The ROYAL MARSDEN
NHS Foundation Trust

Having an operation to your tongue (Glossectomy)

Head and Neck

Patient Information

NHS

Contents

Introduction

This leaflet has been written to explain your operation and answer commonly asked questions. If you have any concerns about your illness or your treatment, please talk to your surgeon or clinical nurse specialist (key worker).

What is a glossectomy?

Glossectomy is the surgical removal of part or all of the tongue. The aim of the operation is to remove all the cancer and some healthy tissue around the edge. This helps to reduce the risk of any cancer cells being left behind. How much of the tongue is removed depends on the size of the cancer and where it is. If the cancer is small when it is removed, the hole will be either stitched or left to close naturally (known as primary closure). If the cancer is larger, the hole will be filled by a piece of skin and/or muscle (known as a flap). This is taken from another part of your body such as your forearm or thigh. Your surgeon will explain exactly how this is done.

What does the treatment involve?

Your individual treatment will be carefully planned and the medical team will explain this to you. Please remember that this is a general guide and your needs may be slightly different. The length of stay in hospital will be approximately one week depending on the extent of surgery and your general health.

What happens before I come into hospital?

The doctors will discuss the surgery with you at your outpatient appointment. Please ask if you do not understand any terms they use. You will be given the opportunity to see the clinical nurse specialist (key worker) who will be available for advice and further information.

You will also have a pre-operative assessment visit. This is usually one to two weeks before your planned admission for your operation.

A specialist assessment nurse will see you. They will discuss your general health with you, including any medicines you are currently taking. They will decide whether you need any tests before you have a general anaesthetic. You may also be seen by either the doctor or anaesthetist or both, if the nurse feels it is necessary. They will examine you and may listen to your heart and lungs.

Tests you may have include:

- Routine blood tests
- ECG (electrocardiogram or heart trace)
- Chest x-ray.

This appointment is also an opportunity to ask questions about your stay in hospital and to share any concerns you may have. You will also see the speech and language therapy team before your operation and they will discuss the impact of the operation on your communication and swallowing.

What are the possible problems with this operation?

There can be complications with any operation so it is important that you are aware of them. If you have any concerns, please discuss them with your surgeon, clinical nurse specialist or speech and language therapist. You may experience some of the following:

Blood clot: Sometimes the drain tubes which are put in at surgery become blocked. This means that blood has collected under the skin and formed a clot (haematoma). If this occurs it may be necessary to return to the operating theatre to remove the clot and replace the drains. Swelling can slow down healing and it may affect the final result.

Flap failure: The skin flap may not heal well. Rarely, the flap may fail entirely because the blood supply to the flap does not work well. This means either that:

- The flap does not get any fresh blood

- If the drainage vein clots, the flap can become very congested with old blood.

This may need further surgery or may result in a larger scar.

Numb skin: Occasionally you may find that the skin around your mouth may be numb after the surgery and will persist for several months. This may improve gradually, but you should not expect it to return entirely to normal.

Altered taste: The tongue is divided into different areas for tasting sweet and sour foods. Your taste may change depending on which area of your tongue is removed.

Reduced mouth opening: Following surgery it may be more difficult to fully open your mouth. If this happens, your speech and language therapist (SLT) can provide exercises to help.

Will my speech be affected?

Your tongue is an important muscle for speech. Surgery to your tongue will affect how your speech sounds. This may make it difficult for you to make yourself understood. The degree of difficulty will depend on how much of your tongue has been removed.

Will my swallowing be affected?

Your tongue is an important muscle for eating and swallowing. Surgery to your tongue will make it more difficult for you to move food around your mouth. The degree of difficulty will depend on how much of your tongue has been removed.

How can the speech and language therapist help me?

Speech and language therapists work with people who have difficulties with their speech and/or swallowing. You will see the speech and language therapist before your surgery to discuss what impact surgery is likely to have on both your speech and swallowing. After surgery, the speech and language therapist will assess your speech and swallowing and provide exercises and advice to help and ongoing rehabilitation as required.

How can the dietitian help me?

The dietitian can assess:

- Your nutritional status by looking at your usual eating habits and weight history
- Your nutritional requirements using different food textures, additional calories and protein as necessary.

Working closely with other members of the team, the dietitian will advise on the most suitable way for your nutritional requirements to be given to you. If you are unable to take anything by mouth for a long time, it may be necessary for you to have a feeding tube. This will either be:

- A nasogastric tube (NG) passed through your nose into your stomach during the operation

or

- A radiologically inserted endoscopic gastrostomy (RIG) passed through the wall of your abdomen into the stomach. This is usually carried out a couple of weeks before your operation.

If you need a RIG tube, there is another information leaflet which provides further details. The dietitian will be able to advise you on what will be given through the tube. The tube will remain in place until you are managing enough food by mouth. The dietitian will check your progress regularly and discuss it with you.

Will I have a scar?

The operation to the tongue will not usually leave you with a scar on your face. However, very occasionally this is necessary if the back of the tongue is affected. You will have a scar on the area of your body where the flap was removed. This will improve with time but will always remain visible. To start with, your tongue will feel bulky and swollen inside your mouth but this will reduce down gradually. If your arm or thigh is hairy, the hair will grow in the new area.

It is often necessary to have the lymph glands in the neck removed at the same time (called a neck dissection). This is to prevent the cancer spreading. This will mean that you will have a scar on your neck which will be visible. There is another leaflet about the neck dissection operation, if you would like further information.

