



HEAD & NECK CANCER
AUSTRALIA
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MAXILLARY SWING APPROACH



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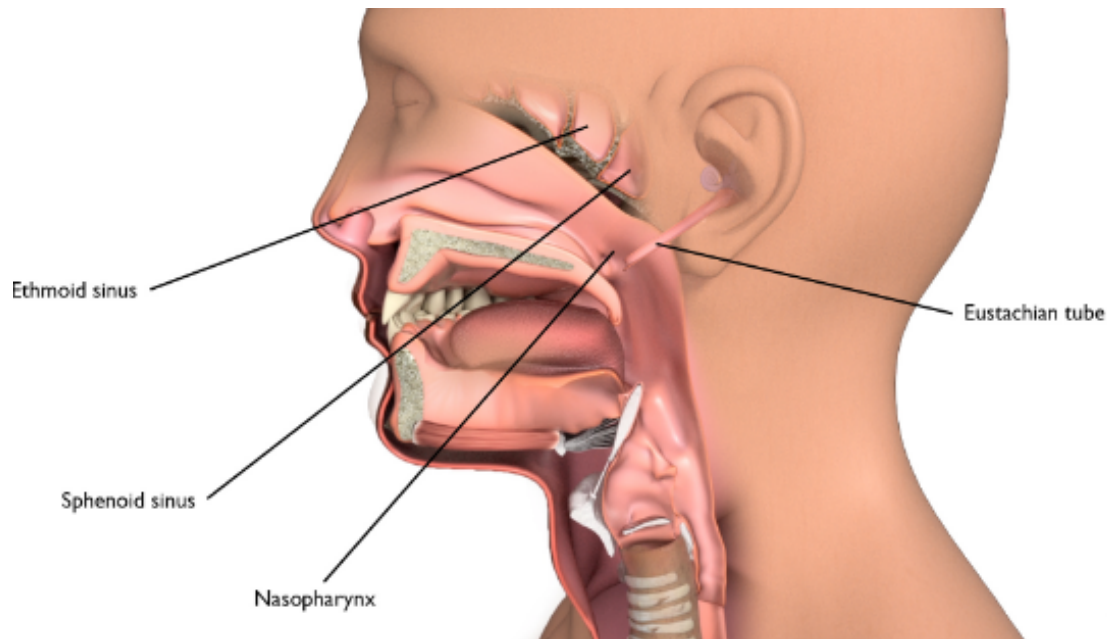
This information aims to help you understand the operation, what is involved and some common complications that may occur. It may help answer some of your questions and help you think of other questions that you may want to ask your cancer care team; it is not intended to replace advice or discussion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

For further information about the specific surgery to remove your particular cancer and what to expect, refer to the [Head and Neck Cancer Australia website](#).

AN OVERVIEW TO THE MAXILLARY SWING APPROACH

- The [nasopharynx](#) is the part of the throat at the back of the nose. It is a difficult area to operate on, because the upper jaw (called the maxilla) is in the way (see picture below).
- The **maxillary swing approach** is a technique used to access cancers in the nasopharynx.
- Incisions (or cuts) are made through the skin of the face, the lip, and inside the mouth through the roof of the mouth (palate). The bone in the upper jaw is then cut swung out on one side, still attached to the soft tissues of the cheek, to gain access to the cancer.
- After the cancer is removed, the upper jaw is fixed back in place with small plates and screws, and the facial incisions are closed.
- Sometimes the lymph nodes in the neck may need to be removed. This is called a [neck dissection](#). Visit the [Head and Neck Cancer Australia website](#) to download information on neck dissection.
- A temporary [tracheostomy](#) is also required because it may be difficult to breath after the surgery due to swelling. When the swelling goes down the tube will be removed. Visit the [Head and Neck Cancer Australia website](#) to download information on tracheostomy.
- The cut in the palate will be sutured, but you will not be able to eat for about a week after the surgery. A [feeding tube](#) will be placed through the nose to the stomach to keep you well nourished. You will need to stay on a soft diet for a month after the surgery until the bone knits

back together. Visit the [Head and Neck Cancer Australia website](#) to download information on feeding tubes.



Further information about [nasopharyngeal cancer](#) is available on the [Head and Neck Cancer Australia website](#).

WHY IS A MAXILLARY SWING NEEDED?

