

Patient & Family Instruction sheet
Department of Head and Neck Oncology

Understanding Reconstructive Surgery on the Head and Neck

About Head and Neck Cancer

No one feels prepared for a cancer diagnosis. It is our goal, always, to help you feel informed and in good hands. In addition to the information that you get from us, the National Cancer Institute (www.cancer.gov) and the American Cancer Society (www.cancer.org) offer additional helpful information.

Diagnosis

There isn't just one type of cancer affecting the head and neck. There are different types affecting the mouth, throat, sinuses, saliva glands or skin. Your cancer is staged based on the size and location of the tumor and whether it has spread. Tumors that spread to the neck are still curable, but they often require more aggressive treatment. The most common cancer is called squamous cell carcinoma.

Treatment

Your primary treatment options may include surgery, radiation, or both. Chemotherapy is sometimes used, too, in combination with radiation therapy. Your doctor will consider your diagnosis, any previous treatments, and your overall health, as well as your habits, lifestyle and treatment goals to make recommendations about the best approaches to treatment.

Reconstruction of Head and Neck Cancer

Stanford Head and Neck Reconstruction surgeons specialize in restoring facial structures and oral function after cancer treatment. We believe it is important to help you understand the goals and risks of reconstructive procedures.

Goals of reconstruction may include:

1. Rebuilding the bone in your jaw
2. Improving your speech or your ability to swallow
3. Preventing leaks of saliva
4. Restoring your appearance

These surgical repairs commonly use of skin and/or bone taken from another part of your body to repair the tissue that was damaged by the cancer. Your doctor will carefully take healthy tissue from someplace like your forearm, thigh, lower leg, or abdomen and transplant it to the area needing repair. The new tissue is called a "free flap", because it is completely separated from one area of your body before being transferred to the new area.

General Risks

If these problems develop, they generally occur within early days after your operation. So, by the time you are ready to go home, the risk of these complications is low.

Flap failure:

If the blood vessels connected to the new tissue become blocked, the free flap can lose its blood supply and fail. Your care team will monitor you carefully and make every effort to detect and treat any problem.

Infection:

Sometimes, saliva gets into the wound and can cause an infection. If this occurs, you may need some extra days in the hospital or another short surgery to help treat the infection.

Development of blood clots:

Blood clots can sometimes form near the surgery site. If this happens, it usually happens in the first 24-hours after surgery. Some of these clots require removal in the operating room to help speed your healing and reduce the risk of further problems.

Approaches to surgery

Your doctor may recommend taking tissue from your belly, arm, or your upper or lower leg to complete your reconstruction.

Forearm (Radial Forearm Free Flap)

If your doctor takes tissue from your forearm, you will have limited use of your arm for a week or two. The area in which tissue is removed is covered by a thin skin graft, which is taken from the outer leg. You will be in a splint and have reduced range of motion following surgery to allow this graft to heal. After the splint is removed, the dressing on your arm will need to be changed each day. Two weeks after the operation, you should begin to exercise your hand to improve your range of motion. There may be a small area on the arm that takes longer to heal. If this occurs, you will require some specific wound care for 2-3 weeks until your wound closes. It generally takes about three months for your wound to fully heal. You will have a superficial scar in the area that the skin was removed that improves over time. It is common to notice a loss of sensation on the back of your thumb.

Lower leg, (Fibula Free Flap)

This flap may be recommended if you require reconstruction of the jawbone. Your doctor will remove bone from your lower leg and use that to replace bone in the jaw. Most patients can walk on this leg a few days after surgery with the help of a special boot. Gradually, as healing occurs, patients stop using the boot over the course of 3-4 weeks by gradually walking longer distances without it. Some need temporary support from a cane or walker to help them feel more stable. Usually, you will begin physical therapy soon after you leave the hospital

following surgery. After the leg is fully healed, most patients go on to lead normal and active lives.

Stomach, (Rectus Free Flap)

If tissue is used from your belly, there will be an incision down the length of your abdomen on one side. You will have some discomfort afterward. Basic hygiene to prevent infection is important.

Thigh, (Thigh Flap)

Your doctor may recommend using tissue from the outer area of your thigh. Patients who have this procedure commonly are up and walking one day after surgery. You may notice a numb feeling near the wound. That is normal.

