



Information for patients undergoing reconstructive surgery for oral cancer

This booklet aims to provide you with information that you have discussed at your pre-treatment appointment with the clinical nurse specialist, speech and language therapist and dietitian. This booklet aims to help guide and prepare you for your upcoming reconstructive surgery.

Clinical nurse specialist support

What should I bring into the hospital?

There are clean towels, shampoo, shower gel, toothbrush/paste available whilst you are on the ward. Therefore, it is a personal choice if you wish to bring those in with you. We recommend bringing in:

- Admission letter
- Regular medications
- Pyjamas
- Dressing gown
- Slippers
- Something to entertain yourself with (iPad/books/laptop/phone etc.)
- Chargers for appliances
- Glasses/hearing aids/false teeth in a labelled container
- Toiletries if you have a personal preference
- A few outfits to get changed into

While you have your tracheostomy, you may produce more mucus than usual, which can make your clothes wet or dirty. We recommend bringing your own clothes to wear once the tracheostomy has been removed. Until then, you can wear hospital gowns, nightdresses or pyjamas.

What can I expect in hospital?

When you wake up, you will be in the Enhanced Post-Operative Care Unit (EPOC) or our Intensive Care Unit. This will be one to one care by a nurse whilst your recover from your surgery. You will most likely stay there for a few days.

You will then be moved to Ward 408 where you won't be as closely monitored, but nursing staff will be easily accessible when needed. From there, you will continue your recovery before being discharged.

You will wake up with several attachments:

- Drains in your neck. If you are having surgery on your leg, you will have drains in your leg too. These will be removed before discharge.
- A catheter within your bladder. This will be removed when you start to move around more.

- A dressing to your arm/leg (depending on surgery site)
- A feeding tube within your nose (nasogastric tube)
- A tracheostomy in your neck. This is a temporary breathing tube that we aim to remove before discharge.
- A Patient Controlled Analgesia (PCA) device. This is a machine with a button that allows you to administer pain relief.

Every morning, the Maxillofacial team will come and review you within your bed space and create a plan for the day. You will see various members of the team throughout the day as they support you through your recovery.

How long will I be in hospital?

You will be in hospital for approximately two weeks whilst you are recovering.

What are visiting hours in the hospital?

Visiting hours are between 11am and 7pm every day. You can have two visitors to a bed space. If you need to arrange a visit outside of these hours, please speak to the Ward 408 ward manager or nurse in charge. Visiting hours for ITU and EPOC may differ, so please contact those units directly to confirm and make arrangements.

The contact numbers for the wards and units can be found on the back of this booklet.

What happens after discharge?

It can take a few weeks for the results of the surgery to come back. In the meantime, we will arrange for you to be seen in our post-treatment clinic. This will be one week after you have been discharged. This will be with the speech and language therapist, dieticians and clinical nurse specialists.

You will then receive a follow up appointment with your consultant once your results are back and have been discussed in our cancer multi-disciplinary meeting.

Dietitian support

What should I eat and drink before surgery?

It is important that you are well nourished before surgery as this will help you to heal quicker and have fewer complications following your operation. Being well nourished starts with having a balanced diet that is high in protein, vitamins and minerals. Due to pain or difficulty swallowing, you may have already changed your diet or may be avoiding certain foods. The following tips may help you to increase what you are able to eat:

- Having pain relief 20-30 mins before eating
- Having small frequent meals to help stimulate appetite. For example, eating five to six small meals throughout the day
- High protein, high energy snacks such as milky puddings (custards, yogurts, crème caramels)
- Adding cheese, double cream, ground nuts, oil or butter to vegetables, mashed potato or soups. You can add cream, ice cream or custard to fruit or cakes
- Changing the texture of your diet e.g. having smoother foods or choosing softer textures that are easier to chew or swallow

- Staying active by doing exercise, such as walking or swimming helps to maintain muscle and is great for your mental health.
- Remember to eat foods that you can tolerate but that you also like and enjoy!

You may be given or already be having oral nutritional supplements (ONS), such as Fortisips/Aymes, to help support and build yourself up before surgery. If this is something you feel you would benefit from, a dietitian will review you at your pre-treatment appointment and assess this.

Can I eat and drink after surgery?

After surgery you will be placed nil-by-mouth (NBM). This means your food, water and medications will go down a naso-gastric tube (NGT). This tube is fitted during surgery. The tube goes in your nose, down your food pipe and into your stomach. You will remain nil-by-mouth for around five to seven days. This is to help wound healing and prevent infection in the mouth.

