

Neck dissection for reinnervation

Reinnervation course,

Rouen, May 2019

Step 1: skin incision

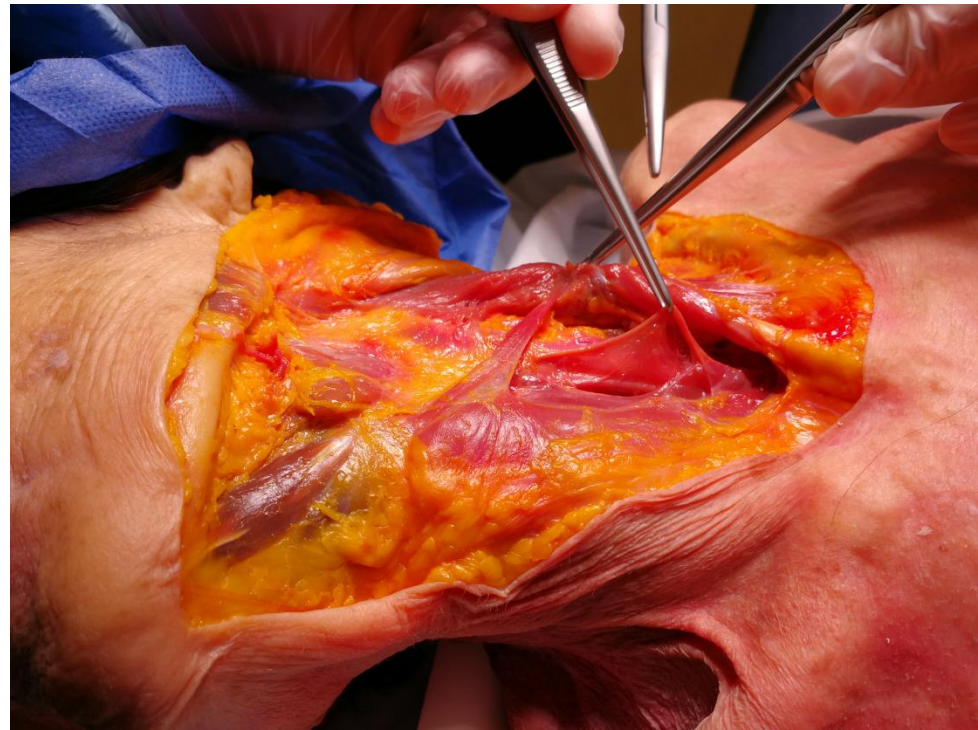
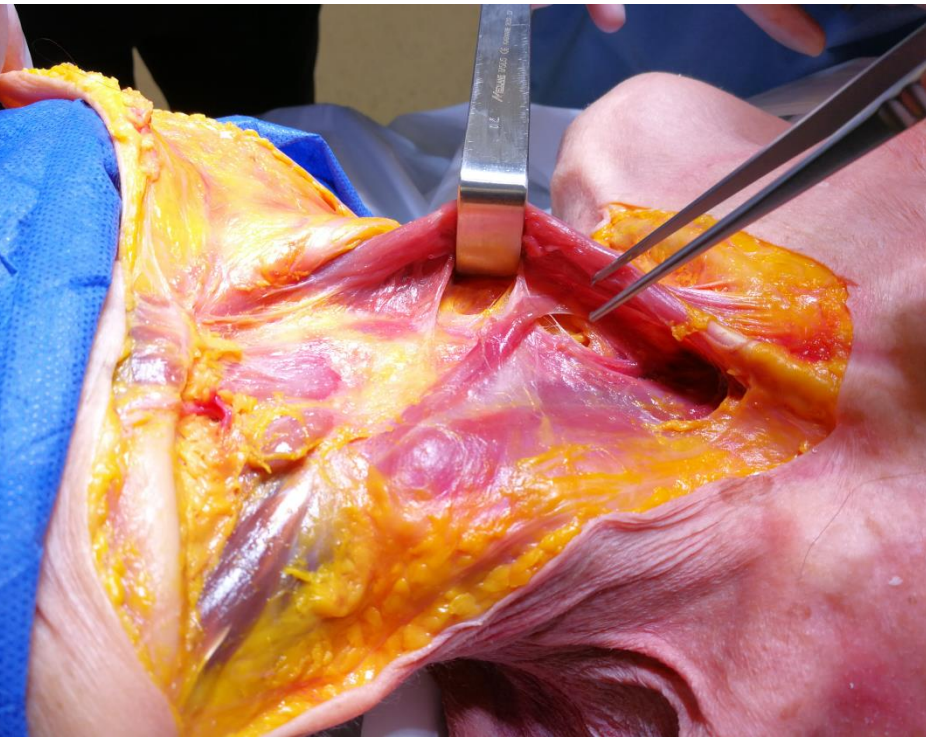
- Very large incision necessary for the dissection
(Incision \neq during surgery)
 - Horizontally along the clavícula
 - Horizontally along the mandible
 - Vertically on the middle line to join the previous incisions.

