Information for patients diagnosed with oral cancer and their families

Read this booklet to learn:

• How to prepare for oral surgery
• What you can expect
• How to care for yourself when you get home
• Who to contact if you have any questions

Being diagnosed with oral cancer and going through surgery can be very stressful. Knowing what to expect and how to manage each step can help you and your family cope.
What is oral cancer?

Oral cancer is cancer that can happen anywhere inside your mouth. It starts from cells that line the surface of the mouth called squamous cells. Cancer happens when these cells start to grow and divide in an uncontrolled way. Cancer of the mouth is called squamous cell carcinoma.
What will happen before my surgery?

You will have an appointment in the pre-admission department. At this appointment:

• You may have some tests to prepare you for surgery. These may include:
  ▪ blood tests
  ▪ an ECG (electrocardiogram)
  ▪ a chest x-ray

• You will meet with the pre-admission nurse. Your nurse will review your health history. If needed, you may also see other health professionals like:
  ▪ an anesthetist (doctor who will give you medicine so you will sleep and stay comfortable during surgery)
  ▪ a pharmacist
  ▪ a speech pathologist

• You will meet the Head and Neck Nurse Coordinator (NC) who will talk to you more about your surgery. The NC may take you to the surgical unit where you will meet other members of the health care team.

How do I prepare for the surgery?

• Do NOT eat or drink anything (including chewing gum or candies) after midnight the night before your surgery. Your stomach must be empty when you go for your surgery.

• Come to the hospital 2 hours before your surgery time. Check in at the Surgical Admission Unit (SAU). It’s on the 2nd floor, Munk Wing at Toronto General Hospital.

• After you check in, we give you an intravenous (IV). This is a small needle that we put in a vein in your arm. We use it if you need:
  ▪ fluids
  ▪ antibiotics (medicines that kill bacteria)
  ▪ pain medicine
What can I expect after the surgery?

1. We take you to the Patient Anesthetic Care Unit (PACU) or recovery room.
2. When you are awake enough, and it’s safe, we transfer you from the PACU to the Surgical In-Patient Unit located on 10 Eaton South (10ES).
3. Once you arrive on the surgical unit, we place you in the Step Down Unit. The Step Down Unit is a special area. We care for patients here who we need to check more closely. A nurse is with you all the time.

You are attached to some or all of these tubes:
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<tr>
<th>Tube</th>
<th>What it’s for</th>
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<tr>
<td>Tracheostomy tube</td>
<td>A tracheostomy tube (trach tube) is a breathing tube that comes out of your <strong>tracheostomy</strong>. A tracheostomy is an opening in the front of your neck made during surgery. After surgery, your mouth may be swollen. A trach tube makes it easier for you to breathe. This opening is usually temporary. With a trach tube, it may be hard to talk for the first few days after surgery. Your nurse will give you a writing pad to help you communicate. Your doctor may change your trach to one that you can talk through when it’s safe to do so. How long you have your trach tube depends on your condition. If you can breathe well, we will take it out before you go home. If you have trouble breathing, we will keep it in, and you may need to go home with it. If you go home with your trach tube, we teach you how to take care of it. We also have a home care nurse see you either at home or at a nearby clinic to help you. We remove your trach tube when you are able to pass certain breathing tests. This usually happens about 3 to 5 days after your surgery.</td>
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<tr>
<td>Tracheostomy mask</td>
<td>A tracheostomy mask is put close to your trach tube to give you oxygen and keep your throat moist.</td>
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<td>NG tube</td>
<td>The NG-tube (also called feeding tube) passes through your nose and into your stomach. It’s used to give you nutrients and medicine. The NG tube stays in while your mouth is healing. Once you can use your mouth to eat, we take the NG tube out. If you are unable to eat by mouth, you may need to go home with a different feeding tube. This tube is called a G-tube. It goes directly to your stomach. Your doctor will talk to you about this before you go home.</td>
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### Tube

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<tr>
<td>Intravenous (IV)</td>
<td>An intravenous (IV) is a special needle that is put into a vein in your arm or hand. It’s attached to tubing and a bag hanging from a pole.</td>
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<td></td>
<td>We use your IV to give you fluids and medicines during or after your surgery. We usually take the IV out when you are ready to go home.</td>
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<td>Surgical drain</td>
<td>The surgical drain (also called hemovac or JP) is a drain that we put close to your cuts. During surgery, your doctor may put the drain into your neck, arm, leg, or back.</td>
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<td>The drain removes any extra fluid that builds up in your cuts. We usually take it out a few days after your surgery.</td>
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<tr>
<td>Urinary catheter</td>
<td>A urinary catheter is a plastic tube placed in your bladder during surgery. It drains urine from your bladder into a small bag. It’s usually removed the day after your surgery.</td>
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How will I feel after the surgery?

• It’s normal to feel some pain after surgery. To help control your pain, we may give you a Patient Controlled Analgesia (PCA) machine. You can push a button on this machine to get pain medicine when you need it. While you are taking pain medicine, you may feel drowsy or confused. We will give you more information about your PCA.

