

Major Glossectomy Surgery

What is a major glossectomy?

A major glossectomy is an operation which removes a large part or all of the tongue. After this surgery your speech and swallowing may be severely affected. Generally, the more tongue that is taken out because of the tumour, the harder it will be to swallow and speak clearly.

After a glossectomy, there may be a lot of swelling in your throat. Swelling could block the air passage. To make sure you can breathe, the surgeon will make a small cut in your neck that opens into your windpipe. A plastic tube is put into this hole to keep it open. This is called a tracheostomy. You will breathe through the tracheostomy until the swelling goes away.

The tracheostomy tube will also allow the nurses to remove secretions from your lungs after surgery. You may not be able to talk with this tube in your neck. This tracheostomy tube is usually removed in a few days when you can breathe normally. The hole in your neck will heal over in a few days.

If a large part of your tongue is removed, some tissue may be taken from your arm, belly or chest and put into your mouth to create a new type of tongue. This is called a flap.

Some cancers of the tongue have a risk of spreading to the lymph glands in your neck. Therefore, during surgery, your surgeon may make small cuts in one or both sides of your neck to remove these lymph glands.

What do I need to do before surgery?

Your doctor may refer you to a dietitian before surgery.

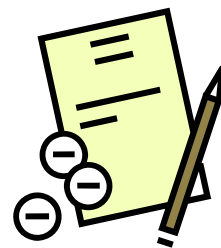
The dietitian can help you improve your nutrition strength before surgery. You may need to take supplements such as Ensure, Boost, Essentials, or other nutrient rich foods such as Carnation Instant Breakfast and homemade milkshakes.



Pre-Admission Assessment Clinic Visit

You must come to the Pre-Admission Assessment Clinic 1 to 2 weeks before surgery to have any blood work, X-rays and other tests your doctor orders.

Bring a record of all your medications to the clinic so the nurses and anaesthesiologist can see what you are taking. At this appointment the nurse will go over all of the steps you need to follow before surgery at home. You will get a checklist to take home.



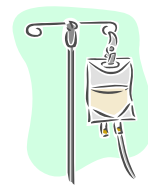
Follow the instructions the nurse gives you about when to stop eating and drinking before surgery. This depends on the time of your surgery. If you regularly take medication each morning, you will be told if you should take it the morning of surgery. If you are allowed to take your medication, take it with a small sip of water only.

You may need to scrub your neck and chest with a special brush. This scrub clears the skin of germs that may cause an infection. The nurse will tell you how and where to do this. If your doctor wants you to shave the area at home, the nurse will show you where to shave.

On the day of surgery – Day Surgery Unit

You will check in at the Day Surgery Unit 2 hours before surgery. In the Day Surgery Unit you will get ready for surgery by changing into hospital clothes. The nurse will go over some questions and answer any questions you have.

You will have a thin tube put into a vein in your arm. This is called an intravenous or IV. The IV gives you fluids and medications when needed.



The anaesthesiologist will visit you before surgery. You will also have the surgery area marked with a special pen.



In the Operating Room

You go into the Operating Room when it is time for surgery. The room is cool. The team will greet you and help make you comfortable on a special table. Before the team starts they take some time to make sure you are the right patient and the right surgery is done. This is called the “surgical pause”.

What to expect after Major Glossectomy Surgery

How will I feel after surgery?

After surgery you will go to the recovery room. You will be watched closely by the nurses until you are fully awake. If you feel pain or have an upset stomach, there is medication that will help. You will use a writing board to communicate with the nurses.

On the Head and Neck Unit

When you are fully awake, you will be transferred to the Head and Neck Unit. You are watched closely by the nurses on this unit. You will have a call bell beside you to use when you want help. The nurses will come as quickly as they can because they know you cannot speak.

Intravenous

After surgery, you will have the IV in your arm. This is used to give you fluids until you are feeling better. Medication can also be given through the IV. The nurses make sure the IV is working well and giving you enough fluids.

Catheter

A catheter is a long, thin tube placed in your bladder during surgery to drain urine into a bag. If needed, the catheter stays in your bladder 1 or 2 days, until you are able to get up and go to the bathroom yourself.

A bedpan will be used for your bowels until you get up.

Feeding tube

During surgery, a feeding tube is placed through a small opening into your stomach. This is called a gastrostomy tube. For the first day or so it is used to:

- help drain any fluids swallowed during surgery
- prevent vomiting after surgery.

The feeding tube will then be clamped. If you do not have nausea or vomiting, the tube will be used to give you:

- the nutrition, fluids and medication you need to heal
- medication when your IV is removed

Looking after you

For the first few days after surgery, the nurses watch you closely. You may have your blood pressure, pulse and respirations taken every 4 hours and then as needed. Both male and female patients stay in the same large open area so the nurses can see you at all times after surgery. This way, you get the care you need right away. You will be able to maintain your privacy by pulling the curtains around your bed.

If tissue has been used to build up your tongue, the health of this tissue will need to be checked often by the nurses.

When you are feeling better, you may be moved to a semi-private room.

How will I eat?

After major glossectomy surgery, good nutrition helps you heal well and maintain or gain weight. If you had a small amount of tongue removed, you may be able to eat by mouth. However, if you had a large amount of tongue removed, you will not be able to eat anything through your mouth right after surgery. Instead, you will have a gastrostomy feeding tube. The first day after surgery the tube is clamped. If you do not have any nausea or vomiting, you will begin tube feedings. The gastrostomy tube is attached to a bag with liquid food in it. This formula contains all the calories, proteins, vitamins and nutrients needed to help you heal.