- Cancers in the nasopharynx are difficult to operate on, so they are usually treated with radiation therapy. If the cancer returns after radiation therapy, then surgery may be the only way of treating the cancer.
- A maxillary swing approach provides the surgeon with good exposure to an area that is otherwise difficult to access, whilst helping to preserve the muscles of the soft palate (which are important for speaking and swallowing).

HOW TO PREPARE FOR THE OPERATION

BEFORE THE OPERATION:

- You will need to fast (have nothing to eat or drink) for 6 hours before your operation (unless advised differently by your surgeon or anaesthetist) because the maxillary swing approach is performed under a general anaesthetic (you will be asleep and will not remember what happens during the operation).
- 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.
- Before your operation you should speak to your doctor about how to manage factors such as smoking, drinking alcohol and chronic conditions like diabetes and obesity, that could increase your risk of complications.
 - If you take blood thinning medication for a heart condition or blood clots (such as Warfarin, Plavix[®], Aspirin or Pradaxa[®]), make sure your surgeon is aware. Some of these medications need to be stopped more than a week before the operation. Sometimes a short-acting blood thinner (such as Clexane[®]) is used before and after the surgery.
- Talk to your surgeon and [cancer care team](#) about any likely side effects you can expect following the operation. The operation may cause changes to your appearance, some difficulties eating and a loss of sensation in some of the nerves of your face. You may find it useful to talk to a dietitian, speech pathologist or specialist head and neck nurse about these issues.

POSSIBLE RISKS OF MAXILLARY SWING APPROACH

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.

A **maxillary swing is a major operation** and it has some risks, particularly because the tissue usually has been radiated and may not heal normally.

Some specific risks of the maxillary swing approach include:

- **Opening in the palate (palatal fistula):** A hole or opening may form in the palate (the roof of the mouth through to the nose). This may cause food and drink to leak from the nose when swallowing. It will also make your voice sound like you have a cold (nasal). Fasting for a period after the surgery can help prevent this. If a fistula develops it may need to be repaired surgically using a flap.
- **Bone death (osteoradionecrosis):** Bone that has been treated with radiation therapy may not heal normally after surgery. If the wound does not heal well, it may be because the bone has died. This may require reconstructive surgery to replace the dead bone (soft tissue or bone free flap). Visit the [Head and Neck Cancer Australia website](#) to download information on soft tissue of bone free flap.
- **Infection of plates and screws:** If there are wound healing problems near the plates and screws used to repair the bone cuts, they may become visible. If this occurs they may need to be removed.

SIDE EFFECTS AND THEIR MANAGEMENT

As with all operations, there is a chance that a maxillary swing approach may lead to a number of side effects. You may not experience all of the side effects. Speak with your doctor if you have any questions or concerns about treatment side effects. Side effects common for maxillary swing may include:

- **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. Ensure you take pain relief medications as prescribed by your doctor and speak to your cancer care team if the pain is not under control, gets worse or if the medication causes any side effects. Visit the [Head and Neck Cancer Australia website](#) to download information on [pain management](#).

- **Changes in swallowing and eating:** Maxillary swing approach will affect eating and swallowing. A tube will be placed through the nose during the operation for feeding while the wounds in the mouth are healing. You will need to remain on soft food until the bone has healed. Assistance after the operation can be provided by a speech pathologist.
- **Changes in appearance:** There will be some scars on the face that should become less noticeable over time.
- **Numbness in the face:** Nerve fibres may be cut during the operation, this will cause numbness in the face and upper teeth.
- **Nasal blockage:** Nasal packs will be placed on the nose after the operation; the nose may be blocked for a while.
- **Hearing loss:** Your ears (one or both) will feel blocked after the surgery and your hearing may be reduced as a result. Often this is temporary but it can be permanent.
- **Trismus:** Difficult opening the mouth and locking of the jaw are common side effects after the maxillary swing approach procedure. This will restrict what sort of food you can eat but can be helped by mouth-opening exercises to stretch the jaw. A speech pathologist can assist with these difficulties and may provide you with a special device to help with the exercises called a Therabite®.

Visit the [Head and Neck Cancer Australia website](#) for further information about the specific surgery you are having for your particular cancer and for questions to ask your doctor.

For further information about the operation for cancer and what to expect, you can also refer to [Understanding Surgery: a guide for people with cancer, their families and friends](#).



You may want to write specific 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.

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Web: www.headandneckcancer.org.au

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