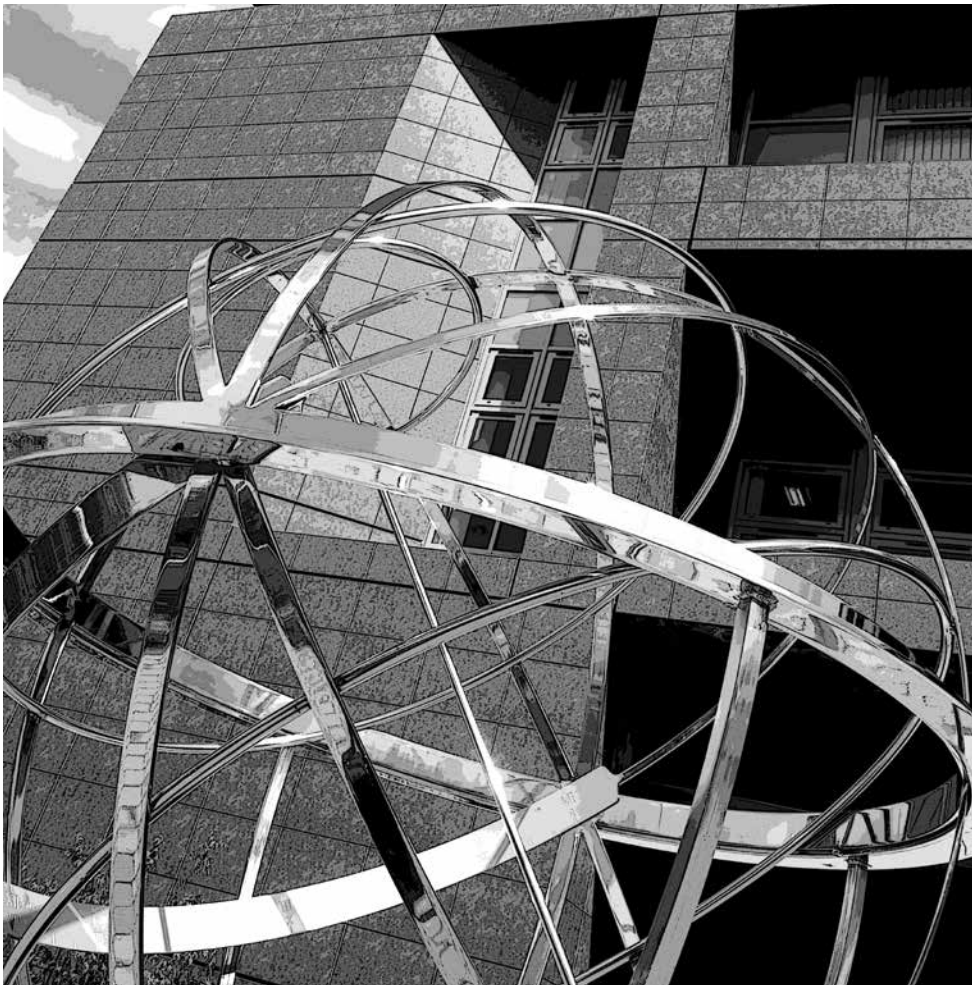


Oxford Centre for Head and Neck Oncology

Trans-Oral Robotic Assisted Surgery

Information for patients



This booklet has been written by members of the Head and Neck Oncology team as a guide if you are having trans-oral robotic assisted surgery. It answers those questions most frequently asked by patients. The aim of the operation is to remove the primary tumour inside your mouth.

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

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

What is the robot that we use?

The robot used in this surgery is a machine that can carry out very precise movements. It is completely under the control of the operating surgeon. The advantages of using the robot are that it allows a magnified view of the area being operated on and the movement of the instruments is very accurate; this allows the surgeon to remove a precise amount of tumour and tissue surrounding it.

What does trans-oral mean?

Trans-oral means 'through the mouth'. Using this route of entry means that we don't have to make any cuts or scars on the outside of your body.

How long will the procedure take?

This will depend on the size of your tumour and where it is located. You will need to stay in hospital for up to 5 days after the surgery, and it is likely to take up to 4 weeks for you to fully recover from the surgery.

What are the side effects of trans-oral robotic assisted surgery?

- **Pain:** The operation involves using an electronic instrument as a cutting tool to remove the tumour and tissue surrounding it. Immediately after the operation you may not feel much pain because this tool seals off the nerve endings, causing numbness. The nerves will start to work again over the next 24-48 hours and the feeling will gradually return to the tissues. You may start to feel some pain as this happens.

To help keep you pain free, you will be given painkillers by mouth or through a drip in your arm. We will closely monitor you to keep on top of any pain you might experience.

- **Bleeding:** Sometimes the area can bleed after the surgery, but we will closely watch for this while you are in hospital. The team will advise you on what to do if you start bleeding after you are discharged home.
- **Speech and swallowing difficulties:** These are likely to occur, as the treatment involves surgery to part of your mouth or throat. Please see page 6 for further information about this.

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

It may be difficult to eat and drink for a while after the operation, while the tissues are healing. If you are having difficulties with your swallowing after surgery you may need to have a temporary feeding tube passed through your nose and into your stomach. This is called a nasogastric feeding tube. You will be given a liquid feed through this tube, designed to meet your nutritional needs, which will be arranged by our Dietitian.

Once the swelling and discomfort has reduced, the Speech and Language Therapist will assess your swallowing. They will talk with you about the consistency of food and drink that will be safest and easiest for you to manage. You can start to eat food and take drinks whilst you still have the feeding tube in place. The tube will be removed when you are able to eat and drink enough to give you the nutrients you need.

Getting enough food and drink is important for wound healing and energy levels. If you are struggling to eat and drink enough you may want to see our Dietitian, to talk about ways to improve this and make sure you are getting sufficient nutrition.

Will the surgery affect my speech?

Your speech may be affected by swelling and discomfort, depending on which parts of your mouth and throat have been treated. This will gradually improve with time.

The Speech and Language Therapist may also give you exercises to help with your speech and swallowing.

If you have surgery to your larynx (voice box) area, we will recommend that you have a short period of voice rest to allow the area to heal. You may be advised not to talk for 48 hours, and then to talk gently and quietly as the area heals over the following 10 days.

What will happen after the operation?

You will receive an appointment around 2-3 weeks after your operation, when your surgeon will give you the results (histology) of the operation.

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.

The laboratory will be able to look at the tumour that was removed by the surgeon under a microscope. These results, together with other factors, will help the doctors to decide whether you need any additional treatment, such as radiotherapy.

How to contact us

If you have any questions or concerns, or need any further information, please contact your GP or telephone the:

Head and Neck Cancer Specialist Nurses

Tel: **01865 234 346**

(Monday to Friday, 8.30am to 4.30pm)

Speech and Language Therapists

Tel: **01865 231 205**

(Monday to Friday, 8.30am to 4.30pm)

Dietitians

Tel: **01865 223 560**

(Monday to Friday, 8.00am to 4.00pm)

You will also be given the Head and Neck Team 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**

Compiled by Head and Neck Oncology team and staff, patients and carers at the Oxford University Hospitals NHS Foundation Trust
May 2016
Review: May 2019
Oxford University Hospitals NHS Foundation Trust
Oxford OX3 9DU
www.ouh.nhs.uk/information

