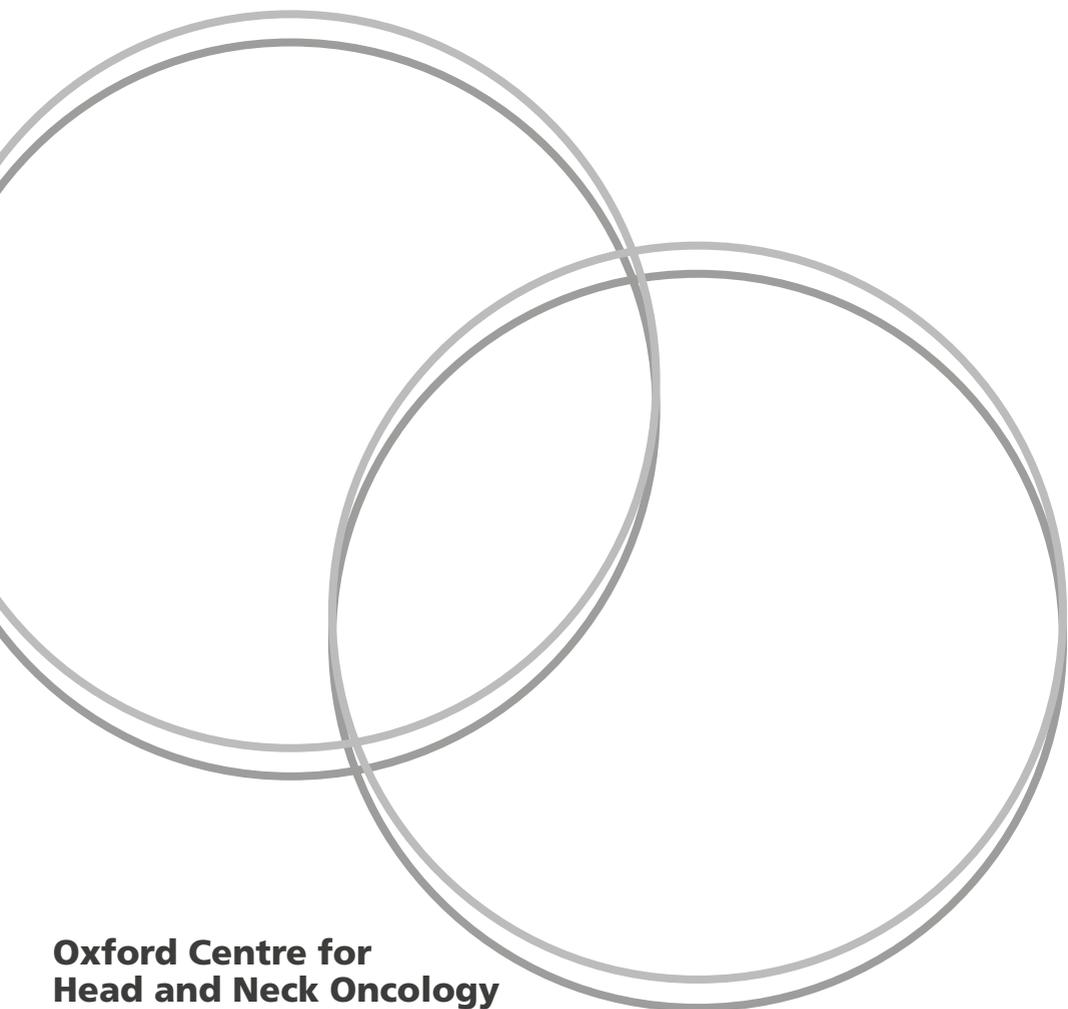




Oxford University Hospitals  
NHS Foundation Trust

# Major Head and Neck Operation with Reconstruction

Information for patients



**Oxford Centre for  
Head and Neck Oncology**

## **Introduction**

This booklet has been written as a guide to give you information about your major head and neck surgery with reconstruction. This may include one or a combination of the following operations:

- hemi-glossectomy: removal of half the tongue
- total-glossectomy: removal of all the tongue
- hemi-mandibulectomy: removal of part of the jawbone
- tonsil resection: removal of tonsil and area around it that may be affected by cancer
- tongue-base resection: removal of the tumour from the back of the tongue
- floor of mouth resection: removal of the tumour from under the tongue.

