

Hemiglossectomy

WHAT IS HEMIGLOSSECTOMY?

This is an operation to remove part of the tongue and adjacent tissues. At the same time, reconstructive surgery is performed to restore normal appearance and speech. A tracheostomy may be performed to assist breathing postoperatively, and a skin graft may be needed to replace removed tissue. Carried out under general anesthesia, the procedure may take several hours. A lengthy hospital stay is usually necessary.

RISKS AND BENEFITS

Hemiglossectomy and subsequent reconstructive surgery are major procedures and as such entail risk. At present, this operation is the treatment of choice for some types of tongue cancer.

WHY IS IT PERFORMED?

Hemiglossectomy may be performed when a malignant growth is found in the tongue. Diagnosis depends on microscopic examination of cells obtained at biopsy (tissue sampling). Important decisions on treatment are based on staging, a process to determine the extent of the primary growth in the tongue and whether it has metastasized (spread) to another part of the body. Assessment may include X-rays, CT scan of the neck, and liver and biochemistry studies. A graft may be needed to replace tissue removed during surgery. If skin cover only is needed, a thin layer of skin (split-skin graft) may be taken from the thigh and placed over the wound. When tissue loss is greater, a full-thickness graft of skin, underlying muscle, and blood vessels, may be taken from the chest, back or forehead and used to reconstruct the tongue and mouth.

THE PROCEDURE

X PREPARING FOR SURGERY

You may be admitted to the hospital a few days before surgery. You will be given a thorough physical, and blood and urine samples will be taken for analysis. A dentist will check your mouth carefully. Any bad teeth are extracted before the operation to remove a potential source of infection. It may be necessary to remove a healthy incisor or canine tooth on the affected side to improve access to the mouth during surgery. Blood will be cross-matched in case transfusion is needed. If you are anemic or have lost a great deal of weight, you may be admitted to the hospital for treatment to improve your condition before your operation. This may include blood transfusion and intravenous feeding. A physiotherapist may visit to show you some breathing exercises that will be continued after surgery to reduce the risk of postoperative complications. Medical and nursing staff will discuss your postoperative treatment with you. The evening before your operation you will be asked to take a shower or bath and wash your hair.

X ON THE DAY OF SURGERY

You will have nothing to eat or drink from midnight. You may be asked to take a second shower or bath. All make-up and jewelry and any dentures must be removed before going to the

operating room. About an hour before surgery, you will be given your premedication injection to relax you.

X IN THE OPERATING ROOM

The surgeon will work with you lying, anesthetized, on your back with your neck extended. A tracheostomy may be made before the procedure begins. For hemiglossectomy, the incision is made under the mandible (lower jaw) on the affected side. Sometimes it is necessary to extend the incision to the chin and lower lip. The mandible is cut through to allow good access to the floor of the mouth. The tumor and a surrounding margin of healthy tissue are removed. When this is completed, the surgeon wires the mandible together internally. If a graft is needed, it is taken from the donor site and stitched in place. A full-thickness graft is left initially attached to the donor site to maintain a good blood supply while the graft takes. The donor site, of a free graft, is covered with a sterile dressing. The incision are repaired and wound drains are inserted to prevent a build-up of fluids and improve healing. You will be taken to the recovery room briefly for monitoring as you come out of the anesthetic. Oxygen is given via the tracheostomy and fluids by intravenous infusion. A nasogastric tube may be in place.

FROM THE RECOVERY ROOM

You may be taken to the intensive care unit for observation and vital signs (pulse, temperature, blood pressure, respiration) will be monitored continuously for several hours. You will feel sleepy, sore, and possibly nauseous. Painkilling injections will be given as needed as well as something for the nausea. While the tracheostomy tube is in your throat speech will not be possible. A Magic Slate or pencil and paper will be provided so that you can communicate.

BACK IN YOUR ROOM

You will be positioned with head and shoulders elevated to reduce swelling and make swallowing easier. Frequent suction of the tracheostomy and changes of position prevent a build-up of secretions in the airway. Saliva may also be suctioned from your mouth. As soon as possible you will be encouraged to get out of bed. A physiotherapist may continue your exercises. Nursing staff will ensure that your mouth is clean to promote healing and make you more comfortable. Feeding by nasogastric tube will continue until you can eat adequately. When the swelling in your mouth has subsided, a speech therapist can begin to help you to regain normal speech. Several weeks after surgery, the full-thickness graft may be separated from its attachment to the donor site. This is carried out in the operating room, under general anesthesia. Further skin grafts to cover the donor site may also be necessary. Once the grafts have healed, you should be able to go home.

GOING HOME

On leaving the hospital you will be given an appointment for a postoperative checkup with your surgeon. You will be advised to take things easy for a few weeks. You should take some gentle exercise but balance this with adequate rest periods. It is advisable to avoid unnecessary bending and heavy lifting. Regular, careful mouth care is essential, and you will be shown how to do this. You may be instructed to keep to a soft diet for some months, to avoid damaging the graft and to allow the jaw to heal completely. It may not be possible to wear dentures for some time. Speech therapy will continue for as long as necessary. It takes time to come to terms with surgery that affects your appearance. You may be visited by a counselor or a member of a patient support organization.

POSSIBLE COMPLICATIONS

If the tongue begins to bleed postoperatively, emergency surgery may be needed. A bad tooth can prevent or delay healing of the mandible. In this case a course of antibiotics is given and the tooth extracted. In rare instances, the jaw may need to be rewired. Breakdown of the graft may be due to infection and is treated with antibiotics; if the blood supply to the graft is inadequate, regrafting may be required.