

Upper Cape Ear, Nose & Throat, PC

Douglas G. Mann, MD, FACS
200A Jones Road, Falmouth, MA 02540 ~ 508.540.0900

EXCISION OF A NECK MASS

Purpose

Neck masses can occur from a number of causes. The most common cause is an enlarged lymph node. Lymph nodes can enlarge from infection. They can also enlarge due to involvement with tumor. The lymph node is removed to determine the cause of the enlargement.

Cysts can also cause neck masses. The cyst is left over from fetal development. The cyst should be removed to prevent it from becoming infected.

It is possible to develop tumors originating from nerves, fat, or muscle. These tumors can be benign or malignant.

Procedure

Removal of the neck mass is done in a hospital or surgicenter. Local or general anesthesia can be used depending on the age of the patient, and the location of the neck mass. An incision will be made in the skin, the surrounding tissues will be separated, and the mass removed. The incision will then be carefully sewn closed. If necessary a drain will be placed to prevent formation of a blood clot. The patient will then go to the recovery room. Most patients will be able to go home the same day. Patients with more extensive procedures may need to stay overnight. Patients can resume a regular diet immediately after the surgery.

Recovery

After discharge patients should rest at home with the head elevated. This minimizes swelling, pain, and bleeding. There will be some pain, but a narcotic will be prescribed to minimize discomfort. The incision should be cleansed with peroxide twice a day. A light coating of antibiotic ointment (Neosporin, Polysporin, etc.) is then applied to speed healing. The sutures will be removed during the first post-op visit one week after the surgery. Most patients can resume most of their normal activity after one week.

The incision will be noticeable at first, but as the months go by it should settle down to a fine white line, which should camouflage with the natural creases of the neck.

Risks and Complications

There are many nerves that travel in the neck. Incisions are planned not just to minimize scarring but also to try to protect these nerves. The following nerves travel through the neck and may bear risk during any surgery for a neck mass:

The marginal mandibular nerve travels close to the skin in the region under the jaw.

It moves the lower lip. If this nerve is injured the lower lip will not move properly.

The Spinal Accessory nerve travels along the side of the neck. It moves the trapezius muscle. If this nerve is injured it will cause difficulty with raising the arm over the shoulder level on the affected side.

The hypoglossal nerve runs below the jawbone, deep in the neck. This nerve moves half of the tongue. If it is injured the tongue will not move properly, which may cause difficulty with speech or swallowing.

The vagus nerve runs vertically through the neck just to the side of the voice box. This nerve moves the vocal cord on one side. If it is injured the vocal cord will not move normally, resulting in hoarseness.

The superior laryngeal nerve runs deep in the neck. It provides sensation to the voice box and helps move one on the muscles in the voice box. If this nerve is injured it will cause loss of sensation in the voice box. This can create problems with aspiration of food into the windpipe. There may also be problems with the pitch of the voice.

The incision will be carefully planned and sewn to minimize scarring. It is possible for the incision to heal with an unsatisfactory appearance. Scar revision is possible if this is the case.

Bleeding and infection are possible, as with any surgery. There is not a high incidence of either of these complications with this type of surgery.

I have read, understand, and accept the risks and possible complications of this operation. Alternative treatments have been discussed with me and I want to go ahead with the surgery.

Patient's signature

Date

Witness