The information aims to answer the questions most commonly asked by patients. If you need more detailed information your healthcare team will be happy to help. We hope that you and your family will find the information both helpful and reassuring.

## **When will I be admitted for surgery?**

You will be asked to come to a pre assessment appointment before your surgery. This is so that we can assess your fitness to have a major operation.

Usually, you will be admitted on the day of surgery via day surgery. Sometimes, if you have other medical conditions you may need to come in before.

## **What is a major head and neck operation with reconstruction?**

The aim of the operation is to remove the primary tumour. In order for the Surgeon to be able to get to the tumour, it is often necessary to make a cut through your jawbone. This will be repaired at the end of the operation with a metal plate and screws.

Removing the tumour and a margin of healthy tissue will leave a gap. This needs to be sealed to enable you to speak and swallow. To fill this gap, the Reconstructive Surgeons will move healthy tissue, with blood vessels attached, from another part of your body (for example, your forearm). This is called a 'flap' and sometimes this contains soft tissue only, but sometimes may contain bone. The blood vessels of the flap are connected to blood vessels in your neck.

The site where the flap was taken from will then be repaired, sometimes with a skin graft from another place on your body. The flap needs to be monitored very closely after the surgery to make sure that it has a good blood supply.

You will have a urinary catheter inserted to monitor how much urine you are producing. You will also have two or three drainage tubes coming out through your skin which are used to remove any excess fluids. These are likely to be in your neck and where the flap was taken from. These drains will be removed a few days after the operation. There will be a number of stitches and clips that are used to close the wounds in your skin; these will usually be removed a week after the operation.

During your operation you will also have lymph nodes removed. This is carried out in an operation called a neck dissection. We will give you a separate booklet to explain this part of your operation.

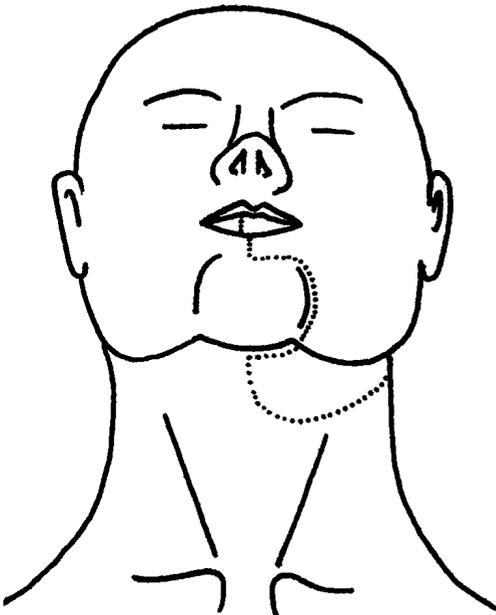
To protect your airway, it may be necessary to insert a tube to help you breathe. This is called a tracheostomy tube and goes from your windpipe through your skin to the outside of your neck. This tube will remain in for about a week after the operation or until the

swelling subsides and you can breathe comfortably through your nose or mouth. Your nurse or physiotherapist will use a fine tube to regularly remove any chest secretions from the tracheostomy tube.

Once the operation is finished, you will spend the first 24 hours on the Intensive Therapy Unit (ITU). You will be connected to various drips, drains and tubes so you can be closely monitored. You will then be transferred back to the ward.

If you have had bone taken from your leg to create a 'flap', you will need to wear a supportive boot and use a crutch for a few weeks, to help the wound recover.