Step 2: Elevation of the platysma

- On one side

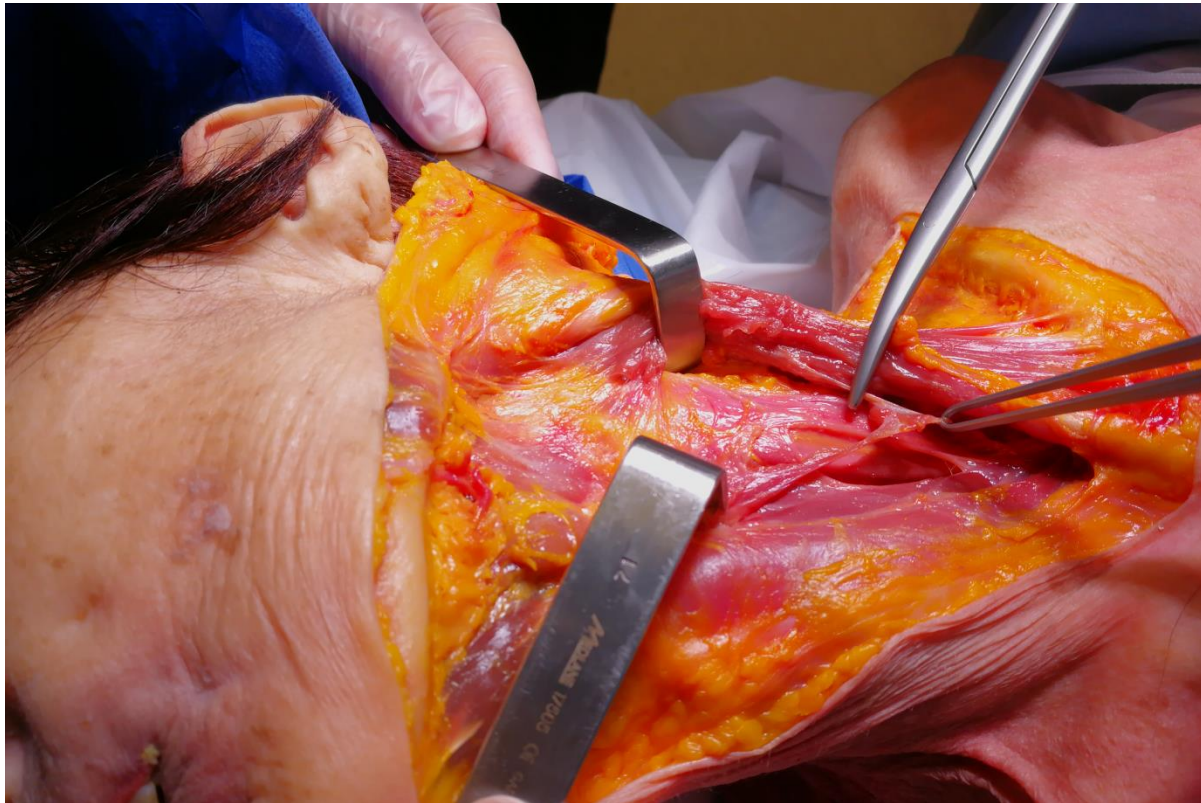


Step 3: expose the omo-hyoid muscle and the internal jugular vein



Step 4: expose the ansa cervicalis

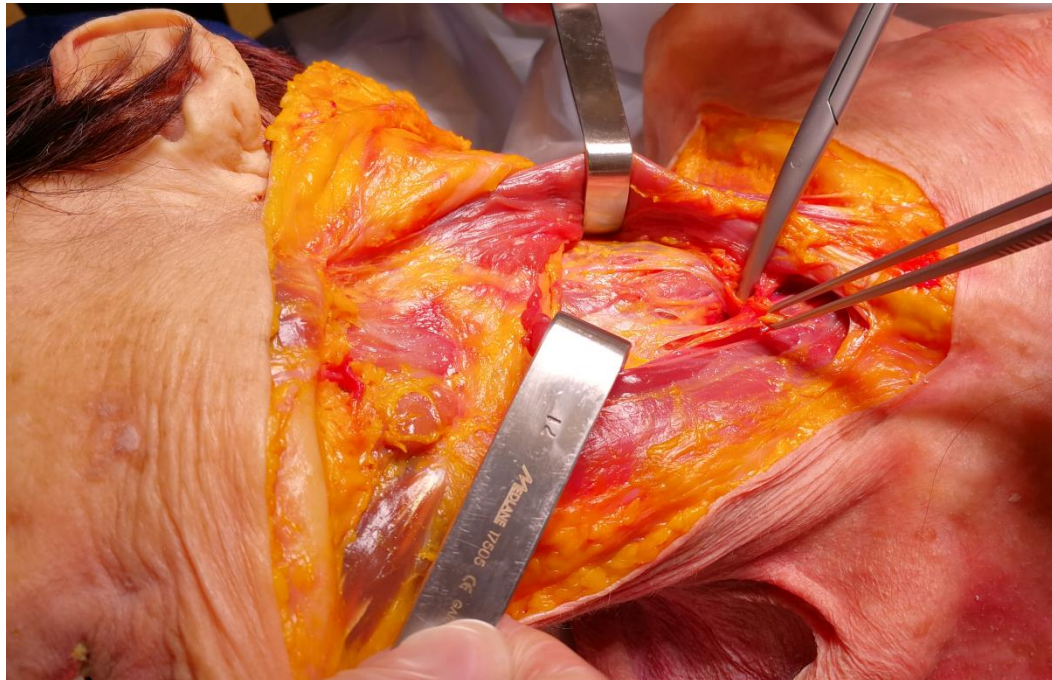
- On the anterior aspect of the internal jugular vein (here in the nerve forceps, scissors are pointing towards IJV)



