

Patient information sheet – Head and Neck Cancer

What are the usual cancers of the head and neck?

The most common cancer of the head and neck are Oral cavity cancers of the Squamous cell carcinoma type (SCC). It could involve the lip, buccal mucosa, tongue, floor of the mouth, lower jaw, upper jaw and adjacent structures.

Other cancers are Salivary gland tumours, Bone tumours (Ameloblastoma), Tumours of the throat (Pharynx and Larynx), Tumours of the eye socket (Retinoblastoma), Skin cancers (SCC, BCC, Melanoma) etc.

How is it diagnosed?

After a thorough physical examination by your onco surgeon/ ENT surgeon/ Head and neck surgeon, we might order a CT scan of the head, a MRI scan and sometimes also a tissue biopsy. Further tests could be conducted depending on the extent of the disease – Like a USG Abdomen scan, Spine X ray, Chest Xray etc to check for spread of cancer to other areas.

How is it treated?

After a multidisciplinary meeting involving the cancer surgeon, plastic surgeon and medical oncologist, a management plan is usually charted out. The treatment could be a combination of surgery, radiotherapy and chemotherapy.

What is the surgical management?

The Onco surgeon/ ENT surgeon/ Head and neck surgeon usually cuts the cancer out with ample amount of normal margin around the cancer. The defect thus created is reconstructed by the plastic surgeon using your own tissues. This tissue could be borrowed locally (adjacent to the cancer) or remotely (from a different part of the body).

If there is loss of skin tissue, skin is borrowed either locally or from distant areas. Most commonly skin from your thigh (ALT flap) or forearm (RAF flap) is used using microsurgical principles.

If there is loss of bone, bone is borrowed from either your leg (Fibula flap) or your hip (DCIA flap).

Sometimes, if a muscle is required for reconstruction, it is borrowed either from your thigh (Gracilis flap) or your back (LD flap).

All the above is done using microsurgical principles using an advanced operating microscope to join the blood vessels from the donor site to recipient site.

What does the surgery involve?

The patient will be seen by our anaesthetist before the surgery. The surgery is conducted under general anaesthesia and takes about 5-6 hours depending upon the surgical plan. After the cancer surgeon cuts the cancer out, the plastic surgeon reconstructs the defect depending on the tissues lost and the condition of the patient. Sometimes, Titanium implants might be required to fix bones and the surgical flap. Blood transfusion is also required in occasions. Blood thinning medications are given to keep the

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blood vessels patent. Patients usually spend the first night in the ICU and later shifted to the ward the next day. The patient might require ventilator support overnight on the first day after surgery.

What happens after surgery?

You might notice some mild oozing of blood from the nose and the mouth which is normal. There might be considerable swelling of the face which improves over a week. You will be advised to do regular mouthwashes to keep all the wounds clean. You will also be provided with ointments to apply to the facial injuries. Strict monitoring of the flap will be done continuously by doctors and nurses. Regular blood tests are also conducted. You will have IV fluids given continuously to maintain hydration. You might be on just a liquid diet for a few days. You also might have a tube inserted into your stomach through the nose for feeding purposes. You will be discharged from the hospital usually after 6-7 days. There will be a follow up appointment after 1 week to check the wound and the stitches are removed. You will then have regular follow ups with your cancer surgeon and plastic surgeon until wound heals.

What complications can I expect?

Infection, bleeding, swelling, bruising and pain are common complications that can happen. The pain will be managed by our acute pain service team while in the hospital. One of the main complication is flap failure due to blockage of blood vessels. In that case, we might have to take you back to the operating theatre to establish blood flow again. In very rare circumstances, there might be total loss of flap requiring redo operation. Recurrence of the cancer is also an issue to be borne in mind.

I have a few more questions. What do I do?

Kindly write to us at contact@drvvybhavderaje.com. We will be happy to reply to any of your questions and concerns.

Disclaimer: This information sheet is for you to get a general idea about the condition and surgery. This is in no way a substitute for a formal consultation with your doctor.

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