently invade other healthy tissue.

Some structures that are commonly removed are the internal jugular vein (IJ), the sternocleidomastoid muscle (SCM), and the spinal accessory nerve (XI). There are usually little noticeable effects from removing one IJ. The SCM runs from behind your ear down to your collarbone and helps turn your head left and right. The spinal accessory nerve controls the SCM and the muscles that help shrug your shoulder. If part of the SCM is removed, it may be painful to raise your head off the pillow for several days; you may place your hand behind your head when sitting up during this healing time.

Your neck may appear thinner on the side that the SCM is removed. If part of the spinal accessory nerve is cut, you may notice trouble raising your shoulder or raising your outstretched arm out sideways above horizontal.

Ask your surgeon about daily exercises to maintain good shoulder mobility. Some patients see a physical therapist to learn these exercises. The greater auricular nerve runs right across the incision and must often be cut for access to deeper tissues. If the nerve is cut, the area around the earlobe will be numb.

Questions: Ask your surgeon if you have other questions or concerns.