RISKS AND COMPLICATIONS OF NECK EXPLORATION

Purpose of Surgery: ________________________________________________________________

Alternative Treatment: ______________________________________________________________

There are many indications to explore a neck, including but not limited to: removing a suspicious
growth or growths, getting tissue to make a diagnosis, draining an infection or abscess, removing a
foreign body, and looking for evidence of trauma.

As with any surgery, there are both potential benefits and risks. You must keep in mind that you
may not benefit from the surgery. The following information will help you understand the risks of
Neck Exploration. As with any operation, there may be some unanticipated complications in addition
to those listed here.

Bleeding: Substantial bleeding requiring transfusion is extremely rare. A hematoma or collection of
blood under the skin incision is unusual. Removal of the clot may require additional surgery and
prolonged hospitalization.

Infection: Though infection is not common, it is a risk with any surgical procedure. Should infection
occur, it may require prolonged treatment in or out of the hospital. Fortunately, this is a rare
complication. A wound infection occurs in a few cases and is treated with antibiotics and drainage, and
is usually not a serious problem.

Hoarseness / Swallowing Difficulty: The nerves controlling the vocal cords are located adjacent to the
thyroid glands, the trachea and the esophagus, and in front of the cervical spine. Infrequently, the
nerves that control the vocal cord movement may be injured during surgery, causing temporary or
permanent vocal cord weakness and hoarseness. This may also cause problems with swallowing and
aspiration (food or liquid going into the trachea and lungs). Extremely rarely, it would be necessary to
place a tracheotomy (breathing hole in the neck) because of long-term problems with aspiration.

Nerve Injury: There are many nerves in the neck that provide sensation and control specific
movements, including but not limited to: swallowing, speaking, tongue movement, shoulder movement
and diaphragm movement. Although great care is exercised to identify and preserve these nerves, it is
possible to have temporary or permanent loss of function of the nerves. Although temporary weakness
or numbness can occur, it is uncommon. Permanent nerve injury is very uncommon, and could require
additional surgery.

Esophageal Injury or Perforation: The esophagus (swallowing tube) is located deep within the neck
between the trachea (airway) and the cervical spine. Rarely, the esophagus could be injured or
perforated (a hole made between the swallowing tube and the neck). This may require additional
surgery or temporary wound drainage.

Chyle Leak: Chyle is a milky substance produced by your lymphatic system (related to lymph nodes).
Rarely, the ducts carrying this fluid may be injured. Neck surgery low in the neck is at greatest risk.
This may require additional procedures or surgery to correct.

Numbness: A lack of sensation around the area of your incision is very common and can last for
several months. In rare instances, the numbness can be permanent.