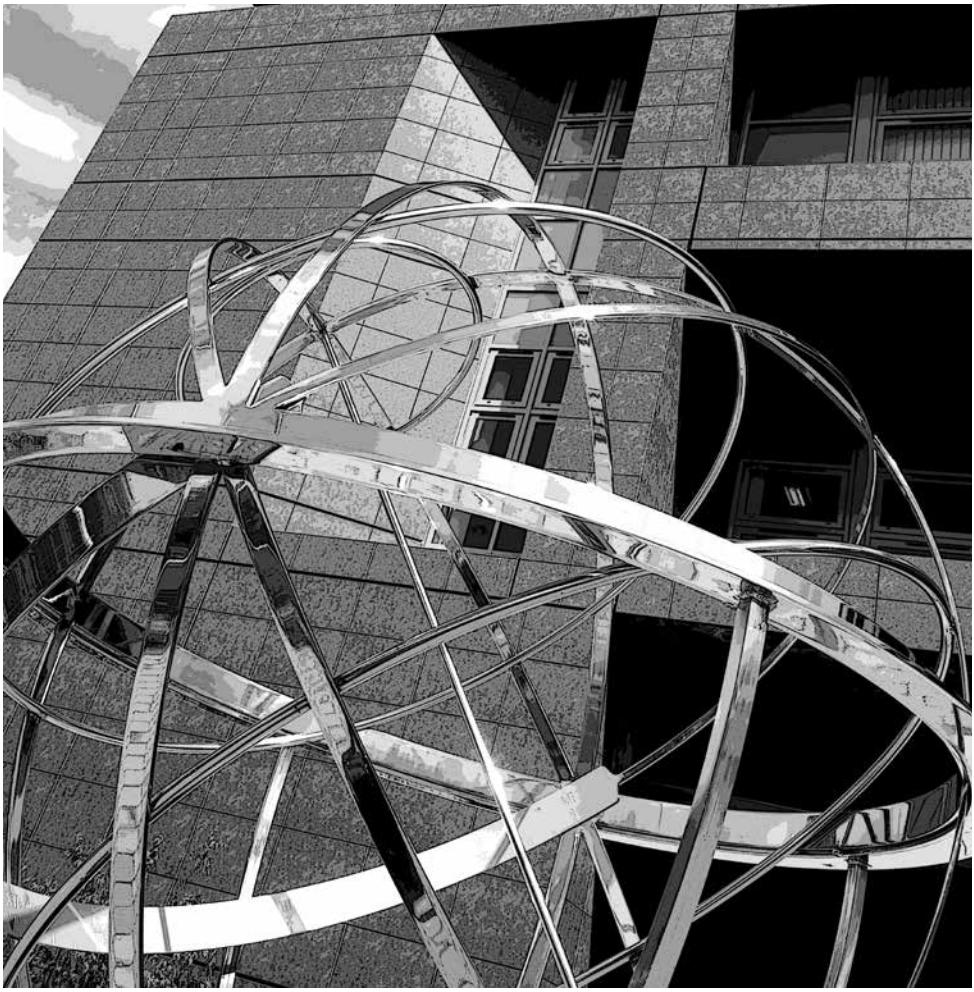
Oxford University Hospitals NHS
NHS Foundation Trust

Oxford Centre for Head and Neck Oncology

Maxillectomy and Partial Maxillectomy

Information for patients



Introduction

This booklet has been written to give you information about having maxillectomy surgery. This may include one or a combination of the following operations:

- maxillectomy with split skin graft and obturator
- partial maxillectomy to remove part of the maxilla
- maxillectomy (removal of the whole maxilla) with bone or soft tissue reconstruction.

The aim of this leaflet is to answer the questions most people having maxillectomy surgery will ask. If you need more detailed information your health care team will be happy to help. We hope that you will find the information helpful and reassuring.

What is a maxillectomy?

The upper jaw is known as the maxilla. A maxillectomy is an operation to remove a primary tumour in this area. Your surgeon will need to cut through your upper jaw (maxilla) to remove the tumour.

The operation involves removing of some of the bone in your maxilla, part of the roof of your mouth, and possibly some of your teeth. This will allow your surgeon to remove the tumour and a margin of healthy tissue around it.

The operation will leave a gap in the roof of your mouth which will need to be sealed so that you can speak and swallow. We can replace the soft tissue in your mouth by using a split skin graft. This uses the top layer of an area of your skin to line inside of your maxillectomy wound. We may also use an obturator (device to fill the gap), or bone and soft tissue from elsewhere in your body.

What is a split skin graft?

This is an area of skin that is removed from elsewhere on your body (normally the thigh) and used to replace tissue which has been removed. The place where the skin comes from is known as the donor site; the place where it goes to is called the recipient site.

The donor site will look and feel like a large graze when the dressings come off, and will need to be treated similarly. You will need to thoroughly moisturise the area daily, once it has healed, and always use sunblock when it is exposed outdoors.

You may need part of your jaw to be replaced with bone taken from elsewhere in your body; this could be from your leg, hip, or shoulder blade.

What is an obturator?

An obturator is a device specially made to fit your mouth. It is put in during the operation. It works like a dental plate, to seal any gaps in the roof of your mouth and hold skin grafts in place. The obturator will help you to eat, speak and swallow as normally as possible.

After about 3 weeks, you will need brief procedure under a general anaesthetic to remove the obturator, clean the cavity and adjust the fit. You will have several outpatient appointments with a specialist called a restorative dentist to get the best long-term fit. Eventually you will be able to remove the obturator and clean it yourself, like a denture.