Your surgeon will decide when they are happy for you to start eating and drinking. Speech and language therapists (SLT) will come and assess you on the ward and recommend the best texture of fluids and food for you to have safely. You are likely to start with sips of water or free fluids, then move onto smoother textures such as yogurts, custard and jelly. Then you are likely to progress onto a puree diet.

To help you to meet your calorie and protein requirements you will be recommended to have oral nutritional supplements (such as fortisips). This is while you get used to food in your mouth as parts of your mouth may be swollen or lack sensitivity/ feel numb. It is important to eat when able to following your operation, as food is physiotherapy for your mouth and helps to exercise this area. Once you start eating and drinking it is normal for your naso-gastric tube to stay in and not be used for a few days. This is to make sure when you go home you can manage to eat and drink enough. Once the dietitians are happy you can manage to eat and drink enough, your naso-gastric tube will be removed.

You will likely go home with oral nutritional supplements to support you at home, and you will be followed up in outpatients by a dietitian.

Speech and language therapy support

You will see a speech and language therapist before and after your surgery. Speech and language therapists work with people who have swallowing and/or communication difficulties. Before surgery, we will assess your swallowing and communication and talk about the things that are important to you. We will then see you afterwards on the ward to support you with your swallowing and/or communication rehabilitation and will support you to have your tracheostomy removed.

What is a tracheostomy?

This is a small tube that is placed in the front of your neck during surgery to help you with your breathing when you are swollen or may experience some bleeding. This will be managed by the nurses looking after you. You will need regular suction to ensure the tube remains clear of secretions. You will also have regular nebulisers (inhaling fine mist of saline or water through a mask over your tracheostomy tube), as this helps to keep your mucus and secretions loose, making them easier to clear.

You will not be able to use your voice when you first have a tracheostomy inserted. This is because the tube sits below your voice box and a small balloon of air known as a “cuff” prevents air from flowing up through your vocal cords. It is important to think of other ways you can communicate, for example, writing, texting on your mobile and gesturing.

You will always have a call bell next to you so that you have a way to communicate with the nurses looking after you. The tracheostomy will be removed when the teams looking after you have checked you can cough, swallow and breathe well enough to manage without it. The tracheostomy tube will be removed on the ward. A small dressing will be placed over the site, and this should heal over a few days to a few weeks.

How will my swallow be affected?

Any surgery to your mouth, head or neck area can affect your swallowing. The Speech and Language Therapists will work closely with you to assess for any swallowing difficulties that you may have before surgery. This includes how you chew and move food and drinks around your mouth.

We will support you with your swallowing rehabilitation after the operation. You will be nil-by-mouth for the first few days after surgery. This is to allow your mouth to heal and reduce the risk of infection. When your surgical team advise that you can start eating and drinking, the speech and language therapists will provide you with exercises and gradually introduce drinks and food over a period of a few days, making sure you are using the safest and most effective ways to eat and drink. The extent to which your swallowing is affected will depend on the type of surgery you have. The speech and language therapists can discuss this with you in more detail. Speech and language therapists can also arrange to see you as an outpatient following your discharge from hospital to continue to support you with your recovery.

How will I communicate?

Surgery to the mouth, head and neck can also affect your speech and/or your voice. The speech and language therapists will advise you about how to manage these changes and provide any appropriate strategies and exercises if needed. These changes can be challenging and difficult to manage. The speech and language therapists are specially trained to support you and to improve your communication recovery.

Physiotherapy support

Before your surgery

There are several things you can do before your operation to support your recovery. These include:

- Staying active and independent
- Stopping smoking
- Reducing alcohol intake

Your healthcare team can offer support with any of these if you need it.

Being physically active can take many forms. It might mean everyday tasks such as housework, walking to the shops, or gentle activities you enjoy. It may also include more structured exercise programmes if you are able.

We understand that being active may feel difficult, but maintaining your muscle strength and general fitness as possible can make a real difference to your recovery after surgery.

After surgery

Day one: Getting started with recovery

On the first day after your operation, the team will help you begin moving as soon it is medically suitable. This usually includes:

- **Sitting out in a chair** to help your lungs work more effectively and reduce the risk of complications such as chest infections, blood clots, constipation
- **Walking**, with help from staff to manage your attachments e.g. lines, drains, oxygen
- **Reviewing your tracheostomy**, to help with clearing your chest and optimise your breathing
- **Practising airway clearance techniques**, such as deep breathing and supported coughing, to keep your lungs clear.

Because head and neck surgery can increase the risk of chest infections, early movement and breathing exercises are important both before and after your operation.