Step 5: expose the phrenic nerve

- Recline medially the internal jugular vein, and laterally the sterno-cleido-hyoid muscle
- Separate the fatty tissue until the aponeurosis of the anterior scalena muscle

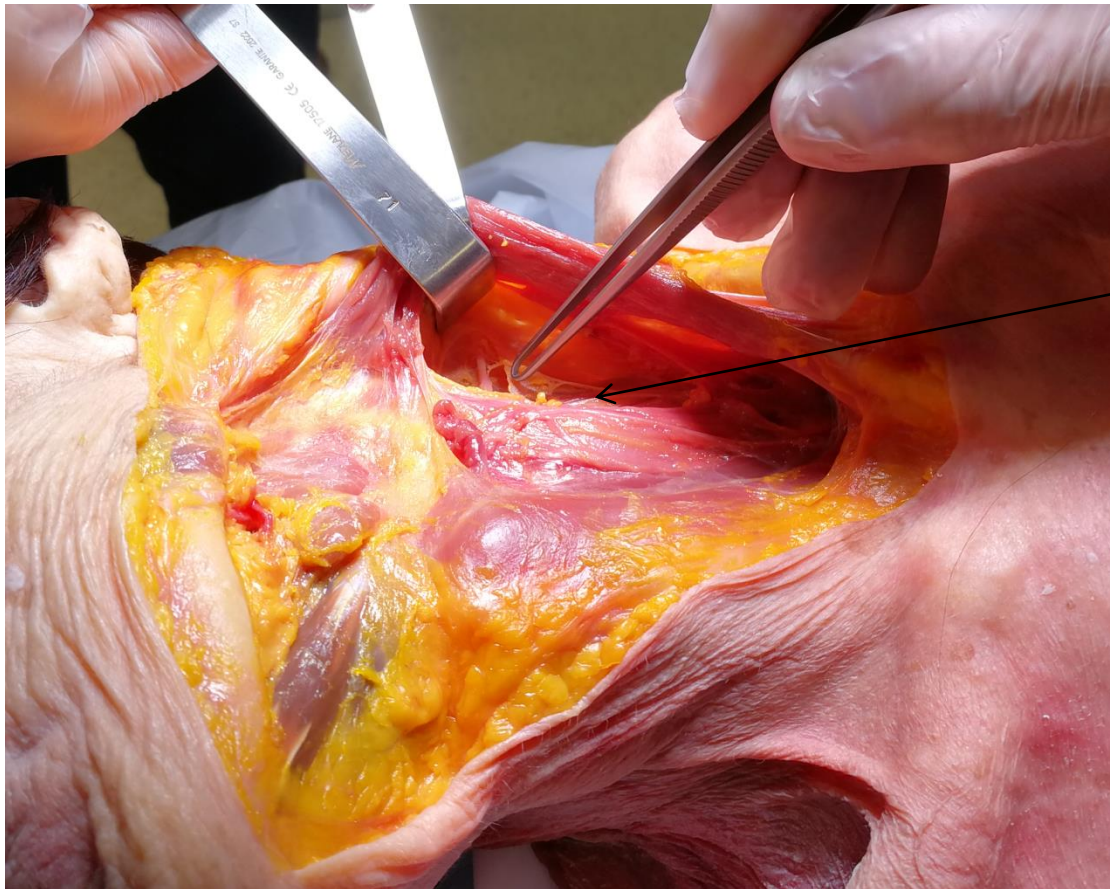
(Here Scissors are pointing toward the trunk of the phrenic nerve)



