Trans-Oral Robotic Surgery (TORS)

Your care team recommends that you have transoral robotic surgery (TORS). TORS is used to treat certain mouth and throat cancers such as:

- **Oropharyngeal cancer:** Cancer that affects the back of your throat, including the back of your tongue or tonsils. Many cases are linked to human papilloma virus (HPV).
- **Hypopharyngeal cancer:** Cancer that affects the lower part of your throat.
- **Laryngeal cancer**: Cancer that affects your larynx (voice box).

TORS is also used to treat some non-cancer issues such as:

- **Noncancerous tumors and cysts:** Growths in the mouth or throat.
- **Lingual tonsillitis**: Inflammation or infection of the tonsils at the base of your tongue.
- **Obstructive sleep apnea**: A disorder that makes it hard to breathe while sleeping.

Before Surgery
Before your surgery, your doctor may order imaging tests to help plan your treatment. These may include:

- CT (computerized tomography) scan
- MRI (magnetic resonance imaging) scan
- PET-CT scan (positron emission tomography with CT)

During Surgery
Your surgeon carefully guides the robotic tools to the hard-to-reach areas in the back of your throat. TORS surgery is often done along with surgery to remove lymph nodes in the neck. Sometimes both surgeries are done at the same time. Other times, your surgeon does one first and the other a few weeks later. Your surgeon will explain the best plan for you.

After Surgery
How long you stay in the hospital after surgery depends on your care plan. Your care team will check that you are not bleeding, can breathe easily, and are getting good nutrition.

Swelling
You may have swelling, bruising, and numbness in your tongue. Your doctor may prescribe a steroid medicine. In rare cases, you may need a breathing tube in the front of your neck (tracheostomy tube). A breathing tube helps keep your airway open as you are starting to heal from surgery.

Feeding Tube and Diet
It may be hard to swallow after surgery. Your surgeon may place a tube through your nose so you can get nutrition and medicine. You may go home with it for a short time. If swallowing stays hard or you need chemo or radiation, you may need a tube in your stomach for longer. Your care team will tell you if you should keep taking nutrition drinks after the tube comes out. After the tube is removed, you will slowly move from liquids to solid food.

To learn more on how to use your feeding tube at home, scan the QR code or click the link to review Health Fact for You T*ube Feeding Using Gravity.*
https://patient.uwhealth.org/healthfacts/295

To learn more about tube feeding, scan the QR code or click the link below:

https://patient.uwhealth.org/education/tube-feeding

Bleeding
You may have blood-tinged mucus for a week. This is common. **Avoid** coughing and clearing of the throat. Active bleeding is serious. If you have bright red, active bleeding from your throat or nose you should go to the closest emergency room immediately.

Pain
Expect to have a lot of throat pain that can last for 2 weeks or more. You may also have ear pain for 7-10 days. Your pain may seem worse when you talk and swallow. We will give you medicine and other tips to help reduce your pain.

Medicine
Do not take aspirin or NSAIDs such as ibuprofen, Aleve, Motrin, Advil, or naproxen unless your doctor says it is okay.

Take prescribed pain medicine as directed. **Do not** wait until your pain is severe to take your medicine. This can make it harder to control the pain.

Take your medicine on schedule. Keep paper next to your pill bottle and write down the time you take each dose. This helps you avoid taking medicine too early or waiting too long. You may need to set an alarm or have someone wake you to take medicine at night.

Constipation
Take a stool softener while using narcotic pain medicines. Your doctor may prescribe a stool softener, or you can buy it at a local pharmacy. Drink 8 to 10 8-ounce glasses of water or juice each day while taking stool softeners.

Activity Guidelines
- Limit your activity for 1-2 weeks.
- **Avoid** heavy exercise, swimming or lifting more than 25 pounds.
- Get plenty of rest. The pain medicines will make you feel tired.
- Keep moving. Short walks and light activity are important to prevent other complications such as constipation.
- Elevate your head with an extra pillow for 1 week to help decrease swelling.
- Plan to be out of school or off work for at least 2 weeks.

When to Call
Call the clinic if you have:
- Nausea and vomiting that does not get better.
- A fever over 101º F (taken by mouth).
- Pain not controlled with medicine.

Call 911 or go to the emergency room if you are bleeding from your throat/nose, or if you have trouble breathing.

Who to Call
If you have questions, please contact your provider through MyChart or call your provider listed in your After Visit Summary or After Hospital Care Plan. For a list of UW Health Clinics, visit www.uwhealth.org/.

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person's health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright ©12/2025 University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing HF# 8465.