Tube feedings are done 4 times a day around 6:00 am, 10:00 am, 2:00 pm and 6:00 pm. These times may be changed when needed.

How much formula do I need?

Your nutritional needs will be assessed by a dietitian. You will start with small feedings. Feedings will be increased as you tolerate them until your nutritional needs are met. It is important that you take all your tube feeding to heal well. The dietitian and nurses will monitor your feedings. If you have questions or concerns about the feedings, let them know.

Contact your nurse or dietitian if you have:

- a sore stomach and feel full
- an upset stomach or vomiting
- more than 3 loose bowel movements a day
- no bowel movements for 3 days

How long do I need tube feedings?

This depends on the amount of surgery and swelling you have. Most people leave the hospital with a gastrostomy feeding tube for nutrition and medication.

If you have had a small part of your tongue removed, you may be able to have all of your food by mouth once the swelling is down and the area is healed. Some people may be able to meet their nutritional needs partly with gastrostomy tube feeding and partly by mouth. Some people will not be able to have anything by mouth and will have a permanent gastrostomy tube.

It is important to remember that each person is different and will be assessed during their recovery. Going home with a gastrostomy tube does not mean you will have to have one the rest of your life. Your doctor and a dietitian will follow you closely and make changes when needed.

Will I have trouble breathing?

No, you will not have trouble breathing. After surgery, you will breathe through a tracheostomy tube. At first, the tracheostomy tube collects a lot of mucous. The nurses will suction the mucous to keep the tube clear. You will need suctioning about every 4 hours. The nurses watch to make sure the tube stays clear.

An oxygen mask is placed over your tracheostomy tube for 48 hours after surgery. This helps you breathe and the oxygen helps you heal. Every 2 to 4 hours, you will have a small pad placed on your finger to measure the amount of oxygen you are getting. This is called an oxygen saturation test or oximetry. The nurses do the oxygen tests for 48 hours after surgery.

Cleaning your mouth

Your mouth is cleaned every 4 hours. The nurses use a large syringe filled with solution to rinse your mouth. The syringe is attached to a thin tube that goes into your mouth. After 2 or 3 days, you will be able to do your own mouthwashes using a cup.

What activity can I do?

After surgery, you need to move around to prevent breathing and circulation problems. Moving also helps you build up your strength and recover faster.

Within 8 to 12 hours after surgery, you will be helped to sit at the side of your bed. You will also be encouraged to do deep breathing and circulation exercises.

Over the next few days, you will be helped to wash and move around. You need help because you have some tubes that need to move with you. Moving becomes easier as the tubes come out. Any time you get up, you will need to wear shoes with non-slip soles and full backs and toes for your safety.

The physiotherapist will review your exercise program with you and give you a list of exercises to do on your own.

When your tubes come out, you will be able to wear your own clothes. You will still have a gastrostomy tube.

When the nurses feel you are ready and do not need close observation, you will move to a semi-private room and look after yourself even more. You will be able to do more and more things on your own each day.

How will I communicate?

A speech-language pathologist will meet you after your surgery. You will start communicating by writing on a special board kept at your bedside. When the swelling goes down, the speech-language pathologist will assess your ability to speak clearly. You will get some information on how to improve your communication.

The tracheostomy tube will be removed 3 or 4 days after surgery. A silver metal tube called a Jackson trach tube will be put in. This tube can be blocked using a cork to allow you to speak. When you are able to breathe on your own, the Jackson tube will be removed. The nurses will put a dressing over the hole. This hole will close in a few days.

Before you go home

The Home Care Manager will visit you before you go home. The Home Care Manager will arrange any professional services you need at home such as a visiting nurse, dietitian or social worker. The Manager will also arrange support services such as dressing supplies, equipment rental, medications, transportation and homemaking.

If you need more help with communication after you go home, this can be arranged by your doctor and the speech-language pathologist.

You will be given an appointment to see your surgeon 1 to 3 weeks after you go home. You will also get any prescriptions for medications before you leave.

Most people go home with a gastrostomy feeding tube. You, your family and caregivers will learn how to feed yourself and look after the tube. Some people may have started eating orally as well. You will also be given guidelines about what to take orally if you are allowed to do so.

At Home

The Visiting Nurse

The visiting nurse will see you each day to make sure you are managing at home. You will be able to problem solve new situations when the nurse visits. Your doctor and visiting nurse decide when you no longer need home visits.

Cleaning your mouth

You will need to keep your mouth clean to promote healing and prevent infection. You may rinse with a mouthwash solution or normal saline. You should do your mouth care after every meal. Make sure there are no pieces of food trapped as these can cause infection.

Maintain your nutrition

A visiting dietitian will help you with your diet and your tube feeding when you get home. When you have questions or concerns, you can talk to the dietitian.

Watching for signs of infection . . .

You will need to watch for signs of infection around your tracheostomy if the tube was not removed before going home.

Watch for:

- swelling
- redness
- pus
- an increase in your temperature

Contact your doctor or the Head and Neck Unit at St. Joseph's Hospital if you have any of these signs.

Medical Alert Identification

You should wear and carry Medical Alert Identification. People will know how you communicate, if you ever need help. Your nurse will give you a form to complete and mail in. The identification should say: **impaired speech** or **no speech** or **cannot speak**.

Who to call if you need help?

If you have questions or concerns call your surgeon or the Head and Neck Unit at St. Joseph's Hospital.

☎ Surgeon's number: _____

☎ The Head and Neck Unit: 905-522-1155 ext. 33504