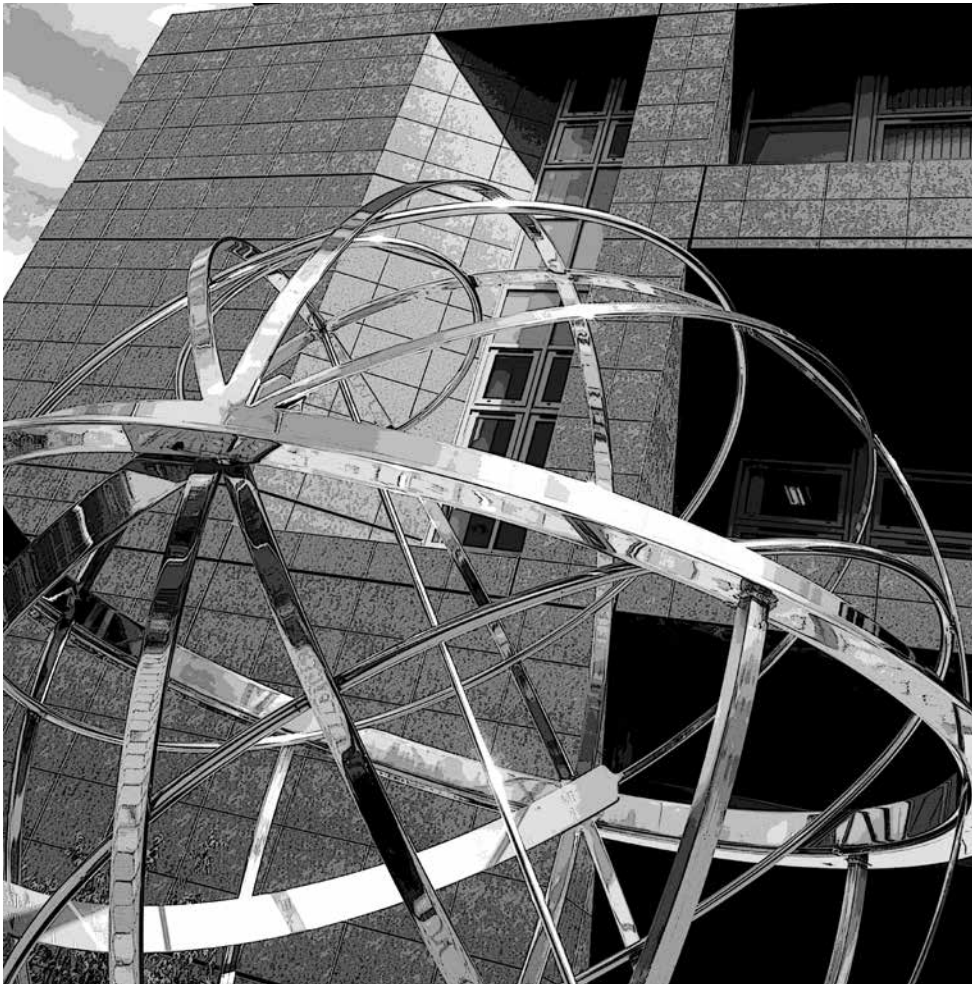


Oxford Centre for Head and Neck Oncology

Partial Glossectomy

Information for patients



Introduction

This booklet has been written as a guide to give you information about having surgery to remove part of your tongue (partial glossectomy), without the need for reconstructive surgery. It has been compiled by experienced staff and answers the questions most frequently asked by patients.

This information is only a guide; your healthcare team will give you more detailed information as you need it.

We hope you and your family will find the information both reassuring and supportive.

What is a partial glossectomy?

A partial glossectomy is an operation to remove part of your tongue. This operation is carried out through your mouth, under general anaesthetic, in the operating theatre. You will be asleep throughout the operation.

When you look inside your mouth after the operation you will notice that a portion of your tongue where the tumour was is missing. Your tongue edge may be repaired by stitching it with dissolvable stitches, or it may be left open to heal naturally.

When will I be admitted for surgery?

You will be asked to come to a pre assessment appointment before your surgery where we will assess your fitness to have the operation. Usually, you will be admitted either on the day or the afternoon before the operation. You may need to come in to hospital earlier than this if you have other medical conditions. You are likely to stay in hospital on the Blenheim Head and Neck Ward for 12 - 48 hours after the operation. The operation itself takes approximately 1 hour.

Will I have a scar?

This operation will not leave you with a scar on your face, but will leave you with a scar on the area of your tongue that is affected. Sometimes it is necessary to have the lymph glands in your neck

removed to see if any cancer cells have spread there. In this instance you will have a scar on your neck, which will be there for the rest of your life but will fade over time. The scar will also be hidden in the creases of your neck. (Please ask for the information leaflet about neck dissections.)

Will I be able to eat and drink after the operation?

You may not be allowed to eat and drink for a few days after the operation, so that everything can heal. You may be fed through a tube during this time. The Dietitian will talk to you about the type of tube you may need and answer any questions you have about this.

Once you are allowed to start eating and drinking again, the Speech and Language Therapist may suggest starting on a soft or pureed diet. Your tongue may be sore initially, so we usually suggest smooth, bland foods to start with. You may also need your drinks thickened with special thickening powder. These changes to your diet will help you to eat and drink safely. Over the following days and weeks, drinking and eating will become steadily easier.

Will it affect my speech?

The effects on your speech will depend on how much of your tongue has been removed. It can take a few months for your tongue to recover. With exercises and careful attention to speech, most people find they can be clearly understood when talking and can also manage to use the telephone well. The Speech and Language Therapist will offer you advice and support to help you adapt to any changes.

What is the risk of complications and side-effects?

Everyone having an operation on their tongue will experience some pain. The doctors and nurses will make sure you have enough painkillers, either by mouth or through a tube, to keep you comfortable.

You may bleed a little from your tongue after the operation. This is usually a very small amount and can be treated with mouthwashes. Very rarely your surgeon may need to take you back to the operating theatre to control a more severe bleed.

Infection is not common but it is important that you continue to brush your teeth with a fluoride toothpaste as usual. We will also give you with a special mouthwash to help keep your mouth clean.

Will I need any other sort of treatment?

You will be given the results (histology) of the operation about two weeks after the surgery. The aim of the operation is to remove all the cancer and a margin of healthy tissue around the edge, to reduce the risk of cancer cells being left behind. This is not always possible due to the position of the cancer and because we are not always able to see tiny microscopic cancer cells that may have begun to form in some of the normal tissue. The laboratory will be able to see these cells under a microscope. These results, together with other factors, help the doctors to decide whether you need any additional treatment, such as radiotherapy.

Questions or further information

If you have any questions or concerns, or need any further information, then please contact the:

Head and Neck Cancer Specialist Nurses

Tel: **01865 234 346** (Monday to Friday, 8.00am to 4.00pm)

You will also be given the Specialist Nurses leaflet which contains information on websites and local support groups that you may find helpful.

If you have a specific requirement, need an interpreter, a document in Easy Read, another language, large print, Braille or audio version, please call **01865 221 473** or email **PALSJR@ouh.nhs.uk**

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