If scarring is a concern to you, our specialist Macmillan nurse is trained in camouflage therapy. They can offer you help and advice on ways of hiding the scar, once the wounds have fully healed. Please ask your Macmillan nurse for details.

What will happen around the time of my operation?

Every person has a slightly different recovery. This depends on your overall health and the extent of the operation you have. Your tongue and neck may be quite swollen after the operation. Occasionally, you might need to have a temporary opening in your windpipe called a tracheostomy, to help you breathe. You may need this for a few days after the operation until the swelling has improved. The following section outlines the general stages you will experience before and after your operation.

Before the operation	You **must not** eat for six hours before your operation. You may drink water up until two hours before your surgery (water only). We will give you information regarding this at pre-assessment. The pre-assessment nurse will also give you instructions regarding any medication you may already be taking.

Critical Care Unit (CCU)	After your operation, you may be nursed in CCU under sedation on a ventilator (a machine to help you breathe). You may have the following: • An intravenous infusion (drip) in your arm for replacement of fluids and giving your medications such as pain relief • Drains collecting fluid from the operation site in the neck • A catheter to collect your urine • A feeding tube • If you have a free flap taken from your arm you will have a large dressing on your arm • A tracheostomy tube to help you breathe if you are very swollen. Nurses will check you regularly to ensure you are recovering well. Your relatives may visit. A dietitian will see you and you will start to have feed through your feeding tube.
Day 2	The next day you will be more awake and may no longer need a machine to help you breathe. The urinary catheter may be removed. The nurses will help you to sit in a chair. You will probably be transferred to the ward.

What happens after the operation?

You will be seen by the doctors, nurses and dietitians regularly to review your progress and offer support and advice. If you have had a flap and once your consultant is happy that your mouth has healed sufficiently, your swallowing and speech will be assessed by the speech and language therapist. If you had a tracheostomy, this is usually removed a couple of days after the operation. The drains will be removed once the wound site stops draining fluid.

The doctors will decide when you can begin to eat and drink. If you have a plaster cast this may be removed before you go home. The stitches on the tongue are usually dissolvable. If you have stitches on your arm, these are usually removed after about 10 days. A date for you to go home will depend on your recovery. The nurses on the ward will plan any extra care you may need after you leave hospital, such as visits from the district nurses if you need a dressing.

Will the operation be painful?

There will be some pain in your mouth initially after your surgery.

When you see the anaesthetist before your operation, you may be offered the opportunity to use a Patient Controlled Analgesia (PCA) pump which will allow you to control your own pain. This kind of pump means you can press a hand-held button which will deliver a set dose of a strong analgesic (such as morphine or fentanyl) into your vein when you need it. In other words, you are in control and can press the button as you want. The PCA pump will be stopped when you and the pain team feel that you no longer need it.

The nurses will give you further painkillers to relieve the pain should you need it. Please ask for extra medication if you still have pain. You will probably be given a supply of pain killers to take home after the operation.

What will happen after I go home?

Once your doctors say that you are able to go home, you will be given an initial supply of medication and dressings if you need them. If you need further supplies you will need to get them from your GP. You may need to attend your GP practice for dressings to your arm or leg. If you are unable to get there for any medical reason, we will arrange for a district nurse to visit you at home.

We will give you a follow-up appointment at the joint head and neck clinic the week after you have left hospital, to check on your progress. We will also give you the final results of your operation and discuss if you need any further treatment. If you need further speech and language therapy support, you will be referred to your local service.

Whether you need further treatment depends on what is found when the areas removed at the operation are looked at under a microscope (histology). Your doctors will not know if you need more treatment until these results are available.

Any additional treatment usually involves radiotherapy (specialised x-ray treatment) and possibly chemotherapy (drug therapy). If you need radiotherapy and/or chemotherapy, the doctors will discuss this with you and give you further written information.

How long will I have to be off work?

How long you have to remain off work depends on the type of surgery you have had and if you need further treatment. You should discuss this with your surgeon. Please ask the nurses on the ward for a sick certificate to cover you while you are in hospital. If you require more time off work, you can obtain further certificates from your GP.

Contact details

If you have any further questions about your surgery or post operative recovery, please contact your clinical nurse specialist or surgical team.

Key worker, Head and Neck Surgery: 020 7352 8171 ext 1546

Advanced nurse Practitioner, Head and Neck Surgery: 020 7352 8171 ext 4700

Physiotherapy team: 020 7808 2821 (answer machine)

Speech and Language Therapy team: 0207 808 2815

Outside normal workings, you may contact:

The Royal Marsden Macmillan Hotline: **020 8915 6899**
You can ring the hotline 24 hours a day, 7 days a week.

Call us straight away if you are feeling unwell or are worried about the side effects of cancer treatments.

This service provides specialist advice and support to all Royal Marsden patients, as well as to their carers, and both hospital and community-based doctors and nurses caring for Royal Marsden patients.

You can also find more information about the types of cancer of the head and neck, surgery or other treatments from Macmillan Cancer Support either by phoning 0808 808 0000 or by visiting their website at *www.macmillan.org.uk*

References

This booklet is evidence based wherever the appropriate evidence is available, and represents an accumulation of expert opinion and professional interpretation.

Details of the references used in writing this booklet are available on request from:

The Royal Marsden Help Centre

Freephone: 0800 783 7176

Email: patientcentre@rmh.nhs.uk

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Should you require information in an alternative format, please contact The Royal Marsden Help Centre.

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