



**HEAD & NECK CANCER**  
AUSTRALIA  
FORMERLY BEYOND FIVE

# MANDIBULOTOMY



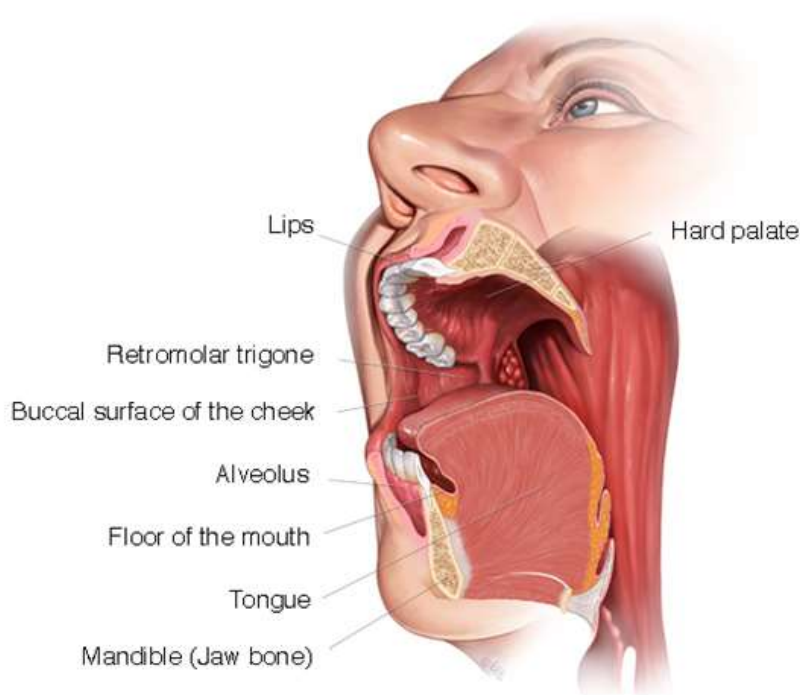
## MANDIBULOTOMY

This information aims to help you understand the operation, what is involved and some common complications that may occur. It may help answer some of your questions and help you think of other questions that you may want to ask your cancer care team; it is not intended to replace advice or discussion between you and your cancer care team.

Please note that mandibulotomy usually forms a part of a much larger cancer operation. Check with your surgeon to be sure about what else your surgery may involve. The information sheets on oropharyngectomy, neck dissection, tracheostomy and feeding tubes may also be useful to you.

## AN OVERVIEW OF THE MANDIBLE

- The mandible is the lower jawbone. This is important for maintaining the shape of the face as well as providing a strong support for the teeth when you chew.
- The mandible has an important nerve (inferior alveolar nerve) running through the middle of it. This nerve gives feeling to the skin of your lower lip, chin and bottom teeth



## WHAT IS A MANDIBULOTOMY?

Mandibulotomy involves making a cut in the middle of the mandible to allow the jaw to be moved to the side. This helps the surgeon operate on the back part of the tongue and throat. No bone is removed during a mandibulotomy. There are several steps to perform a mandibulotomy:

- The incision runs from the middle of the lower lip, down the chin into the front of the neck. This is called a 'lip split'.
- Sometimes a tooth (usually a canine tooth) may be removed
- The mandible is cut with a special saw
- The muscles between the tongue and the lower jaw bone are cut to allow the mandible to move to the side.
- Sometimes the lingual nerve is divided; this gives feeling and taste to one side of the tongue.
- After the cancer has been removed, the mandible is put back together with titanium plates and screws, which stay in permanently (unless there are problems such as infection).

## WHY IS A MANDIBULOTOMY NEEDED?

Mandibulotomy is a surgical technique used to give access to cancers in the back of the tongue (known as the tongue base) and tonsils.

- Mandibulotomy is only used for patients when the cancer is too far back to be removed safely through the mouth.
- Most patients having mandibulotomy also need a free flap reconstruction to rebuild the area of the throat that has been removed.

## HOW CAN I PREPARE FOR THE SURGERY?

- Your surgeon will explain the details of your operation. Be sure to bring up any questions or concerns, and share your needs and wishes with your cancer care team.

