Composite Neck Dissection

Pre-Operative Instructions
Your surgeon has advised you to have an operation called a ‘Composite Neck Dissection’. This surgery is done to remove tumours of the mouth, base of tongue, tonsil, cheek and/or jaw bone. The area may be rebuilt with tissue from other parts of the body.

The following information is only a guide. Each individual’s progress is different so your treatment plan may be slightly different than the one outlined here.

The Nurse Clinician, Social Worker and Physiotherapist are available for any additional information and support you may require during your hospital stay.

Pre-Admission Clinic

- The Pre-Admission clinic will contact you with an appointment date. This may be in person or by telephone.
- If the appointment is in person, you can expect to be in the clinic between 2 and 4 hours. You are encouraged to bring a support person with you.
- You will be seen by an Anesthesiologist. They will review your medical history, examine your heart and lungs, review diagnostic tests and consult to make sure you are prepared for surgery. They will also review the medications you are to take before surgery, discuss the anesthetic drugs and pain management.
- A registered nurse will review your medication and health history. The RN will provide teaching about preparing for you hospitalization and planning of your discharge home.
- Blood tests and electrocardiograms will be done if required. If other diagnostic tests or consults are required, they will be arranged.
- You may see a speech language pathologist in the clinic. The speech language pathologist will be involved in your care following surgery and providing information about swallowing and speech.
- You may see a dietitian in the clinic. The dietitian will be involved in your nutritional care following surgery.
Before Surgery

- **Do not eat or drink**, including water after midnight the night before your surgery.
- The anaesthetist in the Pre-Admission Clinic will inform you which medications to stop prior to surgery and which to take on the day of surgery. Take these medications only with a sip of water.
- If you take blood thinners (such as warfarin, aspirin) ask your surgeon when you should stop taking these prior to your surgery.
- Discuss and make plans with your family for transportation home after surgery. You can expect to be discharged in 7 to 8 days after surgery.
- If you know or think you will need help, unable to return home or can see any other problems with going home after surgery, please inform your surgeon prior to your surgery. The surgeon can connect you with the Nurse Clinician who can help you organize and arrange plans.
- Leave all personal valuables at home. The hospital is not responsible for any lost or stolen items.
- Remove all make-up, false eyelashes, wigs, hair pins, jewellery, and nail polish. Acrylic nails (without polish) may be left on.
- If you choose to keep glasses, contact lenses and dentures until just before your surgery, **remember** the hospital is not responsible for any lost or stolen items.

Day of Surgery

- Shower in the morning prior to coming to the hospital.
- Come to the Admitting Department with your toiletries, slippers and items of personal care (including, your care card and all medications, labelled in their original containers).
- You will be directed to a room where a nurse will get you ready for your surgery.
- A family member or friend may accompany you until you go into the operating room.
Following Surgery

- You will be taken to the recovery room and staying overnight. The length of stay in the recovery room varies with each person. Once you are stable, you will be transferred to the nursing unit.
- Please have one contact person if you wish to have the surgeon speak to your family after surgery. Ask your nurse where your family member should wait or tell the nurse at which number he/she can be reached upon.
- You may have an overhead heater above your bed for 3 days to promote healing and blood flow to your surgical sites.
- You will be unable to speak for several days due to the breathing tube (tracheostomy) placed in your throat. You can communicate by writing, hand movements, gestures etc.
- You are encouraged to express and communicate your feelings or concerns regarding surgery with the doctors and nurses.
- The breathing tube will be assessed and cleansed by the nurse.
- The nurse will monitor your vital signs (blood pressure, pulse, breathing), including the incision, graft and donor site every hour for the first 24 hours.
- Your graft will be wrapped in a tensor bandage for 5 days and elevated on a pillow. The nurse will check the circulation to that area regularly.
- The nurse will assist you to rinse your mouth every 2 to 4 hours.
- You will frequently be asked to rate your pain by using a pain scale. Pain can prevent you from moving, deep breathing and sleeping, all of which could slow your recovery. The nurse will teach you how to cope with the pain and give you medications as needed. It is important you inform the nurse if the medication is not keeping you comfortable.
- You may have some mild shoulder, neck or back discomfort due to the carbon dioxide gas used during surgery. This discomfort will go away within 1 to 2 days.
- The nurse will help you change positions while you are in bed; assist you with deep breathing, coughing and leg exercises every 2 hours to prevent pneumonia and blood clots.
- You will have a small tube (entriflex) in your nose to your stomach. You will be feed through this tube until you are able to take something orally by mouth (usually within 7 to 10 days after surgery).
- Fluids will be given to you through an intravenous (IV).
- You may have a hemovac drain coming from your incision to drain fluid from the operative area. The nurse will empty the drain.
- You will have calf compressors (inflatable wrappers) to massage your legs while in bed. These will be removed before you get out of bed. Once you are able to walk 2 to 3 times within a day; you can stop wearing the calf compressors.
- You may have a small tube (catheter) in your bladder to help you pass urine. Although, this tube is not painful you may have an urge to go to the bathroom. The tube will be removed once you are able to mobilize.
Day 1 & 2 after surgery

The surgeon and surgical residents will examine you daily throughout your hospital stay.