Step 6: expose the phrenic roots

- Using retrograde dissection of the phrenic nerve

The forceps is pointing towards the phrenic roots



Phrenic trunk

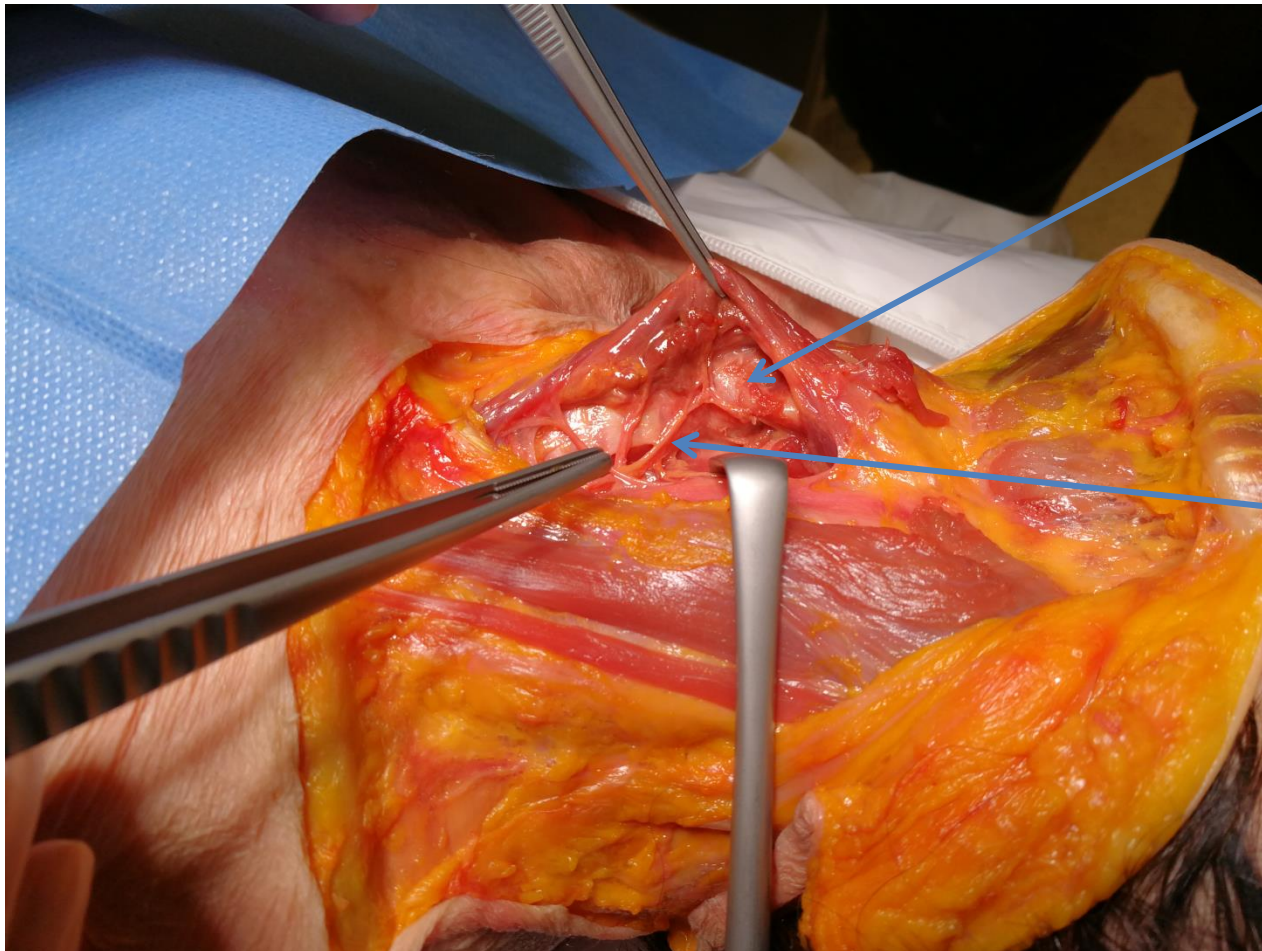
Step 7: expose the recurrent nerve

- Behind the thyroid gland,
 - Rotation of the laryngo-tracheal block helps



Step 7: expose the recurrent nerve