## **Will I have a scar?**



Yes, but the scar will vary from person to person. It may run from your bottom lip, around your natural chin contour, underneath your chin and extend onto your neck. These scars will usually fade to thin lines over time.

If it is necessary to remove one of the large muscles from your neck, your neck will look a little flatter on this side.

## **Will I have any pain?**

During the operation the nerve supply to the skin will be affected and will leave an area of numbness on your neck. This means that you may not have as much pain as you expect after the operation. To help control your pain you will have a hand held button to push, which will give you a measured dose of pain relief medication. This system is known as patient controlled analgesia (PCA) and your nurse will show you how it works.

## **How will I talk?**

If you have a tracheostomy, you may be unable to speak. You will be encouraged to speak once the tube is removed. You will find that using a pen and paper or whiteboard and mouthing will be helpful in the first week. If you need a tracheostomy period for a longer period, it may be possible to change it to one you can speak with. Long term effects to your speech will depend on the extent of the operation. A speech and language therapist can advise you about how your operation is likely to affect your speech.

# What are the problems that may occur?

## **Flap failure:**

There is a small risk that the blood supply to the flap may become restricted during or after the operation. If this happens, further surgery may be required to either get the blood supply going again, or in a few cases, to replace it with a new flap from another part of your body. If you need to have a new flap made, the Reconstructive Surgeon will explain how this will be done before the operation.

## **Infection:**

There is a risk of infection associated with any surgery. This could include a wound or chest infection. Antibiotics are usually given to prevent this from happening.

## **Numb skin:**

As mentioned previously, the skin on your neck may be numb after the surgery. This will improve over time, but you should not expect it to return to normal.

## **Haematoma:**

Sometimes the drainage tubes can become blocked, causing blood to collect under your skin and form a clot (haematoma). If this happens, further surgery may be required to remove the clot and replace the drains. If this happens we would need to keep you in hospital longer than originally planned.

## **Hypoglossal nerve:**

Very rarely this nerve, which makes your tongue move, also has to be removed due to the position of the tumour. If this needs to be done, you will find it difficult to move your tongue to one side and it can interfere with your swallowing. If this happens, you may find that your speech can be less clear.

### **Marginal mandibular nerve:**

This nerve is a branch of the facial nerve which supplies the facial muscles. The nerve is at risk of being damaged during the operation, but the Surgeons try hard to protect it. If it is damaged you will find that your lower lip will be a little weak. This will be most obvious when you are smiling. The Speech and Language Therapist can suggest exercises and strategies that will help improve the strength in these muscles.

## **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 from the samples taken during the operation. These results, together with other factors, will help the doctors to decide whether you need any additional treatment, such as radiotherapy.

## **Surgery and swallowing**

Surgical management of head and neck cancers has the potential to alter the way you eat and drink. This may be due to post-operative pain or swelling, physical changes to your anatomy including reconstruction, dental extractions, or potential damage to nerves that support your eating and swallowing. Some of these changes are temporary and some can last longer.

This booklet is aimed at people undergoing head and neck surgery that does not involve reconstruction of your anatomy using tissue from elsewhere in the body. The booklet will give you information to help prepare you for what to expect following surgery in terms of diet and swallowing and guide your recovery.

## **Potential swallowing /eating problems after surgery**

These could include:

- Difficulty chewing
- Difficulty swallowing
- Drooling and dribbling when eating
- The feeling of too much saliva in the mouth
- Difficulty moving and clearing food from the mouth
- Difficulty feeling food in the mouth
- Difficult chewing due to dental extractions
- Risk of food and drinking 'going down the wrong way'
- Food or drink escaping from your nose.

The difficulties you will experience are very individual to you and the surgery you have undergone, and not everyone will experience these difficulties. If you wish to know more about these potential problems, please speak to a member of the Head and Neck Team who will be able to give you some realistic expectations for your individual treatment plan.