- The nurse will monitor your vital signs (blood pressure, pulse, breathing), including the incision, graft and donor site.

- You will continue to have:
  - an overhead heater
  - breathing tube (tracheostomy)
  - your graft elevated on a pillow
  - nutrition through the feeding tube in your nose

- Your pain level will be monitored regularly and medications will be given as needed. Inform the nurse if the medication is not keeping you comfortable.

- The hemovac drain will be removed when the amount of the drainage is minimal and clear. Some fluid may leak from the opening after the drain is removed. If this occurs, a small dressing may be applied until the drainage stops.

- The nurse will help you change positions while you are in bed; help you perform deep breathing, coughing and leg exercises every 2 hours to prevent pneumonia and blood clots.

- The nurse and physiotherapist will listen to your chest, help you sit on the edge of the bed and help you go for a short walk twice a day. After each walk, try to sit up in the chair for at least 20 to 30 minutes.

- The physiotherapist will teach you how to perform Neck and Shoulder exercises to reduce stiffness. Do these exercises as frequently as the pamphlet indicates.

- The nurse will help you to get up in a chair and assist you with morning care.

- The nurse will assist you to rinse your mouth every 2 to 4 hours.

- You may have a small tube (catheter) in your bladder to help you pass urine. This tube will be removed when you are able to mobilize.

- The Nurse Clinician and Social Worker will discuss your plans of going home. They are available if you need any help.

Day 3, 4 & 5 after surgery

- The nurse will monitor your vital signs (blood pressure, pulse, breathing), including the incision, graft and donor site.

- The overhead heater will be removed from your bed.

- The breathing tube will be assessed and cleansed by the nurse. The doctors will try changing the tracheostomy tube to a smaller size.

- Continue to perform deep breathing, coughing and leg exercises every 2 to 3 hours. As well as the Neck and Shoulder exercises.

- Try to gain your independence (ask your nurse for help as needed):
  - perform your own morning care
  - rinse your mouth every 2 to 3 hours
  - walk 3 to 4 times a day and sit in a chair for 20 to 30 minutes after each walk.

- The doctors will remove the graft dressing 5 days after your surgery. Keep your graft elevated on a pillow and try not to bend or flex (hyperextend) the graft site.
Day 6 & 7 after surgery

- The nurse will monitor your vital signs (blood pressure, pulse, breathing), including the incision, graft and donor site.
- The breathing tube will be assessed and cleansed by the nurse. The doctors will try plugging (corking) the tracheostomy tube. During this time you may use your own voice to speak.
- If you are able to keep the tracheostomy tube plugged for 24 hours straight, the doctors will remove the tracheostomy tube. The doctors may decide to insert a suture to help close that opening or may apply a small dressing to the site.
- Apply firm pressure with your fingers to the site when coughing or speaking. This will allow the site to heal and seal over.
- Once the site has sealed over, a speech language pathologist will be able to assess your ability to swallow (usually done 7 or 8 days after surgery).
- When you pass the swallowing test, the speech language pathologist will make recommendations for your diet texture. Generally one starts with clear fluids, advances to full fluids to pureed and then soft regular diet.
- Continue being independent with your morning care, oral mouth rinses, walking and with the Neck and Shoulder exercises.
- Approximately 7 days after surgery, half of your neck and arm/legs staples will be removed. If you have had radiation or chemotherapy treatment, the staples will remain in place until 10 to 14 days after surgery.

Day 8 & 9 & 10 after surgery

- The Nurse Clinician will arrange home care nursing for you upon discharge from the hospital. The home care nurse will monitor your surgical sites and nutritional intake.
- The Social Worker will arrange any home-making services you may require upon discharge.
- The nurse will monitor your vital signs (blood pressure, pulse, breathing), including the incision, graft and donor site.
- You will now be able to breathe and speak on your own.
- The remaining staples will be removed.
- Your diet texture will be advanced as per your tolerance level. If you have difficulty swallowing, you may need to continue with tube feedings for a short while. You will be taught how to mange the tube feedings at home.
- You should be independent with your personal care and activity level.
- Arrangements for discharge and transportation home will be finalized.
- When you are doing well from your surgeon’s perspective, you will be discharged home with a pain prescription to control your pain.
- Follow the directions in the ‘Going Home after a Composite Neck Dissection’ pamphlet to care for yourself after surgery.
Questions to Ask Hospital Staff

After reading this booklet, you may have some questions. Feel free to write them down here to ask your surgeon and/or nurse clinician.

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The information in this document is intended solely for the person to whom it was given by the health care team.

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