- Talk to your surgeon and cancer care team about any likely side effects to expect following the operation. The approach may cause changes to your appearance and a loss of sensation in some of the nerves of your tongue, neck and face.
- You may find it useful to talk to a dietitian, speech pathologist or specialist head and neck nurse about these issues.
- You will need to fast (have nothing to eat or drink) for six hours before your operation (unless advised differently by your surgeon or anaesthetist) because a mandibulotomy approach is performed under a general anaesthetic (you will be asleep and will not remember what happens during the operation).

• Visit the [Head and Neck Cancer Australia website](#) for further information on health professionals who may be part of your cancer care team

## **POSSIBLE RISKS OF MANDIBULOTOMY**

All operations carry some risks such as blood clots, wound infections, bleeding, chest infection, adverse reactions to anaesthetic, and other complications. These risks will be explained by your cancer specialist and anaesthetist. Your doctor will explain details of the operation, general risks and side effects of the operation, they may recommend:

- stopping blood thinners (e.g. aspirin) before surgery to reduce the risk of bleeding
- a blood thinner (called heparin) may be injected before and after surgery to reduce the risk of blood clots
- antibiotics to reduce to risk of wound infection
- early mobilisation to reduce the risk of blood clots and chest infection
- special stockings to reduce the risk of blood clots.

Mandibulotomy is very safe, but there are risks with any operation. These risks are higher in patients who have had radiation therapy or those who smoke. If you smoke, you should speak to your doctor about trying to quit at least a few weeks before surgery.

These risks include:

- **Non-union of the mandible:** The lower jawbone, or mandible, may not join back together properly. This may require more surgery if the bone is not stable.

- Malocclusion: The upper and lower teeth may not meet together in the correct position when chewing. This can be corrected by an orthodontist with braces.
- Other dental complications: Including loss of teeth, particularly next to the mandibulotomy site.
- Plate complications: Although uncommon, complications such as infected plates, plates becoming visible or plate breakage may occur. This usually requires removal of the plates.
- Osteoradionecrosis: The death of some of the jawbone may occur in patients who have had radiation therapy either before or after surgery. This is uncommon but may be a serious problem.

## **SIDE-EFFECTS AND THEIR MANAGEMENT**

A mandibulotomy may lead to several different side effects. You may not experience all of these. Speak with your doctor if you have any questions or concerns about treatment side effects.

- Swelling: After the operation there will be swelling around the lips and jawbone. This may last for several months, but it is likely that the shape of the jaw and face will gradually return to normal.
- Nausea: General anaesthetic may cause nausea. This will settle down soon after the operation and can be treated with medications.
- Pain management: Pain is a common side effect of the operation. Your anaesthetist will give you pain medicine during the operation to keep you comfortable when you wake up, and you may continue on pain medicines to ensure pain is under control.
- Changes in appearance: The appearance of the face and neck may change and it may be hard to accept. Seek support from the cancer care team, and family and friends. Contacting other patients may also assist.
- Numbness in the tongue: The incision made to access the cancer may cause numbness on one side of the tongue where the mandibulotomy was performed. This is usually permanent but most patients adjust to this over time.
- Changes in eating and speaking: Mandibulotomy may affect eating and speaking so it may be useful to have a tablet/portable device or pen and paper to write down what you want to say. The speech pathologist and dietitian will provide any assistance needed to help with your speaking and eating during recovery.

You may want to write additional questions here to ask your doctor or cancer care team

### **About Head and Neck Cancer Australia**

Head and Neck Cancer Australia (formerly Beyond Five) is Australia's only charity dedicated to providing information and support to people living with head and neck cancer, caregivers, family and healthcare professionals.

Head and Neck Cancer Australia's mission is to improve the quality of life of everyone affected by head and neck cancer through education and access to support and to raise awareness of head and neck cancer nationally.

Head and Neck Cancer Australia supports people through their cancer journey, from diagnosis to treatment and life after cancer by providing comprehensive, easy to understand and easy to access information. We have the only Directory of Head and Neck Cancer services and support groups available in Australia and New Zealand helping people to find the right services and support when they need it most.

Phone: 1300 424 848

Email: [contact@headandneckcancer.org.au](mailto:contact@headandneckcancer.org.au)

Web: [www.headandneckcancer.org.au](http://www.headandneckcancer.org.au)

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