- Below the crico-thyroid joint



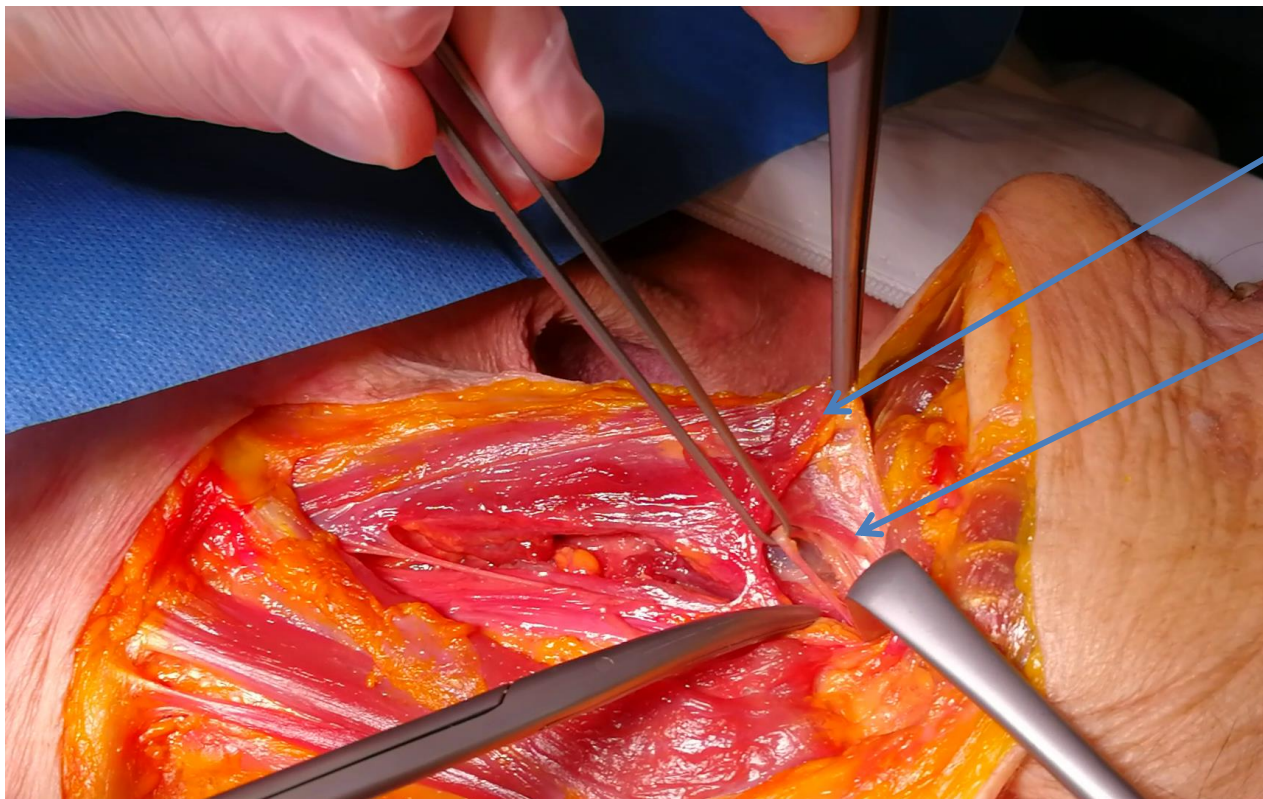
Crico-thyroid
joint

Recurrent
laryngeal nerve

Step 8: expose thyro-hyoid nerve

- Near the supero-lateral angle of the thyro-hyoid muscle.
- Enters the posterior aspect of the muscle.

Here the TH nerve is in the forceps



Sterno-cleido-hyoid
muscle

Thyro-hyoid muscle