

## Otolaryngology Specialists of North Texas

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**Otolaryngology  
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**Post-operative instructions following Neck Dissection for Dr. Greg Rohn, Dr. Brad Gamble and Dr. Michael Kubala of Otolaryngology Specialists of North Texas. Offices are located in Plano-Frisco and Dallas.**

### **Recovery:**

Recovery from anesthesia usually occurs over several hours. Following the surgery, the patient is transported to the recovery room where they are observed for approximately 1-2 hours. They are then transferred to the postoperative medical ward, where they are kept overnight. During the remainder of the first day, the patient is typically groggy and tired, but progressively improves. The patient is typically discharged once they have demonstrated the ability to eat/drink normally, ambulate well, and their pain is under control. All of this typically occurs over the first 2-5 days.

### **Diet:**

The patient is typically given clear liquids either in recovery, or upon transfer to the floor. Depending on the level of grogginess, throat discomfort, and whether they have nausea, the patient's diet is advanced to a regular diet rapidly over the first and second day. Upon return home, there are no dietary restrictions.

### **Activity:**

We typically have the patient maintain head elevation while in bed during the first week. This reduces swelling and discomfort. We suggest no heavy lifting or vigorous activity during the first week. We would request that the patient not travel out of the DFW area during the first week.

### **Instructions/expectations:**

**pain:** The pain following a neck dissection is typically mild to moderate. Most patients have good pain control with Tylenol, or a mild oral narcotic pain medication for the first few days after surgery. We do ask the patient to avoid NSAID's like Motrin, ibuprofen, Advil, Aspirin, or Aleve. It is common to have some mild throat pain for a day or two after this surgery due to the proximity of the surgical site to the throat, and the breathing tube which is in place during the surgery.

**nausea:** Nausea is occasionally present after a general anesthesia. If present in the hospital, the nursing staff can administer anti-nausea medications. If present after discharge, anti-nausea medications can be called in by your surgeon or their office staff.

**fever:** Fever is not expected after a neck dissection. If a fever over 100 is present, please call the physician.

**swelling:** Typically, the lower neck does mildly swell during the first 24-48 hours, then the swelling slowly subsides over a period of 1-2 weeks. If there is progressive swelling of the surgical site, please contact your surgeon. Some firmness of the region around the incision is common for several months after surgery.

**numbness:** Most patients have numbness of the region around the incision for a period of weeks - to-months. The ear is often numb for a longer period of time.

**shoulder weakness:** Commonly the patient experiences temporary weakness of one of the muscles in the shoulder region. This resolves slowly over several months after the procedure.

**drains:** Occasionally the patient is sent home from the hospital with a surgical drain in place. This is easy to take care of, and the patient is informed about drain care by the nursing staff prior to discharge.

**incision care:** The surgical incision is typically closed with absorbable sutures under the skin, steri-strips (tape affixed to the skin), or sutures on the skin. Your surgeon will update you on which method of closure was used, and how the incision is to be cared for.

**Medications:**

Pain medication(s) as per your surgeon’s instructions. Commonly used medications include acetaminophen or prescription acetaminophen/hydrocodone. Antibiotic if prescribed by your surgeon.

**Follow-up appointment:**

A routine follow-up visit is usually made for about one week after surgery. This appointment is made by the office staff when the patient calls to set up surgery.

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