



**HEAD & NECK CANCER**  
AUSTRALIA  
ENGAGE • EDUCATE • EMPOWER

# OROPHARYNGECTOMY





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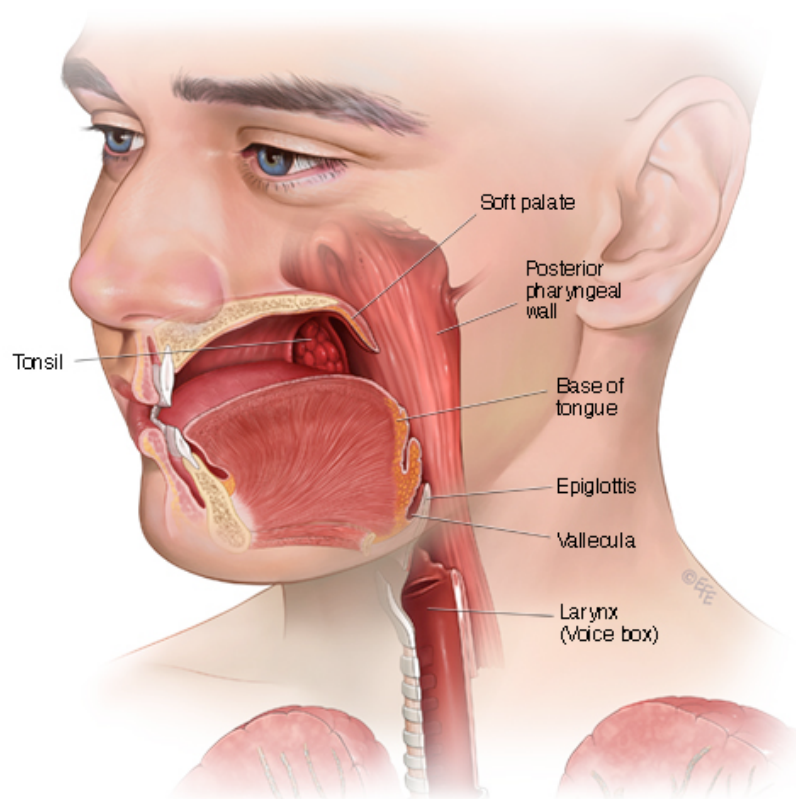
## OROPHARYNGECTOMY

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](#).

### AN OVERVIEW TO OROPHARYNGECTOMY

- The [oropharynx](#) is the part of the throat (pharynx), just behind the mouth. It includes the back part of the tongue (tongue base), the soft palate, the tonsils and the back wall of the throat (see picture below).

Oropharynx and the surrounding areas





- Oropharyngectomy is removal of part of the oropharynx. This is usually done for cancer of the oropharynx.
- The oropharynx is a difficult area to see and operate on because the teeth, jaw and tongue are in the way. Sometimes tumours are removed through the mouth by holding the mouth open, this is called trans oral surgery. There are several ways that surgeons make it easier to operate on this area, including:
  - Using a robot called [Trans oral robotic surgery \(TORS\)](#)
  - Using a laser called [Trans oral laser surgery](#)
  - Cutting the jaw bone called [Mandibulotomy](#)
  - Operating through the neck under the jaw called [Mandibular Lingual release](#)

For further information on above information sheets, visit the [Head and Neck Cancer Australia website](#).

- When cancers are removed from the oropharynx, the lymph nodes in the neck are usually removed at the same time; this is called a [neck dissection](#). This is because cancers in this area often spread to the lymph nodes. Visit the [Head and Neck Cancer Australia website](#) to download information on neck dissection.
- After the cancer is removed, some reconstructive surgery may also be done in the same operation using a [soft tissue free flap](#). Visit the [Head and Neck Cancer Australia website](#) to download information on soft tissue free flap reconstructive surgery.
- If a flap reconstruction is done, most patients will need a [tracheostomy](#) (a tube to assist breathing) for a time (days to weeks) until the swelling has gone down. Visit the [Head and Neck Cancer Australia website](#) to download information on tracheostomy.



## WHY IS AN OROPHARYNGECTOMY NEEDED

- Oropharyngectomy is done to remove cancer in the oropharynx, most often the tongue base or tonsil. For some patients, it may be done as part of the removal of another cancer that has spread into the oropharynx, such as a large tongue cancer that has grown into the tongue base. The size of the cancer and where it is located will determine the surgery needed.
- The cancer together with an area of normal-appearing tissue is removed, to reduce the chance of any cancer cells being left behind.
- Tissue removed from the neck dissection will be examined in detail by a specialist pathologist, under a microscope to look for cancer cells and to assess whether additional treatment is needed. Through this examination, the [cancer can be accurately staged](#). Further information about staging of cancer is available on the [Head and Neck Cancer Australia website](#).