Day two and beyond: Building up your activity

The aim is to help you move more frequently and for longer periods. You may still have several tubes or attachments in place, so you will need support from the nursing or therapy teams to do this. You will be encouraged to:

- Increase the distance and frequency of your walking with daily targets to guide you
- Become more independent with everyday movements
- Continue practising breathing and airway-clearing exercises

Reviewing Your tracheostomy

Your physiotherapists, speech and language therapists, nurses, and doctors work together to decide when your tracheostomy can be safely removed. Physiotherapists will look at:

- Your current respiratory needs e.g. oxygen and suction
- Whether you can effectively clear your chest

Once the whole team agrees it is safe, the nursing staff will remove the tracheostomy on the ward.

Neck, shoulder and donor site movement

After surgery, it is common to experience stiffness or reduced movement in your neck, shoulder, or the area where tissue was taken for reconstruction (the “flap donor site”). The physiotherapy team will:

- Assess your movement once it is safe to do so
- Begin exercises when your drains have been removed
- Support you in gradually improving your range of movement
- Arrange follow-up physiotherapy at your local hospital if needed

These exercises help restore comfort, strength, and function as you continue to recover at home. A separate exercise sheet will be provided for you to refer to.

Active cycle of breathing technique

This is a breathing technique you can use after your surgery, to help clear your chest. Your physiotherapist will also explain this to you and can help if needed.

1. Take three slow deep breaths (hold each one for three seconds)
2. Follow with gentle relaxed breathing (this will control your breathing)
3. Take three slow deep breaths (hold each one for three seconds)
4. Follow with gentle relaxed breathing (this will control your breathing)
5. Take a small breath in then huff (take a gentle breath in, then a sharp, quick breath out)
6. Follow with gentle relaxed breathing (this will control your breathing)
7. Take three slow deep breaths (hold each one for three seconds)
8. Follow with gentle relaxed breathing (this will control your breathing)
9. Take a slightly deeper breath, followed by a huff and a cough to clear the phlegm

You may need to repeat the process as it can take a few cycles of breathing exercises before your huff is dry and your lungs are clear.

Moisturiser and massage

Scars and newly healed skin are unable to lubricate themselves in the same way undamaged skin does. Moisturisers are used to help soften and hydrate the skin.

We recommend moisturising all **healed** areas a minimum of twice a day (i.e morning and night) to ensure that your skin/scars remain hydrated, and do not become dry and itchy. Moisturiser needs to become a part of your daily routine and used consistently for a minimum of 12 months. You can use emollient creams such as Diprobase, Dermol 500 and E45 cream.

Application directions:

1. Wash your skin thoroughly to remove any cream from previous applications, as build up can cause irritation.
2. Dry the skin well with a soft towel.
3. Rub a small amount of moisturiser into the healed area. Ensure you cover the whole surface area. Begin massaging gently. Over time, you can progress to a firm massage as the skin heals.
4. Massage moisturiser into the healed area using a circular motion. Apply pressure and pay particular attention to any hardened or raised areas.
5. Continue to massage until all the cream has been absorbed.

This may be uncomfortable at first however overtime it will become more comfortable and soothing on the skin.

Sunscreen advice

Following surgery, it is very important that all healed areas, including any areas which have required a graft/flap and donor sites, are protected from the sun. Sunburn can occur from not only direct sunlight, but on cloudy days, from water, snow glare or even what appears to be shaded areas.

All damaged skin/scars will burn and blister very quickly if exposed to the sun. Exposed scars often become tanned and permanently discoloured.

We would recommend:

1. Stay in the shade, especially between 11am-3pm.
2. If you are exposed to the sun, ensure all areas are protected with Factor 50+, with UVA and UVB protection. Reapply every one to two hours.
3. Wear protective clothing over damaged areas. This is combined with sunscreen.
4. Wash your skin thoroughly in between applications of sunscreen to remove any cream from previous applications as the build-up can cause skin irritation.

Damaged areas need to be protected for at least two years. However, it is good practice to always maintain this.

Department address and contact information:

Head and Neck Clinical Nurse Specialists: 0121 371 4692

Dietitians: 0121 371 3485

Speech and Language Therapists: 0121 371 3483

Physiotherapy: 0121 371 3466

The Patrick Room: 0121 371 3539

Ward 408: 0121 371 4057

EPOC: 0121 371 2756

Critical Care Unit B: 0121 371 2824

Address: 25F, Level 4, Nuffield House
Mindelsohn Way,
Birmingham
B15 2TH

Useful links:

www.macmillan.org.uk

www.theswallows.org.uk

www.hancuk.org

www.mouthcancerfoundation.org

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