Cervical LN Biopsy

Informed consent.

GA

Supine, sandbag behind shoulder.

Incision over nodal (avoid vessels/nerves).

Go through skin, subcutaneous fat and fascia.

Careful haemostasis; ligation of lymphatics.

Dissect free LN. → M+5

Histology: immunohistochemical staining (if lymphoma).

Fix in 10% formalin.

Close in layers with absorbable suture.

LA infiltration for post-op analgesia.

→ If attached to muscle, dissect in line with fibres.

→ Wedge excision biopsy if adherent to major structures.

→ ENT can be involved.

Pre-op ENT assessment to rule out tumour.

Largened tumour needs lymphadenectomy.

Before dissection of cervical nodes,

→ Could affect prognosis.