## 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 oropharyngectomy 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 the team (see box).
- You should speak to your doctor about how to manage aspects of your lifestyle, such as smoking, drinking alcohol and chronic conditions (e.g.

#### Possible questions that you may want to ask your cancer care team

- How long will it take before I can eat again?
- What kinds of food should I eat after the operation?
- Will I need a feeding tube and for how long?
- Will I need a tracheostomy and for how long?
- Can I talk with a tracheostomy? How will I communicate?
- Will the surgery affect my speech or swallowing?
- Will I need any other treatment such as chemotherapy or radiation therapy?



diabetes and obesity) that may increase the risk of complications.

- o 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. This may include issues with speech and swallowing after the operation. You may find it useful to talk to a dietitian, speech pathologist or specialist head and neck nurse about these issues.
- Discuss with your surgeon whether there is any reconstructive surgery planned.

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

## WHAT TO EXPECT DURING THE OPERATION

- During **oropharyngectomy**, the surgeon will remove the cancer from the part of the throat just behind the mouth. At the same time, other areas may be removed as needed, depending on the size of and location of the cancer.
- The operation will vary depending on which technique that the surgeon has decided to use. If the operation is done:
  - o **through the mouth, such as TORS**, then the only external cut will be in the neck to remove the lymph nodes. TORS usually takes between 3 and 5 hours and neither a flap reconstruction nor tracheostomy are required in most cases. Often a feeding tube is placed through the nose and drains are placed in the neck whilst asleep.
  - o **using a mandibulotomy**, then there will be a cut in the lower lip down into the neck. There will also be a cut in the jaw bone that will be held together at the end of the operation with a plate. The operation usually takes between 8 and 10 hours and both a flap reconstruction and tracheostomy are usually required. A feeding tube is placed through the nose or stomach (*percutaneous endoscopic gastrostomy, or PEG*) and drains are placed in the neck whilst asleep.



- o using a *mandibular lingual release*, then cuts in the lip and jaw bone are not needed. Instead, there will be a large cut in the neck, usually from one side to the other. The operation usually takes between 8 and 10 hours and both a flap reconstruction and tracheostomy are often required. A feeding tube is placed through the nose or stomach (*PEG*) and drains are placed in your neck whilst asleep. Visit the [Head and Neck Cancer Australia website](#) for further information on [feeding tubes](#).
- After the cancer is removed, some reconstructive surgery may also be done. Visit the [Head and Neck Cancer Australia website](#) to download information on different reconstructive surgeries.
- Usually the lymph nodes in the neck may need to be removed and this is called a neck dissection.
- During the operation, a tube may be placed into the windpipe (tracheostomy) to help with breathing, and a feeding tube could be inserted to help with feeding.

## WHAT TO EXPECT AFTER THE OPERATION

- After the operation, once you are fully awake, you will be moved to a bed in the hospital or intensive care unit where you will be closely monitored during recovery.
- You will have surgical drains in the neck to allow blood or lymphatic fluid to escape and prevent swelling.
- For long operations, a catheter is often placed in the bladder to help drain urine and will remain for a few days.
- You may have a drip in your arm to give you fluid until you are able to drink and a feeding tube to help deliver nutrition. Visit the [Head and Neck Cancer Australia website](#) for further information on feeding tubes.
- You may have a breathing tube in your lower neck to assist you breathing. This is called a tracheostomy and is usually temporary. This will make it difficult to talk, and you may need to write things down that you want to say to people. It is useful to have a pen and paper, mini white board or iPad/tablet in hospital to write down anything you want to say.



- Tracheostomy tubes need to be suctioned regularly to stop them clogging with phlegm and mucus. This will make you cough and it can feel uncomfortable to start with.
- If you have had a flap reconstruction, then you will need to be monitored very closely (usually every hour) to make sure that the flap has a good blood supply.
- It can be very **difficult to sleep in the first two days** after surgery because of everything going on. You might feel tired, fatigued, upset and get a bit irritated with people trying to help you. This is normal but it helps to prepare yourself so you don't get too frustrated.
- The drips and tubes will be removed when they are no longer needed or before you go home.
- Although an oropharyngectomy is a big operation, it is usually not very painful but may be quite uncomfortable. Your anaesthetist and surgical team will give you medicine to help control any pain and nausea after the operation. You may also have a button to push that delivers strong pain killers (patient controlled analgesia, or PCA), or you may have to ask the nurse for extra pain medication.
- Most patients stay in hospital for around 1- 3 weeks but can be longer should complications occur, it also depends on the extent of the operation and how you recover.

## **POSSIBLE RISKS OF OROPHARYNGECTOMY**

Your doctor will explain details of the operation, general risks and side effects of the operation, they may recommend:

- stopping smoking before the operation
- 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.

