

**HEAD AND NECK CANCER SURGERY**

There are 4 main phases during your cancer journey:

1. **Diagnosis**

The diagnosis phase is characterised by uncertainty. You will be required to attend appointments for imaging, biopsy and pre-operative assessments. Dr Tan-Gore will meet with you several times during this initial phase to discuss your treatment with you and to give you time to ask questions. It is recommended that you bring a support person with you to all appointments as it is common to feel overwhelmed during this phase.

After your diagnosis is confirmed. Dr Tan-Gore will talk you through the steps of your treatment. She may perform clinical tests to examine your suitability for surgery and to assess your reconstructive options. She recommends keeping a notebook to write down any questions that you and your family may have.

1. **Treatment**

Your surgery will involve several teams:

* Anaesthetist: Your anaesthetist will check your medical and surgical history and perform a physical examination to ensure that you are safe for an anaesthetic.
* Resective Surgery: This team will place the tracheostomy, remove your primary lesion and remove the lymph nodes if your neck if required (neck dissection).
* Reconstructive Surgery: This team will reconstruct the defect that remains after removing your cancer.

The duration of surgery varies but is usually 6-8 hours.

After surgery, you may be admitted to ICU for close monitoring.

A tracheostomy may be placed to protect your airway during recovery. This is removed as soon as it is safe to do so.

You may have a feeding tube inserted in your nose to ensure that you have adequate nutrition while you are recovering from surgery.

You will have drains in your neck to ensure that fluid does not accumulate. These are removed as soon as your team deems it safe to do so.

You will have a urinary catheter to allow you to rest during your initial recovery. This is removed as soon as you are comfortable.

1. **Post-Operative Management**

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.

The average length of stay in hospital ranges from 1-3 weeks, depending upon the type of surgery and any complications that need to be addressed.

1. **Home**

It is our goal to support you during your recovery from surgery so that you can get home. However, it is reasonable to expect that there will be some changes to your previous level of functioning, depending on the type of surgery that you have had.

You are usually discharged home on a soft diet. This is to help with the healing in your oral cavity. Gradually increase the texture of your food as you feel comfortable.

Keep an eye on your wounds. You may get your surgical wounds wet in the shower but make sure you carefully dry your skin after the surgery. You may be encouraged to massage your scars in order to aid with their appearance – this is usually at 2 weeks after your surgery.

Continue with oral hygiene measures. Dr Tan-Gore recommends that you return to your regular toothbrushing regime as soon as you feel comfortable. You may find it easier to brush your teeth with a soft infant toothbrush initially. Do not use any mouthwash that has not being prescribed to you. You may use warm salt water to rinse you mouth after meals if you prefer – dissolve half a teaspoon of water into 1 cup of warm water, gently swish this around your mouth and spit out.

Driving is not recommended during the initial phases of your recovery. Clearance is required from your surgeon or GP before driving.

Getting back to work: For some patients, getting back to work is a priority. However, the average time to returning to work after surgery ranges from 4 weeks to 3 months, depending on whether you require radiotherapy or chemotherapy.

**Your General Health Before Surgery**

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 you 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.

**Your 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.

**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, and may involve 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. Your 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.