

WHAT YOU NEED TO KNOW: NECK SURGERY



What is neck surgery?

The two most common types of neck surgeries are:

1. Sistrunk procedure (thyroglossal duct cyst excision)

A thyroglossal duct cyst is a remnant of the development of the thyroid gland. It can occur anywhere between the base of the tongue and the breast bone. Complete removal prevents recurrent infection.

2. Lymph node biopsy

Abnormal lymph glands can occur in the neck due to infection or in rare cases due to certain tumors. Diagnosis and, in some cases, treatment can be achieved with removal of the affected lymph nodes.

Why does my child or youth need this surgery?

Children might need neck surgery if they have:

- a neck cyst
- abnormal lymph nodes

How to prepare for surgery

You should start preparing at least one week before your child's scheduled surgery date. Follow the instructions below and carefully read the *Preparing for surgery* booklet for more detailed information.

1. Make sure your child does not take ibuprofen or anti-inflammatory medications for one week before surgery. Do not give:

- Advil® or Motrin®
- Aspirin®, Aleve® (ASA) or Pepto-Bismol®
- Naprosyn®
- gingko
- St. John's Wort
- garlic and ginseng supplements

2. Give acetaminophen (Tylenol® or Tempra®) and over-the-counter cold medications or antibiotics as needed or prescribed.

3. Tell your doctor if your child bruises easily, or if anyone in your family has had problems with anesthetic or bleeding tendencies.

4. Make travel plans as necessary. We recommend that you stay within one hour of CHEO the first night after surgery. For the next two weeks, you should stay



within three hours of a hospital that has experience with neck surgery patients.

If you live outside of Ottawa, you'll have to plan ahead. Visit www.cheo.on.ca for a list of accommodations near CHEO.

5. Follow the diet and fasting instructions outlined in the *Preparing for surgery* booklet.

What happens during surgery?

Neck dissection is usually performed under general anesthesia. The surgery takes a variable amount of time from 30 minutes to three hours or more. Your child may remain at the hospital overnight and might have a drain in their neck for 1-3 days.

Children and youth are ready to go home about 2-4 hours after the surgery is complete unless they need to stay overnight for observation.

What are the risks?

Your child or youth's surgeon will recommend surgery because the benefits outweigh the risks.

- infection
- difficulty breathing after surgery
- risks of general anesthesia
- nerve injury
- bleeding
- return of the cyst
- swelling at the surgical site

How to take care of your child or youth after surgery

It takes most children 5-7 days to recover after neck surgery.



Pain

Children may experience moderate to severe pain after surgery. Pain medication may be needed around the clock (every 4-6 hours) for the first day. The area around the incision may be numb, but it will often improve with time. Head elevation may improve discomfort.



Medication

- Give Tylenol® every 4-6 hours. Do not give more than five doses in a 24-hour period.
- Give other medications only as prescribed by your surgeon. Morphine or other pain medication may be prescribed.
- Give anti-nausea medication, like Gravol® or stool softeners if required to help with nausea, abdominal pain and constipation.

- Apply Polysporin® or Bactroban® ointment to the wound twice a day, if uncovered, for two weeks



Fever

A low grade fever is normal for a few days after the surgery. Give acetaminophen (Tylenol®) as needed. Call your surgeon's office or go to CHEO's Emergency Department if their temperature is 39°C (102°F) by mouth, or higher.



Wound care

The sutures are usually dissolvable and don't need removal. Steri Strips® (sticky tape) might be placed over the wound. Eventually, these strips will curl at the edges and begin to fall off on their own. There may be a drain in place which will be removed the day after surgery. If you notice bleeding or signs of infection (increased redness/swelling or pus) contact the ENT clinic or ENT on-call doctor, or come to the Emergency Department. Avoid getting the wound wet for at least 48 hours. Clean the wound only as directed with saline or clean water. Avoid submerging the wound in water for two weeks.



Diet

Begin with a clear liquid diet, progress to a soft diet, and then to a normal diet as your child feels like eating.



Nausea and vomiting

Your child might have nausea and vomiting after general anesthetic. This should get better within a few hours. Call your surgeon's office or go to CHEO's Emergency Department if nausea and vomiting lasts for more than 12-24 hours.



Activity

Children may return to school when they are eating and drinking normally, off of all pain medication and sleeping through the night. Light activities may be resumed as soon as your child feels up to it (usually 5-7 days.) Vigorous activity such as team sports, or gym should be avoided for 14 days. Your doctor will notify you of any other restrictions.

Your follow up appointment

If your child or youth requires a follow up appointment, you will be contacted by phone.

Contact information

General inquiries

CHEO ENT clinic nurse
Weekdays 8 a.m. - 4 p.m.
613-737-7600 ext. 3238

ENT on-call doctor
After hours (5 p.m. -8 p.m.) and weekends
613-737-7600 ext. 0 ask for the on-call ENT doctor

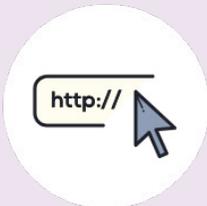
CHEO ENT clinic physicians (Drs. Vaccani, MacCormick, Bromwich, Schramm, Rourke)
Weekdays 8 a.m. - 4 p.m.
613-737-7600 ext. 2706

Emergency

In an emergency call Ontario Tele-Health (1-866-797-0000), go to an after hours clinic or to CHEO's Emergency Department.

Community ENT offices

Dr. Chow: 613-759-0417
Dr. Henry 613-562-9000
Dr. Matyas 613-727-3132
Dr. Scherer: 613-562-9000



Need more information?

[Cheo.on.ca](http://cheo.on.ca) is the best place to find information on CHEO's programs and services and learn about a variety of health topics for children and youth. Visit our online resource section to access CHEO-recommended websites, books, apps, videos and more!