

Information for patients

Total glossectomy and free flap reconstruction

What is a total glossectomy?

A total glossectomy is an operation that allows the tumour (cancer) growing on your tongue to be removed. The surgeon will remove your entire tongue and some of the surrounding tissue.

The surgeon will then rebuild the area where your tongue used to be by taking a piece of tissue from another area of your body such as your arm or leg. This piece of tissue is called a free flap.

What is free flap reconstruction?

Free flap reconstruction is an operation which involves removing an area of skin, underlying tissue and muscle with its blood supply and shifting it to the area needing reconstruction (in this case, the tongue).

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?

The first stage of the surgery involves removing the tumour and diseased tissue of your tongue. The second stage involves the reconstruction of the tongue using a free flap.

Often the flap is taken from the top of your thigh, or the inside of your forearm. Normally the surgeons are able to close this hole, known as the donor site, by stitching the edges together.

If they cannot close the hole with stitches, they will cover the wound with a split skin graft – a very thin layer of skin that is taken from another part of your thigh or buttock. When healed, the graft will grow and replace your missing skin.

A number of tubes including a nasogastric tube, tracheostomy, and urinary catheter will be put in during surgery.

What happens after your operation?

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 that will provide you with fluids until you are able to eat and drink. You will also have a catheter in your bladder to monitor your urine output.

Tracheostomy

It is expected that your face and tongue will be very swollen during the early days of your recovery.

The surgeon will 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.

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 reconstruction and 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. You are likely to need this tube for at least a week after your operation to allow time for your tongue flap to heal.

You will have drain tubes in both the flap and donor site areas to drain away any excess fluid and reduce swelling.

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

The doctors and nursing staff must take great care to monitor your new tongue flap, and will be assessing you frequently.

In the first 24 hours after your operation, the nurse will be checking your tongue every half hour. On the following day, they will check it every hour. On the third day, they will check it every second hour, then monitoring will be conducted four hourly until you are discharged.

Please be mindful that because of the amount of monitoring the nurses must perform, your sleeping will be disrupted during this part of your recovery. We recommend that you ask family and visitors to plan for short visits in the first few days so that you can rest.

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 pain relief in a drip, tablets or an injection to help you feel better.

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, it is important to avoid crossing your legs and to move them regularly. 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.

The speech pathologist will assess your speech and swallowing and give you strategies to assist you. You will continue to see a speech pathologist to monitor your progress after you have left hospital.

When can I go home?

Most people stay in hospital for 14 to 21 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 may recommend a further two weeks off work after the operation 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 hospital stay. 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 any 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.