

Neck Examination

Introduction

- **W**ash hands, **I**ntroduce self, ask **P**atients name & DOB & what they like to be called, **E**xplain examination and get consent
- Expose neck and sit patient in centre of room
- **General inspection**: patient well, cachexia, fever, lethargic, over/underdressed for weather, sweaty etc.
- Confirm that the examiner does not want you to also examine thyroid status [if so, see thyroid exam]

Inspection

- Obvious masses or lymphadenopathy
- Surgical scars
- Overlying skin (erythema, rashes)
- Goitre
- Ask patient to swallow and then stick tongue out while watching thyroid (**thyroglossal cyst moves on tongue protrusion**)

Palpation

- For each lymph node group determine: site, size (**note <1cm is often normal**), shape, consistency (**hard = cancer; rubbery = lymphoma**), tethering to other structures (**cancer**)

From behind...

- Ask if there is any pain. Explain you will be examining from behind.
- Anterior lymph nodes and thyroid
 - Start at submental nodes (anteroinferior to mandible)
 - Submandibular
 - Jugulodigastric (tonsillar)
 - Down anterior cervical chain
 - Stop at thyroid gland (over 2-4 tracheal rings): note size, consistency and any abnormal masses. Feel the two lobes and isthmus
 - Get patient to swallow
 - Get patient to stick out tongue
 - Complete the anterior cervical chain
- Posterior lymph nodes
 - Feel posterior cervical chain from the bottom upwards up to mastoid process
 - Occipital
 - Post-auricular
 - Pre-auricular

From in front...

- Supraclavicular lymph nodes: examine these from in front by placing fingertips in supraclavicular fossae (Virchow's node is left supraclavicular)
- Palpate each carotid artery in turn

NB. Palpate lymph nodes with finger pulps (DO NOT "play the piano" i.e. palpate using finger tips). Palpate as if you are giving a massage, and feel each group thoroughly – especially the anterior and posterior cervical chains where your whole hand should be placed around the patient's neck. Roll the lymph nodes over the deep muscles/bone to feel them (don't just press the superficial soft tissues).

NB. For any mass note its characteristics (SSSCCTTT): Size, Shape, Surface, Consistency, Contours, Colour, Temperature, Tenderness, Transillumination. It's important to determine if lymph nodes are hard (cancer), rubbery (lymphoma), tethered (cancer) and irregular (cancer).

Percussion

- Percuss for retrosternal goitre

Auscultation

- Thyroid bruit
- Carotid bruit

To complete

- Examine any areas drained by any palpable lymph nodes

- Thank patient and cover them; Summarise