

Oral Cancer: Surgery



Surgery is a common treatment for oral cancer. It's done to remove as much of the cancer as possible. You have to be healthy enough to have surgery for it to be a good choice for you. Some oral cancers can't be removed with surgery. It depends on where the tumor is, how big it is, and if it has spread beyond where it first started. Sometime reconstructive surgery is needed too. This is done to repair the damage caused by taking out the tumor. It can help restore the way your body works and looks. Your healthcare provider will talk with you about your choices.

Types of surgery for oral cancer

The type of surgery you have depends on your overall health and the stage of the cancer (how big it is and if and where it has spread). The surgeon may remove part or all of the tumor and a rim of healthy tissue around it. Your provider will explain in detail what your surgery choices are.

You may have one or more of these types of surgery:

- **Primary tumor resection.** The surgeon removes the tissue in your mouth that contains the cancer, along with a little of the normal tissue around the tumor. If a large amount of tissue is removed, reconstruction may be used to rebuild the area. Healthcare providers do this by taking normal tissue from another part of your body. Skin, muscle, and even bone can be used.
- **Mandible resection.** If the cancer is in your jawbone (mandible), the surgeon may remove part or all of the bone (called mandibulectomy). The jawbone may be rebuilt with bone from another part of your body, bone from a donor, or by putting in a metal plate.
- **Maxillectomy.** If the cancer is in the bone in the front part of the roof of your mouth that holds your upper teeth (maxilla), your surgeon may need to remove part of the bone. You may be fitted with a prosthesis. This is a special device that fits into the roof of your mouth to cover the hole from surgery. You may get the prosthesis before surgery. A specialist will then refit it after surgery.
- **Mohs micrographic surgery.** If the cancer is in your lip, the Mohs method might be used to remove the cancer. The goal is to help preserve the way your lip works and looks. The surgeon shaves off one thin layer of skin at a time. Each layer is examined right away to check for cancer cells. When no more cancer cells are seen, the surgery stops, and no more layers of skin are removed.
- **Removal of the tongue.** A full or partial removal of the tongue (called glossectomy) may be needed for cancer of the tongue.
- **Neck dissection.** This surgery might be needed if the cancer has spread to lymph nodes in your neck. The surgeon takes out the lymph nodes in the neck and some of the nearby tissue. This is done at the same time surgery is done to remove the tumor.
- **Tracheostomy.** You may need this surgery if the cancer or surgery makes it hard to breathe. The surgeon makes a hole in the front of your neck, into your windpipe (trachea). The hole is held open with a small tube called a tracheostomy (trach) tube. You then breathe through this tube. A tracheostomy may be short-term, used only until the swelling goes down. Or it may be permanent, so you have it for the rest of your life.
- **Feeding tube placement.** A gastrostomy tube (g-tube or PEG tube) is a feeding tube that the surgeon puts in your stomach if the cancer or treatment makes it hard for you to eat. It goes in through the skin over your stomach. Another choice is putting the tube into your nose, down your swallowing tube (esophagus), and into your stomach. This is called a nasogastric feeding tube or NG tube. Liquid nutrition is then put right into your stomach through the feeding tube. An NG tube is short-term. A PEG or g-tube may be short-term or permanent.

Before your surgery

You'll meet with your surgeon beforehand to talk about the details of your surgery. The surgeon will ask if you are taking any medicines and will go over your health history. Be sure to tell them about all prescription and over-the-counter medicines you take. Also tell them about vitamins, supplements, and herbs you use, as well as marijuana and any illegal drugs you take. This is done to make sure your surgery will not be affected by any medicines you're taking or any other health problems you have. This is the time to ask any questions and address any concerns you may have.

Some questions you might want to ask your surgeon include:

- What are the risks of having this surgery?
- How do I get a second opinion?
- Are there other ways to treat the cancer?
- How often do you perform this surgery?
- What will be done during the surgery?
- What are the possible side effects of the surgery?
- Will the surgery change the way I look?
- Will the surgery change how I eat, breathe, or talk?
- Will I need more surgeries to be able to swallow or speak?
- What can I do to make it easier to return to my normal activities after surgery?

