

Partial or Total Maxillectomy  
Information for people undergoing  
an operation to the upper jaw

Patient Information Series No 63

**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.

## **Partial or Total Maxillectomy Information for people undergoing an operation to the upper jaw**

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### **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 partial or total Maxillectomy?**

A Maxillectomy is the surgical removal of part of the upper jaw due to cancer. How much of the upper jaw is removed depends on the size of the cancer and where it is.

### **What does the surgery involve?**

The surgery involves removing part of the upper jaw, which may include some teeth. The area moved is then replaced in one of the following ways:

- ◇ By making a special denture called an 'obturator' which fills the space left by the surgery. This can be removed daily for cleaning.  
You will be taught how to look after your mouth and obturator. You will also need to have several appointments in the oro-maxillofacial surgery department so that the obturator can be adjusted to fit you comfortably.  
The inside of your mouth will feel and look different when the obturator is not in place as there will be a hole in your palate (the roof of your mouth) where the cancer has been removed.

- ◇ Another method involves filling the cavity (hole) with a skin, muscle and/or bone 'flap'. This will be taken from another part of your body, for example, from your hip. Your surgeon will explain how this is done.

### **Will I have a scar?**

The operation may leave a scar from your upper lip to your nose, along the crease line of your nose. This should fade over time.

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 it be painful?**

There will be some pain initially in your mouth after surgery. The nurses will give you painkillers to relieve the pain. If you have had surgery to your hip, any pain on walking will usually disappear within a month.

It is important that you do not become constipated or put strain on the area removed from your hip as there may be a risk of a hernia (rupture) developing.

### **Will surgery affect my speech and swallowing?**

Your upper jaw is used for speech, chewing and swallowing. It is likely that after surgery there will be some difference in how your speech sounds. Swallowing may also be different.

Any changes will depend on the extent of the surgery you have had. You will be helped by your speech and language therapist, and dietician.

### **How can speech and language therapy help me?**

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 are experiencing, 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**

Exercises to improve your speech.

#### **Swallowing**

To make swallowing easier, various head positions and different swallowing techniques can be used.

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

We can provide advice to your carer on a suitable and easily managed diet.

## 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 two 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 may take up to 8 - 10 hours.

2	<p>After your operation you may be nursed in the ITU and will have the following:</p> <ul style="list-style-type: none"> <li>◇ An intravenous infusion (drip) in your arm for replacement of fluids</li> <li>◇ Drains collecting fluid from the operation site in the neck</li> <li>◇ A catheter to collect your urine</li> </ul> <p>Nurses will check your progress regularly.</p>
3	<p>The dietician will see you, and you will start having food through your feeding tube.</p> <p>The nurses will help you to sit in a chair in the afternoon.</p> <p>Your relatives may visit.</p>
4	<p>The catheter will be removed.</p> <p>The drains will be removed once the wound site stops draining fluid.</p> <p>You will be transferred to the ward.</p>
5	<p>The dietician, speech and language therapist and (Macmillan) clinical nurse specialist will review your progress and will offer support and advice.</p>
6	<p>You will be seen by the doctors, nurses, speech &amp; language therapist and a dietician regularly to review your progress, and the doctors will decide when you can start to eat and drink.</p>
7	<p>A date for you to go home will be decided.</p> <p>Nurses will plan any extra care you may need after you leave hospital.</p>

8	<p>Home!</p> <p>Before going home you will be given any necessary medication, together with dressings for the district nurses to use.</p> <p>A follow-up appointment will be given for you to see your consultant the week after you leave hospital.</p>
9	<p>You will be given monthly appointments to see the consultant surgeon and consultant radiotherapist.</p>
10	<p>If you need radiotherapy, this is usually given 6 - 8 weeks after your surgery.*</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.

## Contact names and telephone numbers

Speech and Language Therapist: .....

Dietician: .....

Nutrition Nurse Specialist: .....

(Macmillan) Clinical Nurse Specialist : .....

Ward : .....

Consultant's Secretary: .....

ITU: .....

# Lynda Jackson Macmillan Centre

for cancer support & information  
*... working to improve the lives of people affected by cancer...*

This leaflet forms part of a series of publications produced by the Lynda Jackson Macmillan Centre (LJMC).

If you would like further information about any aspect of cancer and its treatments, please drop in to the centre or call the Helpline.

The LJMC is staffed by healthcare professionals and trained volunteers and is part of the Mount Vernon Cancer Centre.

- ◇ Drop-in centre for support and information
- ◇ Telephone Helpline
- ◇ Benefits Advice \*
- ◇ Pre-treatment visits
- ◇ Complementary therapies \*
- ◇ Relaxation classes
- ◇ Counselling \*
- ◇ Support groups
- ◇ Look Good...Feel Better™ beauty workshops

\* These services are available to patients under the care of an NHS oncologist based at Mount Vernon Cancer Centre.

Opening hours: Mon - Fri: 9.30am - 1.00pm & 2.00 - 4.30pm

Lynda Jackson Macmillan Centre  
situated between the Cancer Centre and Gate 3 (White Hill)  
Mount Vernon Hospital, Northwood, Middlesex HA6 2RN  
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[www.ljmc.org](http://www.ljmc.org)