## **Following surgery**

The surgeon will give post-operative diet instructions to the team looking after you. For some of the head and neck operations, you will have a period of being 'nil by mouth'. This time period can vary and is decided by your surgeon. The reason for being 'nil by mouth' is to let the surgical wounds in your mouth or throat settle and heal without food or drink contaminating the area.

## **How will I be fed if I am not allowed to eat?**

If it is anticipated that you will be 'nil by mouth' for a period of time, or that you will experience difficulties resuming intake by mouth, then you will be fed through a fine flexible plastic feeding tube which is placed through your nose, down the back of your throat and straight into your stomach. This is called a nasogastric or 'NG' tube.

If medium to longer term feeding is anticipated, you may have an alternative feeding tube placed.

Regardless of which type of feeding tube is present, specialised liquid nutrition will be given to you through the tube directly into your gastrointestinal tract, along with medications and water for hydration.

Your dietitian will make recommendations regarding the type and volume of liquid food given, and the nurses will administer it on the ward. Please let us know if you have any problems tolerating this liquid food and we shall try to help.

## **How will my mouth feel while I am not allowed to eat?**

When people are 'nil by mouth', a common complaint is an unpleasant dryness in your mouth or thick, sticky saliva. The nurses will help support you with regular mouth care to keep your mouth clean and comfortable, and the use of rinses/swabs will help keep things moist.

You will be told by your surgical team when it is safe to resume brushing your teeth.

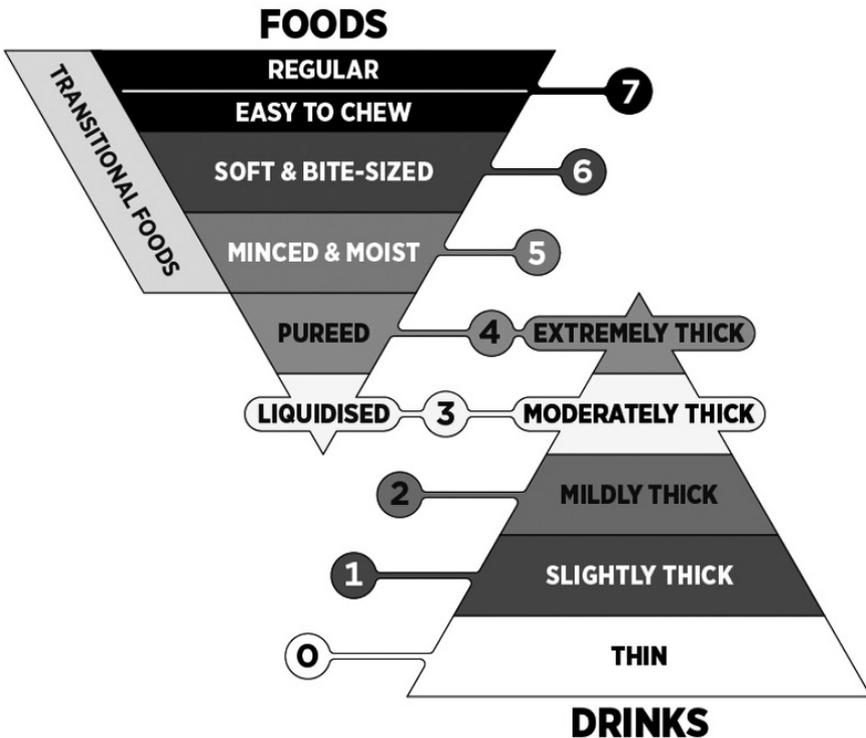
# When can I start eating?

Once you are allowed to eat and drink, you may be given specific instructions on what you can eat by the Surgical team and/or one of the Speech and Language therapy team.

Different diets that could be suggested may include modified texture diet. For clarity, we use international terminology from IDDSI (International Dysphagia Diet Standardisation Initiative) to describe different food and fluid textures

## The IDDSI Framework

Providing a common terminology for describing food textures and drink thicknesses to improve safety for individuals with swallowing difficulties.