After you have discussed all the details with your surgeon, and all your questions have been addressed, you'll sign a consent form that says that the healthcare provider can do the surgery.

Before surgery, you'll also meet the anesthesiologist and can ask questions about the anesthesia and how it will affect you. (Anesthesia is the medicine used during the surgery.)

During surgery

On the day of surgery, you'll get anesthesia so that you go into a deep sleep and don't feel pain. An anesthesiologist or a nurse anesthetist will give it to you.

Oral cancer surgery can be very complex and might take a long time. Many of the surgeries for oral cancer may affect how you look or make it hard to use your mouth. You may need more surgery to rebuild your mouth. This is called reconstructive surgery. Your surgeon may do this right after the tumor is removed. Or it may be done later, as a separate surgery.

What to expect after surgery

After surgery, you may have to stay in the hospital for a few days. How long you stay in the hospital depends on how much and what part of your oral cavity was removed. Most people can go home a few days after surgery for oral cancer. If needed, you'll be taught how to take care of any dressings, tubes, or drains before you go home.

It will most likely take you several weeks to feel better. Once you've left the hospital, you'll likely still need some special care as you recover. Here are some of the things you can expect during your recovery.

Common side effects after surgery for oral cancer include:

- **Pain.** For the first few weeks after surgery, you are likely going to have pain. Your pain can be controlled with medicine. Talk with your healthcare provider or nurse about your pain relief choices. Some people are hesitant to take pain medicine. But doing so can actually help your recovery.
- **Tiredness.** You may feel tired or weak for a while. The amount of time it takes to recover from surgery is different for each person.

- **Symptoms from lymph node removal.** If lymph nodes were removed from your neck, you may notice shoulder weakness, ear numbness, or weakness in your lower lip. You also may notice some swelling in that area.
- **Bleeding.** Some people have bleeding or oozing from the cut (incision).
- **Constipation.** You may have constipation from using pain medicine, from not moving much, or from not eating much. Talk with your healthcare provider or nurse about what you can do to help prevent constipation.
- **Diarrhea.** You may have diarrhea from tube feedings, stress, or an infection. Talk with a dietitian about what you can eat to reduce the chances of getting diarrhea.
- **Bloated face.** You may have facial swelling or bloating. This will go away over time. Talk with your provider about what you can do to manage it.
- **Eating problems.** You may have trouble eating and drinking. A nurse or therapist will help you learn how to swallow so you can eat after surgery. If needed, a feeding tube can be put in to help you get the nutrients you need.

In some cases, you may need extra care after surgery.

- If you have a tracheostomy, a physical or respiratory therapist can teach you exercises to make breathing easier. You and your caregivers will also be shown how to care for the tracheostomy.
- If you have a feeding tube, a nurse or therapist will show you and your caregivers how to use it. You may have the gastrostomy tube for a while, until you can swallow well enough to eat again. If your treatment keeps you from swallowing well again, you may always need the tube.

You may have had to have teeth removed as part of your surgery. Many people have dental problems addressed by their dentist or oral surgeon after they have healed from their cancer treatment. There are many choices for restoring teeth after surgery.

Follow-up care

Your healthcare provider will tell you when to return to check the wound and, if needed, to remove stitches. You may also be scheduled to see a physical therapist, respiratory therapist, dietitian, speech pathologist, or a dental specialist, depending on your needs after surgery.

After you heal from surgery, you may need more treatment. This could be either radiation or radiation and chemotherapy. This is to help reduce the chance that the cancer will come back. Having another type of treatment after surgery is called adjuvant therapy.

When to call your healthcare provider

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

- Bleeding
- Redness, swelling, or fluid leaking from the incision
- Pain that's getting worse or not getting better with pain medicine
- Fever
- Shaking chills
- Trouble breathing or shortness of breath
- A new cough
- Swelling, warmth, pain, or redness in one arm or leg

- Trouble eating or drinking
- Trouble passing urine, pain with urination, or changes in how your urine looks or smells

Talk with your healthcare providers about what changes you should watch for and when to call them. Make sure you know what number to call with questions or problems. Is there a different number for evenings, holidays, and weekends?

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