

Home Care after Oral Cavity Composite Resection

A **composite resection** is surgery to remove part of the lining of the mouth and part of the lower jawbone. It may be done if cancer has grown from the lining of the mouth into the jawbone. It may also be done to remove jawbone that has been damaged by radiation.

Your surgeon may remove lymph nodes in your neck to check if cancer has spread. One or more teeth may also need to be removed.

The area where tissue and bone are removed may need to be rebuilt. Tissue is taken from another part of your body. This tissue is called a flap or graft. It may include skin, fat, blood vessels, muscle, cartilage, or bone. The area where the tissue is taken from is called the donor site.

Part of the Jaw Removed

If cancer or radiation damage affects only the lining of the jaw and part of the jawbone, only that area may need to be removed. The jaw stays in one piece.

The area can be repaired with a thick skin graft or a flap that includes skin and blood vessels. These flaps are often taken from the forearm or upper thigh.

Full Thickness Jaw Removal

If cancer or radiation damage goes through the entire jawbone, that section of jaw must be removed. This leaves a gap in the jawbone.

If the gap is at the front or side of the jaw, it is often rebuilt with bone and skin that include blood vessels. The bone and tissue are usually taken from the lower leg (fibula) bone or forearm (radius) bone.

If you need a larger reconstruction with a free flap, your surgeon will talk with you about the best option.

If you need a forearm free flap, do not have blood drawn or blood pressure taken on that arm before surgery. We will give you a temporary bracelet to remind you.

What to Expect

You will stay on the Ear, Nose and Throat (ENT) unit during your hospital stay.

- If you have a **skin graft**, you will likely stay 2-3 days.
- If you have a **free flap**, you will likely stay 5-10 days.

Breathing

Your mouth may be very swollen after surgery.

To help protect your breathing, you may have a temporary tracheostomy (trach) tube. This tube is placed in your neck to help air move in and out of your lungs.

Eating and Swallowing

Good nutrition helps your body heal.

Because of swelling, it may be hard to swallow after surgery. A small feeding tube may be placed through your nose during surgery. You can get food, fluids, and medicine through this tube.

You may have a swallow study during your follow-up visit. This test helps your care team decide when it is safe to remove the feeding tube. The feeding tube can be removed when you can safely swallow on your own.

Some people need a longer-term feeding tube placed into the stomach. This may be needed if swallowing problems last longer or if chemotherapy or radiation is planned after surgery.

Speech

Swelling in your mouth may affect your speech. If needed, a speech and swallow therapist will work with you after surgery.

Drains and Bandages

If lymph nodes are removed, you may have drainage tubes in your neck. You may also have drains at the flap donor site.

You will have bandages on your neck and donor site.

Pain

If bone or flap tissue is taken from your leg, it may be hard to walk at first. A physical therapist will help you during your hospital stay.

You may need:

- A walker for a few days
- A cane for 1-2 months

If nerves must be cut to remove the tumor, you may have temporary or permanent nerve damage. It can take months to know how much feeling will return.

You may notice:

- Numbness
- Tingling
- Less feeling in the surgery area

Protect numb areas from heat and cold. Use extra care with:

- Heating pads
- Ice packs
- Razors
- Hair dryers

Pain medicine will be given through your IV. Later, it will be given through your feeding tube or by mouth.

Incision Care

Before you leave the hospital, you will be taught how to care for your incision sites.

If needed, you will also learn how to care for your feeding tube and trach tube.

Donor Site Care

If a skin graft was taken from another part of your body, that area will have a bandage. The bandage may be held in place with staples. The staples are removed before you leave the hospital or at your first follow-up visit. The bandage may be left in place as the donor site skin heals

As the skin heals, the bandage will slowly loosen at the edges. You will begin to peel the bandage at the edges to gently remove it. It may take 1-2 weeks for the bandage to come off completely. After the staples are removed, you may shower or bathe.

Skin Graft Care

Skin graft care depends on where the graft was placed.

If the graft is inside your mouth, it will be covered with a bolster. A bolster is a special bandage that is sewn over the graft. It helps hold the graft in place and supports healing. You may be given a mouth rinse to help keep your mouth and bolster clean.

Do not try to remove the bolster. Your surgeon will remove it about 1 week after surgery or at your first follow-up visit.

Activity

For the first 2 weeks after you go home:

- Keep your head raised about 30 degrees when lying down. Use 2-3 pillows.
- **Do not** sleep on the side of your surgery.
- **Do not** put pressure on the side of your surgery.
- Do not bend so your head is lower than your heart.

For 2-4 weeks:

- No jogging
- No aerobics
- No swimming
- **Do not** lift more than 25 pounds

You may return to work when your surgeon says it is safe. This is often 4-6 weeks after surgery.

Do not drive or drink alcohol while taking narcotic pain medicine.

You may be asked to take aspirin daily for 2 weeks if you had a free flap surgery. If you have not had a free flap, **do not** take aspirin or other blood thinning medicines until your doctor tells you that it is okay.

When to Call

Call the clinic if you notice:

- Bleeding that soaks through a gauze dressing in 10 minutes or less
- Signs of infection, such as:
 - Redness
 - More swelling
 - More pain
 - Thick, pus-like drainage
 - Warmth around the incision
- A flap or skin graft that looks pale, gray, or black
- Pain that is not helped by pain medicine
- Increased swelling of the head or neck, the flap site, or the donor site
- A fever of 101°F or higher on 2 readings taken 4 hours apart
- Changes in facial movement, such as a facial droop that was not present after surgery or is getting worse

Call 911 or go to the nearest emergency room 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 © 7/2026 University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#7702