Head and Neck Cancer: Surgery



Surgery for head and neck cancer is done to remove the cancer. There are a lot of different cancers covered under "head and neck cancers." For instance, these cancers can start in the sinuses, mouth, tongue, throat, tonsils, salivary glands, and voice box. The type of surgery needed depends on where the cancer is, how big it is, the exact type of cancer, and if it has spread from where it started. If nearby lymph nodes are swollen, there may be cancer in them, so they're removed, too.

Types of Surgery

Head and neck cancer can be treated with:

- Laser surgery. This may be used for an early stage tumor, which means it's small and hasn't spread.
 Laser surgery is most often used to remove tumors in the larynx, or voice box.
- Excision. This is the most common type of surgery for head and neck cancer. The tumor, along with a rim of healthy tissue around it, is taken out.
- Lymph node dissection or neck dissection. Some of the lymph nodes near the cancer may be removed if the healthcare provider thinks the cancer has spread. This may be done at the same time as the excision.
- Reconstructive or plastic surgery. Surgery to take out the cancer may involve removing major
 tissues, like the jaw, skin, or tongue. Reconstructive or plastic surgery may be needed to replace or
 rebuild that tissue. This might mean that more than one surgery will be needed.

Risks of head and neck cancer surgery

All surgery has risks. The risks of head and neck cancer surgery include:

- · Excess bleeding
- Bruising
- Infection
- Pain
- Blood clots
- Wound healing problems
- Swelling in your mouth or throat, which can make it hard to breathe
- Reactions to anesthesia

Possible long-term or permanent side effects depend on the type of surgery and might include:

- Damage to nerves and other tissues near the cancer
- Scarring
- Dental problems
- · Changes in how you eat
- · Changes in senses of smell and taste

- Changes in how you talk, or you may be unable to talk the way you did before
- Changes in how you breathe
- · Changes in how you look
- Hearing loss
- · Decreased thyroid hormone levels
- · Ongoing swelling, called lymphedema
- Face, neck, or shoulder muscle weakness

Talk with your healthcare provider about the side effects you may have after your surgery. Be sure you understand how your body will work and how you'll look. Find out what your choices may be to manage any changes.

Getting ready for your surgery

Your healthcare team will talk with you about the surgery choices that are best for you. You may want to bring a family member or close friend with you to appointments. Write down questions you want to ask about your surgery. Make sure to ask:

- What type of surgery will be done
- What will be done during surgery
- What the risks and possible side effects of the surgery are
- Will there be changes in how you talk, breathe, or eat
- When you can go back to your normal activities
- · What you'll look like after surgery

Before surgery, tell your healthcare team if you are taking any medicines. This includes prescription and overthe-counter medicines, vitamins, and other supplements. It also includes marijuana or street drugs. This is to make sure you're not taking anything that could affect the surgery. After you have discussed all the details with the surgeon, you'll sign a consent form that says that the healthcare provider can do the surgery.

You'll also meet the anesthesiologist and can ask questions about the anesthesia and how it will affect you. Just before your surgery, an anesthesiologist or a nurse anesthetist will give you the anesthesia. These are the medicines that make you sleep so you don't feel pain during the operation.

After your surgery

The side effects of surgery for head and neck cancer depend on where the tumor is, how big it is, and the type of surgery that's done. Here are some things you can expect after surgery:

- Pain in the area of the operation. You may be uncomfortable for a few days after surgery, but pain can be controlled with medicine. Talk with your healthcare provider or nurse about any pain you have.
- You may feel tired or weak for a while. The amount of time it takes to recover is different for each person.
- Your face, neck, or both may be swollen or bruised. This should get better as you heal.
- You may have trouble chewing, swallowing, or talking. Breathing may also be affected. These problems
 may be short-term or permanent.
- If a lot of tissue had to be removed to get all the cancer, you may look different. Talk with your healthcare provider about reconstructive surgery and your rehabilitation plan.

• Your shoulders and neck may be weak and stiff.

Recovering at home

When you get home, you may get back to light activity, but you should not do any strenuous activity for at least 6 weeks. Your healthcare team will tell you what kinds of activities are safe for you while you recover.

You may be set up with a rehab plan. A speech pathologist may help you learn how to swallow or talk again. A registered dietitian might help you be sure you're getting enough fluid and nutrients. A physical therapist may help you if you have shoulder or neck problems. Follow the instructions you're given. Be sure you know when and how to get help if you need it.

When to call your healthcare provider

Let your healthcare provider know right away if you have any of these problems after surgery:

- Bleeding
- · Breathing problems
- · Redness, swelling, or fluid leaking from the incision
- Fever
- Shaking chills
- · Unable to eat or drink
- · Pain, redness, or swelling in one of your legs or arms
- · Changes in how your urine looks or smells

Your healthcare team will tell you what to watch for and when to call them. Be sure you have a number to call if you need help after office hours or on holidays and weekends.

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