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Open Neck Surgery

Neck surgery includes thyroid surgery, neck lump excision, excision of branchial cyst, thyroglossal duct cyst excision, laryngotracheal reconstruction, tracheoplasty, cancer node neck dissection, parotid surgery, submandibular gland surgery and many others that include open incision around the neck. These procedures involve dissection around major structures in the neck: carotid artery, jugular vein, cranial nerves, voicebox, saliva glands and other critical structures. Sometimes a negative suction drain tube is applied to allow vacuum suction of the skin down to the dissected area under the skin. This drain tube may stay for 24-48 hours. Sutures are usually dissolving and do not need to be removed. Most of these procedures result in some discomfort around the area, despite the use of local anaesthetic and oral analgesia. The wound would be waterproof after the first week but be careful with putting too much strain on it. Keep the wound dry for the first week. Avoid carrying heavy loads on the shoulder of the operated side. Upper limb movements and exercises are encouraged. Full diet is expected. Return to gentle activities within a few days and exertional activities after 2 weeks. Some minor swelling and bruising is to be expected.

Depending on your surgery, your surgeon will discuss specific restrictions and post op plans. Most patients will go home on oral antibiotics and pain relief. A follow up review will be undertaken within 1-2 weeks.

If there are any significant concerns, it is recommended that the patient be seen by a doctor either at the GP practice, the Emergency Department, or at our clinic. We are unable to give a safe advice over the phone or email without directly examining the patient. Do not hesitate to contact our office for further advice if required.