Risks specific to oropharyngectomy that you should know about are:

- **Infection:** The mouth contains lots of bacteria, which may cause an infection in the neck wound after the surgery. The surgeon will prescribe antibiotics to prevent this, but if an infection still occurs, it might require opening part of the wound to allow any pus to drain out.
- **Abnormal opening or fistula:** If the seal separating the throat and neck breaks down, saliva may leak causing an infection. This can be a very serious complication and might require opening the wound to allow it to drain or another operation to fix the seal.
- **Bleeding:** If a **flap reconstruction is not needed**, then the internal wound will heal by itself. During the healing process there is a risk that bleeding may occur. Usually this happens about one week after the operation and is mild. Rarely, there can be serious bleeding that requires another operation.
- **Flap failure:** If a flap reconstruction is needed, then microsurgery is done to join blood vessels together to keep the flap alive. If the blood supply blocks, another operation will be needed to fix the problem. Sometimes the problem cannot be fixed and a new flap is needed.

## SIDE EFFECTS AND THEIR MANAGEMENT

As with all operations, there is a chance that oropharyngectomy 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 **oropharyngectomy** may include:

- **Nausea:** General anaesthetic may cause nausea. This will settle down soon after the operation and can be treated with medications.
- **Sore throat:** Your throat may be sore initially because of the breathing tube placed during the operation.
- **Changes in eating and speaking:** Oropharyngectomy may affect eating and speaking; this varies depending on the operation. It may be useful to have a tablet/portable device



or pen and paper to write down what you want to say. Often swallowing tests are needed during your recovery to check how well you are swallowing and ways to improve this. The speech pathologist and dietitian will provide any assistance needed to help with your speaking and eating during recovery

- **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 through a [support group](#) may also assist.
- **Fatigue:** Most patients may feel quite tired after surgery and lack enough energy to do normal activities. It may take three months before feeling 'normal again'. Many patients will also need radiation therapy after the operation. This usually starts about 4–6 weeks after surgery and takes about 6 weeks to complete. For those who need radiation therapy as well as an oropharyngectomy, it may be 6 – 12 months before energy levels return.
- **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. You may want to download information about [pain management](#), which is available on the [Head and Neck Cancer Australia website](#).

## OTHER TREATMENT(S)

- Additional treatment(s) depend on the nature and extent of the cancer.
- Head and neck cancers often require treatment with more than one form of therapy to reduce the risk of the cancer recurring. Many patients need radiation therapy after the operation, and sometimes, may also require chemotherapy.
- Your [cancer care team](#) will be able to discuss the likelihood of needing further treatment before your operation but in many cases it will only be decided after



assessing the pathology report from the tissue removed at the operation. This may take two weeks from the operation or more.

## BEFORE GOING HOME

- Any particular instructions for [wound care](#) or medications will be provided to you before you go home. You may want to download further information about wound care on the [Head and Neck Cancer Australia website](#).
- Some patients will require a nurse to come to their home to do dressings.
- Your doctor may prescribe pain medications to help relieve the pain following the operation. Ensure you take the 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.
- You will be assessed by the team involved in your care before you go home and follow-up will be arranged with your surgeon and GP.
- Follow-up may also be arranged with any other allied health professionals that may assist you with supportive care
- There may be many appointments to keep after the operation. It is a good idea to write them down in a diary or planner.
- Your recovery at home may vary and you should allow time for your body to recover and heal. Regular follow-up helps to assess your progress.

## FOLLOW-UP CARE

- After your operation, you will continue to have regular follow-up visits with your specialist doctor and cancer care team.
- Other referrals may be arranged as needed with other health professionals, such as a speech pathologist or dietitian, to assist you with any difficulties.



- Any additional reconstruction, cosmetic procedures or treatments that you may need are planned after discharge. This enables time for you to recover from the initial operation, get results of the pathology that examined the tissue removed at the operation, and make the arrangements for any additional treatment or next steps.

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.](#)

## QUESTIONS TO ASK YOUR DOCTOR

- What type of cancer do I have? Where is it located?
- What are the risk factors?
- What lifestyle changes (diet, exercise) do you recommend I make?
- What are the chances that the surgery will cure the cancer?
- How long will it take before I can eat again and what sort of food?
- Will I need a feeding tube? How long will I need the feeding tube for?
- What will happen if I don't have the surgery?
- How much will the operation cost? Will my health insurance cover it?
- What are the possible side effects of treatment? How can they be prevented or controlled?
- Will I have a scar?
- Will I be able to lead a normal life?
- Will I need follow-up treatment? What follow-up tests will I need after the operation?
- What are the chances that the cancer will return?
- Am I suitable for any clinical trials?



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.

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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