If you are advised to follow a specific diet texture advice, there are further information booklets available which will give you more guidance in these areas.

The leaflet 'Nutrition Support: Improving your protein and energy intake' contains more information on nutrition and practical tips to help support your eating and drinking' contains helpful, practical advice on nutrition following illness (including surgery).

The charity Macmillan has good, reliable information regarding diet and cancer treatment which can be found at [www.macmillan.org.uk](http://www.macmillan.org.uk). Ask your dietitian if you would like a hard copy of any of the nutrition related Macmillan leaflets

## **Oral nutritional supplements**

If you are under the care of a dietitian they may suggest a regular intake of oral nutritional supplements. These are high energy, high protein enriched drinks. If you are advised to take these after your surgery, you will be given guidance on which product and what quantity to take. If you need these beyond your inpatient stay, you will be provided with a supply to go home with, and the dietitian will discuss with you regarding ongoing supplies as required.

If you do not require the above oral nutritional supplements but are not eating full meals, or feel you need a top up, you can buy some oral nutritional supplements from a chemist or supermarket or alternatively, have homemade nourishing drinks. The leaflet 'Nourishing drinks recipes' is available for further ideas.

## **When can I progress with my diet if I am on a modified texture diet?**

The progression will be guided by input from the surgical team and/or speech and language therapists.

## What if I need to remain nil by mouth for a longer period?

If you need to be nil by mouth and artificially fed for a longer period of time then your surgical team and dietitian will discuss with you the options available for nutrition support.

Once you are allowed to start to eat and drink again after surgery, it is often the case that you will need a modified texture diet on a temporary or more long-term basis.

As head and neck surgery often results in swallowing/eating problems, you may be seen by the speech and language therapy (SALT) team before starting to eat and drink. Your surgeon will set any limitations on this in accordance with how you are healing, and the SALT team will make a

There are also information booklets available specific to each 'level' of modification, which will give you more guidance on what sort of foods/drinks to have.

Alongside these, the leaflet 'Nutrition Support: Improving your protein and energy intake' contains more information on nutrition and practical tips to help support your eating and drinking.

The charity Macmillan has good, reliable information regarding diet and cancer treatment which can be found at [www.macmillan.org.uk](http://www.macmillan.org.uk). Ask your dietitian if you would like a hard copy of any of the nutrition related Macmillan leaflets.

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## **Will I be given swallow rehabilitation exercises?**

After a head and neck surgery with no reconstruction, it is uncommon to need specific swallowing rehabilitation exercises. The act of swallowing is, itself, excellent rehabilitation for the parts of your mouth and/or throat that have been affected by surgery. If you do need more specific exercises, these will be provided by the SALT team.

## **What if I need to remain nil by mouth for a longer period?**

If you need to be nil by mouth and artificially fed for a longer period of time then your surgical team and dietitian will discuss with you the options available for nutrition support.

# **At home after your operation**

## **Pain control at home**

If you experience pain once you are home that is negatively affecting your food and drink intake, please take your pain killers as prescribed. If these are not sufficient, please speak to your GP for help regarding this

The information in this leaflet is for guidance only and does not replace personalised advice given to you by a member of our team.

## **Future nutrition and swallowing plans**

For as long as you require it, you will have speech therapy and dietetic input on an outpatient basis. Often you will be seen by these professionals when you come to see your Surgeon for review. You may receive telephone or video support at home and you may be referred to a local professional for your rehabilitation. Please speak to your dietitian or speech therapist to know what will be planned in your case.

# **Blenheim Head and Neck Unit**

## **Head and Neck Oncology Dietitians**

Telephone: **01865 223 560**

## **Speech and Language Therapists**

Telephone: **01865 231 205**

## **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**

Telephone: **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.

## Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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Oxford University Hospitals NHS Foundation Trust  
[www.ouh.nhs.uk/information](http://www.ouh.nhs.uk/information)



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