

Glossectomy

Information for people undergoing
an operation to the tongue

Patient Information Series No 61

Consent

It is a legal requirement to have a signed Consent Form from you before the start of your treatment.

If you have already been given one of these forms, please bring the completed form with you when you come for your first appointment.

If you have not been given a form, this will be discussed with you at your first appointment.

Identification

Please note that it is a legal requirement for the staff to check your name and details against your treatment sheet and your hospital name band each time you attend.

You must wear your name band at all times whilst in hospital.

This leaflet has been written by health professionals, and patients in collaboration with the Mount Vernon Cancer Network Head and Neck Patient Information Group.

If you have difficulty reading this size of print, a version of this leaflet or any of our leaflets can be produced for you in a larger print.

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Contents

Introduction	4
What is a Glossectomy?	4
Will I have a scar?	5
Will this change the way I use my tongue?	5
How can speech and language therapy help me?	6
How else can the dietician help me?	7
What does the treatment involve?	8
Stages in your treatment	9
Contact names and telephone numbers	12

Introduction

This leaflet has been written to explain about your operation. Whilst it cannot cover all the issues, we hope it will answer the most commonly asked questions.

If you have any concerns about your illness or your treatment the staff will do their best to help you.

What is a Glossectomy?

Glossectomy is the surgical removal of part or all of the tongue. How much of the tongue is removed depends on the size of the cancer and where it is.

- ◇ If the cancer is small when it is removed, the hole will be either stitched or left to close naturally.
- ◇ If the cancer is larger, the hole will be filled by a piece of skin and/or muscle (known as a 'flap') taken from another part of your body such as your forearm.

Your surgeon will explain exactly how this is done.

If your arm is hairy, the hair will grow in the new area. This can easily be removed by laser once everything has healed.

Will I have a scar?

The operation to the tongue will not usually leave you with a scar on your face. However, you will have a scar on the area of your body where the 'flap' was removed. This will fade with time but will always remain visible.

Sometimes it is necessary to have the lymph glands in the neck removed to prevent the cancer spreading. This will mean that you will have a scar on your neck which, again, will be visible.

If scarring is a concern to you, a camouflage therapist can offer you help and advice on ways of hiding the scar, once the wounds have fully healed. Please ask your (Macmillan) Clinical Nurse Specialist for details.

Will this change the way I use my tongue?

Yes, because the tongue is a special muscle used in speech and swallowing.

Speech

The tongue makes a variety of small movements by altering the shape inside the mouth. This changes the sound produced when you talk. For example, 't' is produced at the front of the mouth using the tip of the tongue, and 'k' is produced at the back with the base of your tongue.

Chewing

When chewing foods, the lips, tongue, teeth and jaw work together. Teeth break food up and the tongue forms it into a soft ball which is easy to swallow.

Swallowing

The tongue carries the food from the front to the back of the mouth, ready to be swallowed.

Taste

The tongue is divided into different areas for tasting sweet and sour foods.

How can speech and language therapy help me?

The effects on your speech and swallowing will depend on how much of the tongue is removed and how it is repaired.

Once you are feeling stronger after surgery, the speech and language therapist will visit you on the ward.

They will be able to help you understand the changes in speech and swallowing you will experience and will offer advice and support to help you adapt to these differences.

They will also be able to provide you with support and advice once you go home, if this is needed.

Two main areas the therapists may help you with are:

Speech / Communication

- ◇ Exercises to improve the strength and range of tongue movements.
- ◇ Exercises to improve your speech.

- ◇ If all your tongue is removed, we can still help make your speech as clear as possible.
- ◇ There are various alternative communication options which could help you if necessary.

Swallowing

Various positions of the head and different swallowing techniques can make swallowing easier and safer.

With the advice of the dietician, we can find foods which are enjoyable and easier for you to swallow.

How else can the dietician help me?

The dietician can assess:

- ◇ Your nutritional status - which involves looking at your usual eating habits, and weight history.
- ◇ Your nutritional requirements.