Advanced reconstruction

This uses free tissue (skin and/or bone) from another area of your body for reconstruction. If we think you will need advanced reconstruction we will discuss this with you and will give you a further leaflet to explain this procedure.

When will I be admitted for surgery?

You will be asked to come for an appointment in the pre-assessment clinic before your surgery. During this appointment we will assess your fitness to undergo a major operation.

You are likely to be admitted in the afternoon on the day before the operation, but this may be earlier if you have other medical conditions. You are likely to stay in hospital for 1-3 weeks after the operation, depending on the type of surgery that you have had.

What happens after the operation?

After the operation you will be taken to the Recovery Area, where you will gradually wake up from the anaesthetic. You may have a face mask which will give you oxygen to help you recover more quickly.

During the operation you may have had a urinary catheter inserted. This is a narrow tube which is inserted into your bladder through your urethra. It can be used to monitor your fluid output, depending on the length of the operation and your general fitness.

If you have had a neck dissection (an operation to remove disease in your neck) you will also have two or three drainage tubes coming out through your skin on your neck, to remove any excess body fluids. (See our separate booklet about this operation.)

These drains will be removed a few days after the operation. If you have had more extensive surgery, you will have a number of stitches and possibly clips (staples) in your skin; these will usually be removed a week after the operation.

To protect your airway and help you breathe after the operation, it is sometimes necessary to insert a tracheostomy tube. This is a tube which is put into your windpipe (trachea) through a hole in your neck during the operation. It will remain in for about a week or until the swelling goes down. During this time your nurse or physiotherapist will use a fine tube to remove any chest secretions from the tracheostomy tube. You will not be able to speak with the tube in place, but you can use a pen and paper for a few days to communicate with others.

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

You may also have a tube inserted in your nostril/s to help you breathe through your nose. This may be left in for 24-72 hours after the operation.

Will I have any pain?

During the operation, if we need to make a cut through your skin, the nerve supply to your skin will be affected; this will leave an area of numbness. This means that you are not likely to have as much pain as you may expect after the operation.

To help control your pain you may have a hand held device to use, which will deliver 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.

Will I be able to eat and drink?

After the operation while everything is healing you may or may not be allowed to eat or drink. If you are not allowed to eat or drink during this time (for 5-10 days), you will be fed through a nasogastric tube. This is a thin flexible tube that is put into one of your nostrils and then down into your stomach.

The dietitian will assess your nutritional needs to make sure you receive a balanced diet while you are in hospital, and will give you advice for when you go home. You may be given nutritional supplements that are available on prescription.

As you start to eat and drink normally, your tube food will be reduced. The Speech and Language Therapist will give you advice about the safest and easiest textures of food and drink to start with. Your mouth and throat may be sore at first, so we usually suggest that you start with smooth bland foods. You may need your fluids to be thickened and you may need to change your head position when you swallow, to stop fluids going up your nose. As time goes on, you will progress to more normal food and drink. However, this can take time, depending on the operation you have had and how well you recover.

When you come to leave hospital, you may go home with the feed tube still in place. If so, we will teach you how to look after it. The Speech and Language Therapist may also give you exercises to help with your speech.

Will I have a scar?

A partial maxillectomy is normally carried out from inside the mouth.

If your surgery is more extensive, you may have a scar which goes from your top lip and along the side of your nose.

If we need to make a cut through your upper lip you may have a scar that goes up and along the side of your nose. If you also have a neck dissection during your maxillectomy, to look for and remove any disease in your neck, you will also have a neck scar (see separate information booklet). We will try to make all the cuts in your natural skin creases, so they are less obvious. They will also fade in time.

If you are uncomfortable about the appearance of any scars or marks, the charity 'Changing Faces' has a service which can teach you how to camouflage marks effectively. Please ask your Specialist Nurse for details or visit www.changingfaces.org.uk/Skin-Camouflage.

What are the risks?

Infection

There is a risk of infection associated with any surgery. This could include a wound infection or a chest infection, which can develop if you remain still for long periods whilst you recover. You may be given antibiotics to help prevent infections from developing.

Numb skin

The skin of your neck may be numb after neck dissection or removal of lymph nodes. This will improve to some extent, but you should not expect it to return to normal, as some of the nerve damage will be permanent.

Haematoma

Sometimes blood can collect under the skin and form a clot (haematoma). Further surgery may then be needed to remove the clot. If this happens, we will need to keep you in hospital longer than originally planned.

Marginal mandibular nerve damage

This nerve is a branch of the facial nerve which supplies the facial muscles. If you have neck dissection, this nerve is at risk of being cut or damaged. Your surgeons will try hard to keep the nerve intact. If it is damaged, you will find that your lower lip will be a little weak. This will be most obvious when you smile. The Speech and Language Therapist can suggest exercises and strategies that will help your lip to become stronger. Please be aware that if the nerves in your lip are damaged it won't ever completely return to normal.

Adjustment to tear duct

During the operation the surgeon may need to divide your tear duct. If this is necessary, your tears will then not drain away properly. To help them to drain and prevent a 'watery eye', a small tube known as a 'stent' will be placed in your tear duct. This can be easily removed in an Outpatients appointment approximately six weeks later.

Will I need any other treatment?

The aim of the operation is to remove all the tumour and a margin of healthy tissue around the edge, to reduce the risk of cancer cells being left behind. This may not always be possible, due to the position of the cancer or the inability to see 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, will help your doctors to decide whether you need additional treatment, such as radiotherapy. You will be given the results (histology) of the tumour that is removed during the operation about two weeks after the surgery.

Questions or further information

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

Head and Neck Cancer Specialist Nurses

Tel: 01865 234 346 (Monday to Friday, 8.30am - 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**

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