



**MARYLAND ENT ASSOCIATES**  
**EAR • NOSE • THROAT**  
**FACIAL PLASTIC SURGERY**

**Proudly Part of Privia Health**

## **Informed Consent for Neck Dissection**

### **Purpose of the Surgery**

This surgery removes lymph nodes and tissues from the neck to treat or evaluate cancer.

### **Alternatives**

- Observation (not usually recommended if cancer present)
- Radiation or chemotherapy alone

### **Benefits**

- Removal of cancer spread in neck
- Staging and better cancer control

### **Risks and Possible Complications**

- Bleeding, infection, pain
- Nerve injury causing shoulder weakness, numbness, or facial weakness
- Swelling or fluid collection
- Visible scar
- Risks of anesthesia
- Rare: stroke or major complications

### **After Surgery**

- Hospital stay usually required
- Drain often placed and removed in days
- Physical therapy may be needed for shoulder function
- Regular follow-up is necessary

### **Patient Acknowledgment**

I understand:

- Why I need this surgery.
- The alternatives.
- The risks, benefits, and possible complications.
- That no outcome can be guaranteed.

I have had the chance to ask questions, and all my questions were answered in a way I understand.

Patient (or Legal Guardian) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician/Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_