

Glossectomy

Glossectomy is a surgery to remove disease from the tongue. This handout will review the types of surgery and your care after surgery.

Types of Glossectomy

- **Partial glossectomy** removes less than half of the tongue.
- **Hemiglossectomy** removes one side of the tongue.
- **Total glossectomy** removes nearly all or most of the tongue.

The type of repair you need will depend on how much tongue is removed. Your surgeon may be able to close the wound on your tongue with stitches. Stitches used on the tongue are dissolvable. The stitches will dissolve in 10-14 days.

If you have a larger portion of tongue removed your surgeon may need to repair your tongue with tissue from another part of your body. This tissue is called a split thickness skin graft, local flap, or a free flap.

Split Thickness Skin Graft (STSG)

A STSG involves removing the top layer of the skin, the epidermis, as well as a portion of the deeper layer of the skin called the dermis. Common donor sites for a STSG are the upper front or outer thigh, back of the upper arm, abdomen or back. Usually within about a week the graft will start developing new blood vessels and connecting to the skin around it.

Local Flap

For tongue defects that are medium in size, your surgeon may use a local flap to reconstruct your tongue. This would include rotating tissue, usually from the skin of your neck, into your mouth.

Free Flap

If a large part of the tongue is removed, your surgeon will take a thicker flap of tissue, skin, and blood vessels from another part of your body to reconstruct the tongue. Common donor sites for free flaps are the forearm or thigh.

What to Expect After Surgery

Oral Care

If you have dissolvable stitches, we may prescribe you a mouth wash to keep your mouth clean and prevent infection. Use this mouth wash as directed. Do not use over the counter mouth wash. If you aren't prescribed a mouth wash to use, gently rinse your mouth with water after meals to rinse food away from the surgery stitches.

Skin Graft Reconstruction

If you have a STSG to repair your tongue, you may stay in the hospital 2-3 days. A bolster is a special type of gauze 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 may be given a mouth wash to keep the mouth and bolster as clean as possible.

Skin Graft Donor Site Care

You will have a bandage over your donor site. The bandage on your donor site will be held in place with surgical staples. The staples may 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. Your surgeon will tell you when you

are allowed to start getting the donor site wet, in the shower or tub. Usually this is after you have your first post op visit in clinic. You will slowly begin to peel the bandage at the edges as the new skin under it heals. It may take another 1-2 weeks before the donor site bandage comes off completely. When the donor site dressing comes off, the skin will be dry and pink. You will need to apply alcohol free lotion to the skin as it heals.

Local or Free Flap Reconstruction

If your surgeon uses a local or free flap, you will be in the hospital for 7-10 days. You will have stitches at the site where the donor flap was taken from. You may also have a skin graft where your donor flap was taken. You may have a surgical drain at the donor site. You will have a lot of swelling inside your mouth.

Tracheostomy

Tracheostomy or “Trach” tube is a temporary breathing tube. If you have a free flap for reconstruction of your tongue, you may need to have a tracheostomy placed during surgery. This would protect your airway when there is a lot of swelling in your mouth. We will provide you with our Tracheostomy Health Facts for You to learn more if we expect you may need this during your recovery.

Pain Control

You will get a prescription for opioid pain medicine to use as needed. You may get a liquid medicine, so it is easier to swallow. If you use opioid pain medicine, take a stool softener to prevent constipation.

Diet and Swallowing

Your tongue is very important in your swallowing function. It helps move food around in your mouth and push food down your throat to swallow. You may have

trouble eating, drinking, and swallowing after surgery. How much trouble you have will depend on how much tongue tissue is removed and the type of repair that is done.

Your doctor may place a small feeding tube in your nose during surgery. The tube will be there when you wake up from surgery. If you need to go home with the feeding tube, we will show you how to use it and take care of it before you leave the hospital. The feeding tube will be removed when you can eat and drink by mouth.

Speech

Your speech may sound different, or it may be hard to talk. This will depend on how much of your tongue is removed, what type of repair is needed and how much swelling you have. We will have a speech and swallow therapist work with you after surgery if needed.

Activities

- Your restrictions will depend on the type of surgery you had done.
- **No strenuous activities 2-4 weeks.**
- Resume activities slowly over the next few weeks.
- **Do not** lift anything over 25 lbs for the first 2 weeks.

When to Call

- Increased pain in tongue, neck, face or donor site.
- A fever over 100.5° or higher for 2 readings taken 4 hours apart.
- Changes in the way your breath smells or mouth tastes.
- Pus like drainage from the incision or donor site.
- Change in color of tongue tissue.
- **Call 911 or go to the nearest Emergency Room if you have trouble breathing.**

Who to Call

Otolaryngology (ENT) Clinic

Monday –Friday, 8 am-5 pm

(608) 263-6190

After hours and on weekends, the phone is answered by the paging operator. Ask for the ENT doctor on call. Leave your name and phone number with area code and the doctor will call you back.

The toll-free number is **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 © 8/2024 University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing HF#7557