



Dr. Scott Pargot

Dr. Nathan Sanders

## Excision of Neck Mass

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**General:** Neck masses can occur for a number of reasons.

The most common causes in patients include the following:

- Reactive adenitis
- Primary bacterial lymph node infection
- Systemic infections
- Reactive adenitis occurs in response to viral or bacterial infection somewhere in the oropharynx. Some systemic infections (eg, mononucleosis, HIV, TB) cause cervical lymph node enlargement—usually generalized rather than isolated.
- Congenital disorders may cause a neck mass, typically longstanding. The most common are thyroglossal duct cysts, branchial cleft cysts, and dermoid or sebaceous cysts.
- Cancerous masses are more common among older patients but may occur in younger ones. These masses may represent a local primary tumor or lymph node involvement from a local, regional, or distant primary cancer. About 60% of supraclavicular triangle masses are metastases from distant primary sites. Elsewhere in the neck, 80% of cancerous cervical adenopathy originates in the upper respiratory or alimentary tract. Likely sites of origin are the posterior-lateral border of the tongue and the floor of the mouth followed by the nasopharynx, palatine tonsil, laryngeal surface of the epiglottis, and hypopharynx, including the pyriform sinuses.
- The thyroid gland may enlarge in various disorders, including simple nontoxic goiter, subacute thyroiditis, and, less often, thyroid cancer.
- A submandibular salivary gland can enlarge if it is blocked by a stone, becomes infected, or develops a cancer.

### Before Surgery:

- Nothing to eat or drink, including water, after midnight the night before surgery.
- All forms of aspirin should be stopped two weeks before surgery. This includes Bufferin, Anacin, Excedrin, and Alka-Seltzer.
- All Ibuprofen (Motrin, Advil) and Naproxen (Aleve) products should be stopped one week prior to the surgery.
- Anticoagulants (blood thinners) usually need to be stopped several days before surgery. Oral medications may need to be replaced with injected or intravenous (IV) medications. It is extremely important that both your surgeon and your physician (who has ordered the anticoagulants) discuss the optimum timing for stopping these medicines. Please be aware that many drugs and herbal products may be anticoagulants (blood thinners) although they are not used for that purpose.
- Tylenol (acetaminophen) can be used.



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- The Hospital or Ambulatory Surgery Center will contact you about any prescription medication you might be taking. They will also inform you of what time they would like you to arrive for your surgery.

**Risks and Complications:** There are many nerves that travel in the neck. Incisions and surgeries are planned, not just to minimize scarring, but also to try and protect the nerves. Bleeding and infection are possible, as with any surgery. Temporary numbness around the incision site is common and will usually resolve within a few weeks after surgery, but can sometimes be permanent.

## Post-op instructions

**Diet:** Unless otherwise directed, you may have liquids by mouth once you have awakened from anesthesia. If you tolerate the liquids without significant nausea or vomiting then you may take solid foods without restrictions.

Generally patients experience a mild sore throat for 2-3 days following neck surgery. This usually does not interfere with swallowing.

**Pain Control:** Patients report moderate neck pain for several days following neck mass excision. You will be prescribed pain medication prior to surgery. Please use as directed. You should avoid non-steroidal anti-inflammatory drugs (NSAIDs) such as aspirin, ibuprofen, naproxen (Excedrin®, Motrin®, Naprosyn®, Advil®) because these drugs are mild blood thinners and will increase your chances of having a post-operative bleed into the neck tissues or neck wound. Please contact our office (406) 204-2409 if your pain is not controlled with your prescription pain medication.

**Activity:** Sleep with the head elevated for the first 48 hours. You may use two pillows to do this or sleep in a reclining chair. Gentle rotation, flexion and extension of the head and neck are permitted. No heavy lifting or straining for 2 weeks following the surgery. You should plan for 1 week away from work. If your job requires manual labor, lifting or straining then you should be out of work for 2 weeks or limited to light duty until the 2 week mark.

**Wound Care:** Do not wash or manipulate the neck wound for 48 hours following the surgery. You may shower and allow the wound to get wet 48 hours following the surgery. Allow soap and water to run over the wound. Do not scrub or manipulate the wound for 7 days. Pat the area dry; don't rub it with a towel. After 7 days you may gently lather the wound with soap and water. Mild redness and swelling around the wound is normal and will decrease over the 2 weeks following surgery.

**Follow-up Appointment:** Your follow-up appointment in the office will be 7-10 days following your surgery. If you do not have the appointment made, please contact our office when you arrive home from the hospital. At the post-operative visit the pathology report is reviewed and your sutures or staples are removed.



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Please call our office immediately if you experience:

- \*Difficulty breathing or swallowing
- \*Neck swelling
- \*Bleeding from the wound
- \*Fever greater than 101 degrees Fahrenheit
- \*Purulent discharge (pus) coming from the wound
- \*Increasing redness around the wound

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## **Possible Risks and Complications:**

- **Hematoma:** this is a bruise or a collection of blood under the skin. This does not happen often, however if it does the area would need to be treated by your doctor.
- **Infection:** Infection is possible, as with any surgery. There is not a high incidence of infection with this type of surgery, but if infection did occur it would need to be treated with antibiotics.
- **Facial Nerve Injury:** There are many nerves which travel in the neck. Incisions are planned not just to minimize scarring but also to try to protect these nerves. It is rare to have permanent paralysis of the nerve branches; it happens more in reoperations for tumors that have returned. If nerve injury happens a special treatment/ surgery may be necessary.
- **Recurrence of the Tumor:** There is a risk that the tumor will return. The chance of this depends on the tumor type and if the tumor was malignant or benign. Benign tumors may return many years later. It is important to have routine examinations following your surgery.

If you have read this completely and agree to proceed with the surgery, please place your signature below.

Patient or Legal Guardian\_\_\_\_\_

Date\_\_\_\_\_



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