Working closely with other members of the team, the dietician will advise on the most suitable way for your nutritional requirements to be met, taking in to account your individual needs.

If you are unable to take anything by mouth for a long time, it may be suitable for you to have a feeding tube placed. This will either be:

- ◇ a nasogastric tube (NG) passed through your nose into your stomach during the operation,
- ◇ or a percutaneous endoscopic gastrostomy (PEG) passed through the wall of your abdomen into the stomach. This is usually carried out a week before your operation.

The dietician will be able to advise you on what you need to be given through the tube. The tube will remain in place until you are managing sufficient amounts of food by mouth. Your progress will be checked by the dietician.

When you start taking food or drink by mouth, the speech and language therapist will advise you about what is safe for you to swallow.

Sometimes, after surgery, there is a risk of food and drink going down the wrong way into the lungs. The speech and language therapist will assess your swallowing, and will tell you if there is a risk for you. If you have long term feeding problems a PEG tube may be needed (ask your team for information).

What does the treatment involve?

Your individual treatment will be carefully planned and the medical team will explain this to you. Please remember that this is a general guide and your needs may differ. The length of stay in hospital will be approximately 2 weeks depending on the extent of surgery and your general health.

Before surgery:

- ◇ The doctors will discuss the surgery with you at your outpatient appointment. Please ask if you don't understand any terms they use. You will also be given the opportunity to see the (Macmillan) Clinical Nurse Specialist

- ◇ A pre-assessment will be carried out a few days before your operation. This will involve seeing the doctor, anaesthetist, nurse, speech and language therapist and dietician. You will have an opportunity to ask any questions. Blood tests will be also be done.

You will have a chance to visit the ward and the Intensive Therapy Unit (ITU).

Stages in your treatment

Stage	Comments
1	Nothing to eat or drink from the night before. Operation takes approximately 8 - 10 hours.
2	You may be nursed in ITU under sedation after your operation. You will have the following: <ul style="list-style-type: none"> ◇ An intravenous infusion (drip) in your arm for replacement of fluids ◇ Drains collecting fluid from the operation site in the neck ◇ A catheter to collect your urine ◇ A tracheostomy tube in your windpipe to help your breathing Nurses will check you regularly to ensure you are recovering well
3	The dietician will see you and you will start to have food through your feeding tube. You will be more awake and will no longer need a machine to help you breathe. The nurses will help you to sit in a chair in the afternoon. Your relatives may visit.
4	The catheter will be removed. The drains will be removed once the wound site stops draining fluid. You will be transferred to the ward.

5	<p>A plan will be made to remove your tracheostomy tube.</p> <p>Once this has been removed you will begin to practise speaking and will be able to walk around the ward.</p>
6	<p>You will be seen by the doctors, nurses, a speech therapist and a dietician regularly to review your progress and offer support and advice. The doctors will decide when you can begin to eat and drink.</p>
7	<p>A date for you to go home will be decided. Nurses will plan any extra care you may need after you leave hospital.</p>
8	<p>Home!</p> <p>You will be given any necessary medication to go home, together with any dressings for the district nurses to perform.</p> <p>A follow-up appointment will be given for you to see your consultant the week after you have left hospital.</p>
9	<p>You will be given monthly appointments to see the consultant surgeon and the consultant oncologist.</p>
10	<p>Post operative radiotherapy may be planned and this is usually given 6 - 8 weeks after your surgery. If radiotherapy is necessary, your consultant will discuss this with you. *</p>

* The aim of the operation is to remove all the cancer and some healthy tissue around the edge to reduce the risk of any cancer cells being left behind. This is not always possible, due to the position of the cancer and the inability to see minute cancer cells.

The laboratory staff testing your cancer will be able to see these cells under a microscope. You will be given the results (histology) of these tests, approximately two weeks after your operation.

These results together with other factors enable the doctors to make a decision whether radiotherapy is needed. They will discuss this with you.

