

# Information for patients

## Mandibulectomy and free flap reconstruction

### What is a mandibulectomy?

A mandibulectomy is an operation where your doctor removes part or all of the jaw bone (mandible) to remove your tumour.

Depending on how much bone and tissue is removed, the surgeon may need to reconstruct your mandible. This is done by using a piece of bone and/or tissue from another area of your body such as your leg or arm. The piece of tissue is called a free flap.

### What happens before my surgery?

Before surgery, some patients attend a pre-admission clinic where the doctor will explain the surgery and you will sign a consent form.

At the clinic, the health care team will ask you about your health, medication and lifestyle. They may test your blood, take x-rays and an electrocardiogram (ECG).

Your doctor will talk to you about what medications to take before you come to hospital.

It is important to tell your doctor if you are taking any blood thinning medications, such as aspirin, warfarin or clopidogrel (Plavix).

Please bring your medications into hospital with you.

If you use a dosette box or pill organiser to take your tablets, please ask your pharmacist to print out a list of your current medications so you can bring this to hospital.

If you do not need to attend the pre-admission clinic, we will telephone you to tell you when your surgery is scheduled and what to bring to hospital. You may also receive a letter informing you of your time and date of surgery. Please make sure you confirm your date for surgery.

The day before your surgery, the hospital will call you between 2.30pm and 7pm to inform you of the time you need to stop eating and drinking and what time to come to hospital.

### What happens on the day of my surgery?

We ask that you shower before you come into hospital and remove jewellery, make up, nail polish and fake nails. It is advised that you leave valuables such as jewellery and large sums of money at home to decrease the possibility of items being misplaced or stolen.

On the day of your surgery please make your way to the St Vincent's Day of Surgery Admission (DOSA) area, which is located on the first floor of the In-patient Services Building, Princes Street, Fitzroy.

When you arrive the nursing staff will check your pulse and blood pressure.

You will need an anaesthetic for your surgery. The anaesthetist (the doctor who will give you the anaesthetic) will meet with you before your surgery to talk to you about your health and the best type of anaesthetic for you.

A general anaesthetic (anaesthetic to put you to sleep) is normally used for this procedure.

St Vincent's is a busy hospital so please be aware that you may need to wait up to three hours for your operation.

### What happens during the surgery?

Your operation will involve two surgical teams.

The head and neck team removes the tumour, bone and some soft tissue. At the same time, the reconstructive plastic surgery team takes bone, tissue and skin from another part of your body (usually your leg) to reconstruct your mandible.

The bone from your leg will be shaped to match the piece of the mandible that was removed. Once this is complete, the artery and vein that were removed from your leg are attached to an artery and vein in the head and neck area. This is done under a microscope. Your 'new' jaw bone is fixed with plates and screws and is then covered by the soft tissue.

### **What happens after the surgery?**

You will wake up from the anaesthetic in the recovery room and be transferred to your ward shortly after. A nurse will monitor your blood pressure, pulse, temperature and oxygen levels regularly.

You will have an intravenous (IV) drip in your arm to provide fluids until you are able to eat and drink. You may also have a catheter in your bladder to monitor your urine output.

You will have drain tubes in both the flap donor site (e.g. your leg) and your neck to drain away any excess fluid and reduce swelling.

Your new flap will be constantly observed for colour, warmth and temperature.

Your pain may be treated in a number of ways. This will be decided by you, your doctors and nurses depending on the type of pain you have. You may be given tablets or an injection to help you feel comfortable.

You will remain resting in bed for the first 24 hours after surgery, then the nurses and physiotherapist will assist you to sit out of bed for short periods.

Whilst you are in bed, the physiotherapist will give you deep breathing exercises to do every hour. The amount of activity you do will be increased slowly until you are able to walk around the ward.

### **Possible tracheostomy**

Due to the amount of swelling that can occur after your operation the doctors may decide to insert a tracheostomy tube during the operation to help with your breathing.

A tracheostomy is an opening into the trachea (airway) at the base of your neck that is held open by a small plastic tube. The tube is inserted to make a clear airway, allowing the nurses to remove any secretions and reduce your anxiety levels.

If you have a tracheostomy, you will receive oxygen that is warmed and moistened to help with your breathing. The doctors will decide when to remove the tracheostomy tube (normally after the swelling has gone down) and the nurses will dress the small wound until it heals over.

You may not be able to talk with a tracheostomy tube as air cannot pass via your voice box to produce a sound. This can be frustrating but the nurses and speech pathologist will make sure you have ways to communicate.

Nursing staff will make sure your call bell is in reach at all times.

You may:

- gesture, point or mouth words quietly
- use a special communication board that has common words
- request a note pad or white board to write on.

### **Nasogastric tube**

The swelling will make eating difficult at first so the surgeon will insert a nasogastric tube during your operation.

The tube passes from your nose to your stomach and will be used to give you a special high nutrient liquid. The tube will be removed when the doctors decide it is time for you to eat normally.

### **When can I go home?**

Most people stay in hospital for 14 to 20 days for this type of surgery. Patients are usually discharged at 10am so the room can be prepared for another patient.

As your wounds are inside your mouth, oral hygiene is very important. The nursing staff will explain how to keep your mouth clean before you leave the hospital. This is especially important after eating.

Before you leave the ward someone will:

- make a follow-up appointment at St Vincent's Specialist Clinics for you
- send a letter to your local doctor (GP)
- give you medication, if the doctor prescribes it
- give you a medical certificate if needed (you will need to ask).

Please remember to take all your belongings including x-rays home with you.

### **What should I do once I get home?**

Your doctor will recommend time off work to give your body the best chance of recovery.

You should avoid doing any strenuous activity, especially lifting anything heavy. Do not lift anything more than 2-3kg for two weeks after surgery (this equals the weight of a bag of oranges).

Get plenty of rest as you may feel tired after your stay in hospital. You will be able to get dressed independently and should slowly increase your level of activity each day.

Smoking is not recommended.

If you experience difficulty breathing, notice bleeding from your mouth or have any other concerns, go to the nearest emergency department or your local GP as soon as possible.

### **Contacts**

#### **Ear, Nose and Throat Unit**

##### **St Vincent's Hospital Melbourne**

PO Box 2900  
Fitzroy Victoria 3065  
Tel: 9288 4657

#### **Coordinator, Head and Neck Cancer Multidisciplinary Clinic and Liaison Nurse**

Tel: 9288 2755

#### **Waiting List Officer**

Tel: 9288 2271

**This information sheet is intended as a guideline only. If you have further questions or concerns, please speak to your doctor.**