Procedure:

Neck dissection/flap. & Thyroidectomy

Indication:

CA, Grave's disease, goiter.

Description:

Removal of lymph nodes and or thyroid and other tissues from compartment of neck, either lateral or central. Most often involves a pec flap for neck reconstruction. A radical neck dissection includes the removal of all nodal and fibrofatty tissue from levels I to V, including sacrificing the sternocleidomastoid muscle, the spinal accessory nerve, and the internal jugular vein.

Post-op Implications:

Complications:

Vascular injury: hematoma can compromise airway. Keep drains patent.
Chyle leak: injury to thoracic duct can cause a leak of lymphatic fluid into drains. Observe drains for character of contents.
Nerve injury: spinal accessory nerve (shoulder shrug).

Meds:

Thyroidectomy: Prophylactic Abx, Thyroid hormone replacement therapy. IV Rx, will be NPO post-op.

Principles:

Closely monitor electrolytes (thyroidectomy can cause hypocalcemia). Will have multiple percutaneous drains. Sometimes will have continuous Doppler to monitor perfusion of neck flap. Neck flap usually has a pectoral donor, percutaneous drains at donor site as well.

Care Plan:

Monitor airway, wound, drains, neuro exam, continuous pulse monitoring of flap (if applicable), serum electrolytes, monitor neck flap for hypoperfusion, control of nausea and pain, foley care, manage IVF, and skin care.

Course of Care:

POD#1: Depending on severity, may be intubated overnight. OOB if able , advance diet as tolerated unless NPO, restart home Rx as able. Drains will be removed after <30ml output/day.

Room Setup:

Possible vent. Humidified 02, oral suction + extra suction canister, standard IV-pump, possible PCA, SCDs, continuous pulse Doppler machine (if applicable).