

Home Care after Oral Cavity Composite Resection

A composite resection surgery is done to remove part of the lining of the mouth and lower jawbone. It is done when cancer grows through the lining into the jawbone. Sometimes this surgery is done to remove bone that has been damaged by radiation (osteoradionecrosis).

Your surgeon may also take out some of the lymph nodes in your neck to make sure no cancer cells have spread. One or more of your teeth may need to be removed.

The area where gum tissue and jawbone is removed may need to be repaired with tissue from other parts of the body. This tissue is called a **flap** or **graft** and may be skin, fatty tissue with blood vessels, muscle, cartilage and/or bone. The area where the flap or graft is taken from is called the **donor site**.

Partial Removal of the Jaw

If the cancer or radiation has only damaged part way into jaw, then it can be taken out and the jaw left whole. The area of the exposed bone is then repaired. In this case, since the jaw is still in one piece, the hole in the jaw can be repaired by either a thick skin graft or with a piece of skin called a flap that is moved with blood vessels. Often flaps are taken from the forearm (**Radial Forearm Free Flap**) or the upper thigh (**Anterior Lateral Thigh Flap**).

Total Removal of part of the Jaw

If the cancer or radiation damage has invaded all the way through the jaw, then

that part of the jaw must be completely cut out. The jaw is now in two parts with a gap between them. If the gap is at the front or the side of the jaw, then the gap needs to be repaired with a piece of bone and skin with blood vessels, usually taken from the lower leg (**Fibula Free Flap**) or the forearm (**Radial Forearm Free Flap**).

If you need to have a larger reconstruction done with a free flap, your surgeon will discuss which type of flap is best for you. If you need to have a forearm free flap, you should avoid having blood drawn or blood pressures taken on that arm before surgery. We will provide you with a temporary bracelet to wear to remind you.

What to Expect

You will be admitted to the Ear Nose and Throat inpatient unit for your hospital stay. If a simple skin graft is used, your stay will be 2-3 days. If a free flap is used, your stay will be 5-10 days.

Breathing

You will have a lot of swelling inside your mouth. To protect your airway (breathing), you may have a temporary **Tracheostomy** or "**Trach**" (*trake*) **tube**. See Health Facts for You about Tracheostomy to learn more.

Diet and Swallowing

For good healing your body needs good nutrition. Swallowing will be hard because of the swelling in your mouth. You may have a small thin feeding tube put in your

nose during surgery. You can get nutrition and medicines through the feeding tube. The feeding tube can be taken out as soon as you are able to eat on your own. You may need a longer-term feeding tube placed in your stomach if you have more trouble swallowing or if you need to have chemotherapy or radiation after surgery.

You may have a swallow study scheduled at the same time as your post-op visit to see if you are ready for the feeding tube to be removed. When you can swallow well you will progress your diet as you are able to from liquids to soft foods.

Speech

Your speech may also be affected by the swelling in your mouth. We will have a speech and swallow therapist work with you after surgery if needed.

Dressing and Drains

If lymph nodes were removed, you may have temporary drainage tubes on the affected side of your neck and at the flap donor site. You will have bandages on your face, neck, and donor site.

Pain

If your flap or graft is taken from your leg, you may have some trouble walking on that leg at first. A physical therapist will work with you in the hospital. You may need a walker for several days and may need a cane for a month or two.

If nerves must be cut to remove the tumor, you may have some temporary or permanent nerve damage. We may not know how much

nerve damage there is for a few months after surgery. **There can be some numbness, tingling or decreased feeling in the area of your surgery.** Be careful around extreme hot or cold. **Be very careful when using heating pads, ice packs, razors, and hair dryers.**

You will be given pain medicine through your IV at first. Your pain medicine will be changed to one that can be given through the feeding tube or taken by mouth when you are ready swallow.

Incision Care

Before you leave the hospital, you will be told how to care for any incision sites. You will also be taught how to take care of your feeding tube and your trach tube if you need to go home with it.

Donor Site Care

If you had a skin graft taken for your repair, you will have a bandage on that donor site. The bandage on your donor site may be held in place with surgical staples. The staples will be taken out before you leave the hospital or at your first post op visit. The donor site bandage will dry on to the donor site. Once the staples are removed, you will be allowed to start getting the donor site wet, in the shower or tub. You will slowly begin to peel the bandage at the edges as the skin under it heals. It may take another 1-2 weeks before the donor site bandage comes off completely.

Skin Graft Site Care

Skin graft care depends on the location where the graft was placed. If your skin

graft was placed inside your mouth, it will be kept in place with a bandage called a “bolster”. A bolster is a bandage that is shaped to fit the size of your graft and sewn in place over the skin graft. The bolster applies a light pressure to the graft and keeps it in place to promote healing. You should not try to remove the bolster bandage. It will be removed by your surgeon about a week after surgery or at your first post op visit. You will be given a mouth wash to keep the mouth and bolster as clean as possible.

Activity

For 2 weeks after you are home, keep your head raised 30 degrees when you lay down; use 2-3 pillows. **Do not** sleep on or put pressure on the side where you had your surgery.

- **No** strenuous activity such as jogging, aerobics, swimming or lifting greater than 25 pounds for 2-4 weeks.
- **Do not** bend over so your head is lower than your heart for 2 weeks.
- You may return to work when your doctor says it is okay, usually 4-6 weeks after surgery.
- **Do not** drive or drink alcohol while you are taking narcotic pain medicines.

Watch for any signs of infection:

- Redness
- Increased swelling
- Increased pain
- Pus-like drainage
- Warmth at the incision site

- Fever greater than 101 degrees

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

- Bleeding that soaks a gauze dressing in 10 minutes or less.
- Any sign of infection.
- If the flap or skin graft looks pale white, gray or black in color.
- Pain not relieved by pain medicine.
- Increased swelling of the head or neck area, at the site of the flap or at the donor site.
- Fever of 101 degrees or greater for two readings taken 4 hours apart.
- Any changes in facial movement; facial droop on one side that wasn't 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 any questions or problems once you are at home, please call the

ENT clinic

Monday-Friday 8:00am- 5:00pm

(608) 263-6190

After hours and weekends, the paging operator answers the clinic number. Ask for the ENT resident on call. The resident will return your call.

Toll-free 1-800-323-8942

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 © 6/2023 University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#7702