Skin Tissue Flap:

If you are to use skin from other parts of your body for reconstruction, the site will be covered with special gauze after operation. The nurses on the floor will explain the care of the dressing and we will review the incision care again during your follow up appointment.

Scapula / Latissimus Dorsi Free Flap

This type of free flap is an alternative source of bone, skin and muscle. Your surgeon will take an area of bone from your shoulder blade and surrounding tissue for your reconstructive surgery. You will need physical therapy to regain strength and mobility in your shoulder after surgery.

Related procedures

Additional procedures are often necessary to support your recovery.

Airway opening, (Tracheostomy):

If you need reconstruction in the back of your mouth or in your throat, your doctor may have to make an opening in your airway to help you breathe as you heal. A tube will be placed there to keep the airway open. It is usually removed after about a week, but some patients need support for a little longer. The procedure will leave a scar on your neck. It generally takes 1-2 weeks for the wound to close after the tube is removed.

Feeding Tube:

Your doctor will place a feeding tube in your nose or stomach. The feeding tube is to provide nutrition while your throat and mouth heal. The feeding tube will come out once you can maintain your weight and pass the speech swallowing evaluation.

If you have either a tracheostomy or a feeding tube, we will give you additional instructions to support your care.

After Your Operation

- You should expect to be in the hospital for 5-7 days.
- The operation itself will take between 6-10 hours.
- You will have one or more drains in your neck after surgery. They will be removed after a few days.

- If your doctor placed a tube in your airway (tracheostomy), you will find it difficult to speak for several days.
- The nurses and other members of your care team will check your wounds each hour for the first few days to check on your healing and to change your dressings as needed. After you are discharge and are healing well, the comfort of your wound may be helped by a thin layer of Vaseline ointment. We will give you instructions about how to change your dressing.
- If you go home with a feeding tube, you should expect to be able have liquids by mouth within 1-3 weeks. Learning to swallow again can take several weeks. Our speech therapy team will help you. You are likely to need several visits. Some patients will need a follow-up surgery to improve swallowing.
- Maintaining a good hygiene is very important during your post op recovery. You can shower with soap and water after your post op visit with the surgeon unless we advise you not to.
- You can use salt water to rinse your mouth after each meal and maintain a good oral hygiene if you have incision inside of your mouth. The stitches inside your mouth are dissolvable, no need to be remove.
- Salt Soda Rinse recipe:
- Rinse your mouth with a baking soda, salt, and water mouthwash (made with 1 quart water, 1 teaspoon baking soda, and 1 teaspoon salt, shake well before each use) to help keep your mouth clean and this will make you feel more comfortable

Post Forearm Surgery Exercise

If you were discharge home with a splint to support your arm and protect the donor site, you can remove the splint in 1-2 weeks. You need to start wrist/arm exercise to increase range of motion to prevent frozen movement.

It is important to exercise your wrist and fingers to help you regain full movement. Gentle exercise will also help any swelling in the hand, and help prevent stiffness at the elbow and wrist joints.

*Grip strengthening

*Wrist stretch and range of motion



Post Leg Surgery Exercise

You can start walking and increase activity as tolerate while you are in the hospital.

Follow safety precaution and fall prevention.

General Information

Call us promptly if you develop a fever greater than 101.5 degrees or if you notice bleeding or a foul-smelling discharge. This could be a symptom of infection and that requires immediate attention.

You are likely to need pain medication. An over-the-counter pain reliever like Ibuprofen should be used around the clock. Prescription pain killers should be used only for break through pain.

A warm moist towel can be used before physical therapy to improve your comfort and mobility. You may use a cold compress afterwards.

Your doctor will clear you to drive again after you are no longer using prescription medications and you can turn your head to check for cars in lanes alongside you.

How quickly you may return to work will depend on the type of work you do. If you have a desk job, you should be able to return to work in about three weeks.

Smoking and use of chewing tobacco is strongly discouraged.

Contact Information

If you have any questions or problems during office hours (Monday-Friday 8 am to 5pm), please call the head and neck oncology clinic at 650-498-6000 #5 to talk to the Nurse Coordinator.

After 5pm, or on the weekend go to the nearest emergency room or call 650-723-4000 and ask for the "On-Call ENT".

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