



HEAD AND NECK CANCER SURGERY GENERAL INFORMATION

Head and Neck Cancer Surgery involves 3 main parts:

1. Removal of the Primary Cancer
2. Removal of lymph nodes in the drainage pathway of the cancer
3. Reconstruction of the removed area

Your initial appointment will involve discussion of your diagnosis, health, personal background and treatment options, as well as the benefits, disadvantages and risks of surgery.

After careful review by the various teams involved in your care, your case is discussed at the Hunter New England Head and Neck Cancer Multidisciplinary Team Meeting – your treatment plan is finalised based on evidence and experience in a team to ensure the best outcome for your case.

Our surgical goals are:

1. To treat your cancer in a comprehensive manner
2. To return you to a good level of function

BEFORE YOUR SURGERY

General Health

Health and Nutrition: It is important to maintain adequate levels of hydration and nutrition prior to surgery. Being in good general health will aid your post-operative recovery.

Smoking: If you are a smoker, consider reducing the amount that you smoke or quitting altogether. Doing so will help to lower your mucous production (which will help you to breathe better), decrease your risk of developing lung infection and decrease your risk of developing a clot. You will not be allowed to smoke during your hospital stay and you will be offered a nicotine patch to help with your cravings. Your GP can offer you strategies to help you to quit smoking.

Alcohol: If you are excessive consumer of alcohol, consider reducing the amount that you drink. It is important that you give your doctor an accurate number when estimating the amount that you drink. This will ensure that you are given appropriate levels of medication as excessive alcohol consumption can affect the effectiveness of certain prescription medications. It is important to discuss this with your doctors so that we can keep you safe during and after your surgery.

Exercise: Gentle exercise is recommended in the lead up to your surgery. Consider regular walks to improve and maintain your cardiovascular fitness.

Mental Health

Your cancer journey will be one of the greatest challenges in your life. The surgery may change your usual level of functioning and, in some cases, you may not return to your pre-surgery level of function. You may have to adapt to a new 'normal'. If your speech is affected, you may be difficult to understand. Your appearance may be temporarily or permanently altered. Your ability to swallow may be temporarily or permanently changed. There are many factors which are challenging and, without the proper support, may affect your mental health.

It is normal for you to feel scared, frustrated, anxious or depressed during your treatment and recovery. Dr Tan-Gore can organise for you to speak with a Social Worker or Psychologist to help you through this difficult time.



WHAT IS A 'FREE FLAP' RECONSTRUCTION?

A free flap reconstruction is one which is taken from another part of your body and brought to the defect after connecting it to a nearby blood supply. This allows the flap to have its own blood supply and to heal in a robust way. Large defects that are unable to be covered with a simple skin graft may require a free flap reconstruction to restore function.

Common places for free flaps to be harvested from are your forearm, thigh and leg. This is depending on the type of tissue required, the flap may include skin, soft tissue, muscle, bone or a combination of tissue types. There will be a significant scar from the donor site, and your arm/leg function may be affected in the initial stages of healing. You may require further input from a physiotherapist to improve your function post-operatively.

The main complication of free flap reconstruction is that the flap does not take. If this happens, you may require further reconstructive surgery. Other complications that require further surgery include excessive bleeding and wound breakdown.

RISKS OF A FREE FLAP RECONSTRUCTION PROCEDURE

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Bleeding: There is a risk of post-operative haemorrhage, requiring surgical intervention.

Infection: Respiratory infections, especially if you are a smoker, diabetic or have high risk medical condition. Wound infections requiring antibiotics.

Wound Breakdown: Healing complex wounds can take time and may require medical or surgical intervention.

Paraesthesia (numbness): During the surgery, sensory nerves may be removed and can affect sensation in the area. The flap will be insensate.

Flap failure: If the flap does not take, you may require further surgery for another free flap or local reconstruction.

Function of Donor Site: You may experience temporary or permanent dysfunction at the donor site, depending on the location. For example, numbness, poor mobility at the wrist or ankle, difficulty walking. Wound breakdown in the donor site may require further dressings or surgical intervention.



Function Recipient Site: Your function will be affected by surgery. Examples include difficulty chewing due to removal of teeth, changes in swallowing due to changed mobility in the tongue, changes in speech due to nerve involvement. This may require ongoing management with Allied Health Practitioners. You may require further surgeries in the future to manage these issues.

HOSPITAL STAY AFTER SURGERY

The average hospital stay after surgery is 1-3 weeks, depending on the extent of the surgery and reconstruction.

Your surgical team will continue to monitor you closely to ensure that you are progressing well after surgery.

You will be encouraged to sit out of bed and to mobilise when it is safe to do so.

You will be started on oral intake in a gradual fashion, depending upon your recovery.

You may have input from various allied health teams, including physiotherapy, speech pathology, dieticians and occupational therapists. Each member of the allied health team will assess you and provide you with exercise and assistance to ensure that you are safe for discharge to your home environment.

DISCHARGE INSTRUCTIONS

Once you are discharged home, it is important that you gradually return a good level of function. How long this takes may depend on your type of surgery, pre-surgical level of fitness/function and is variable between patients.

Wound Care

Unless otherwise directed, do not cover your wounds with a dressing

You can have a shower and carefully dry your wounds afterwards

Do not immerse your wounds in water (e.g. baths, swimming pools) for 4 weeks after surgery

You can apply a simple moisturizing cream to the wound if it looks dry

If the wound is red, hot, painful or swollen, or if you have fevers or chills, please attend the Emergency Department at the John Hunter Hospital.

If You Have a Leg Cast

Initially, you will find it more comfortable to wear the cast all day

You can remove the cast when resting and sleeping

If resting, please elevate your leg level or slightly higher than horizontal

At 2-4 weeks after surgery, you may try having the cast off around the house but keeping the cast on when walking longer distances.

At 4-6 weeks, you can try keeping the cast off, but take it with you if you need support

For Intraoral Surgery

You may find it difficult to chew and swallow initially.

A soft diet is recommended. The consistency of a soft diet includes scrambled eggs, fish, pasta. If eating/chewing is causing pain, stop and return to a puree consistency for a few days.



Dr Tan-Gore will recommend a progression of diet after review

Remember to stay well hydrated with water. Consider smoothies for added nutrition

For Face Surgery

You can clean the edges of the flap gently with soapy water. Dry the area thoroughly afterwards

You can apply a simple moisturizer to the flap if the skin is dry

If your eye is not closing at night, tape the lid closed with Micropore (paper tape) before bed to protect your cornea

Diet

You will usually be discharged on a soft or puree diet. After review by Dr Tan-Gore, she will progress your diet as you are able.

Exercise

Gentle exercise is encouraged. Consider going on walks twice a day, in increasing distances as you are able.

Driving

Driving is not advised in the initial recovery phase (4 weeks).

Work

Your return to work time will depend on your recover and whether you require adjuvant Radiation or Chemotherapy. It is sensible to consider that your return to work will take months, rather than weeks. Dr Tan-Gore will discuss this with you at your review appointments.

If you have any questions, please email: info@dreileentangore.com.au and Dr Tan-Gore will respond when she is able.