• You may have a lot of swelling around your face and neck. This swelling goes down slowly during the 1st week after surgery. It continues to go down up to 6 weeks after surgery.

• For a short time after your surgery, it might be difficult for you to clear your saliva. To help you, we use a suction machine to suction (remove) saliva that builds up. Your nurse teaches you how to use the machine to remove saliva from your mouth and your tracheostomy area, if needed. Suctioning isn’t painful, but it’s sometimes uncomfortable because it can make you cough.
When can I move around?

We ask you to do some exercises when you wake up from surgery. These simple exercises help you recover. Your nurse will give you more instructions and a physiotherapist may help you if needed.

- **Deep breathing and coughing**
  Take deep breaths, and try to cough out. Your nurse helps you do this.

- **Foot Exercises**
  Wiggle your toes and move your feet back and forth. This helps the blood in your legs circulate (move around).

- **Walking**
  On the day after your surgery, your nurse helps you get out of bed. You may sit in a chair and/or walk. It may hurt to walk the first few times after surgery. Taking some pain medicine before you walk will help.

How long will I stay in the hospital?

How long you stay in the hospital depends on how well your pain is controlled. We will also look at how well you can eat and breathe. You could stay in the hospital between 7 to 10 days. Your doctor may keep you in the hospital longer if needed.

What will happen before I leave the hospital?

Your nurse works with you to help you get ready to leave the hospital. We decide with you if you need a nurse to visit you while you are at home or your next place of residence.
Pain control and new medicines

- We give you medicine to control your pain while you are in the hospital. By the time you leave, you should have very little pain. Before you leave, we give you a prescription for pain medicine. If it controls your pain, you are ready to leave the hospital.

If you have problems with your pain control after you leave the hospital, call your family doctor or your surgeon.

- Before your discharge, we will give you prescriptions for pain medicine, stool softeners and any other new medicines you started while in hospital.

- You can restart the medicines you were taking before your surgery unless your doctor changed them.

- If your doctor changed the doses of the medicines you were taking before or wants you to start a new medicine, a pharmacist will come speak to you before you go home.

Removing your feeding tube

During your stay, we eventually take your feeding tube out, and you start to eat. Oral surgery can sometimes cause you to have trouble chewing, swallowing and even speaking.

A speech pathologist may work with you to help you with your eating and speaking. A speech pathologist is a person trained to help oral cancer patients manage these problems. They may work with you while you are in the hospital and/or at an outpatient clinic.

Your doctor will tell you when you can start eating and drinking by mouth. Your feeding tube comes out once you can eat and drink well by mouth.
Eating and nutrition

• Your doctor will give you instructions about what foods to eat once you are at home. A dietitian will talk to you and your family to explain the instructions. **Follow these eating instructions until you come back for your follow-up appointment.**

• If you find your swallowing becomes worse or you are losing weight while you are at home, call your doctor’s office.

Going home with a feeding tube

• If you need to go home with your feeding tube, we teach you how to:
  ▪ feed yourself
  ▪ give yourself medicines
  ▪ care for it

  **Go to your nearest emergency room if your tube moves out of place or falls out.**

• Call your doctor’s office if:
  ▪ you have watery diarrhea
  ▪ you have a fever higher than 38°C or 100° F
  ▪ your tube is blocked
  ▪ you have signs of infection around your feeding tube site. Signs of infection include swelling, redness, pain, and pus (yellowish liquid coming out).

• Your Local Health Integrated Network team (LHIN) delivers your feeding supplies to your home.
How should I care for myself at home?

Caring for your wound site

• Leave your incisions (cuts from surgery) open to air. You can clean your incision with mild soap and water at home.

• Your doctor will talk to you if you need to apply any medications to your skin or to your incision.

• Your doctor may give you special instructions for cleaning and dressing your wound sites when you are home. Follow these instructions.

• We use staples or stitches (or both) to close your incisions. They are usually removed 7 to 10 days after your surgery.

• We may remove your staples or stitches in the hospital. If you go home with them, your homecare nurse or family doctor will remove them. The stitches inside your mouth are dissolvable, so they don’t have to be removed.

Bowel routine

• Your pain medicines can cause you to become constipated. Drinking lots of fluids and eating fruits and vegetables (high fibre foods) can help.

• If you need to, you can take the stool softeners that your doctor prescribed you.
Activities

• **Don’t smoke.** If you smoke and need help to stop, talk to your family doctor.

• **Don’t drink alcohol.** If you drink heavily (more than 2 drinks a day), you must stop after your surgery. If you don’t stop, you could get more oral cancer. Your family doctor can help you with this. There are also self-help groups that can support you to change your habits. The in-patient social worker can talk to you about support in your community.

• **Restart your normal activities when you feel ready.** The amount of time it takes to return to your normal activities is different for each person. Your recovery depends on many things:
  ▪ how sick you were before surgery
  ▪ how old you are
  ▪ how active you were before surgery
  ▪ what type of surgery you had

As you are recovering, you might get tired easily. Listen to your body and don’t do too much. Stop when you feel tired.

After surgery, some patients may need to do a special exercise program called physiotherapy. Physiotherapy helps the muscles in your body become stronger. If you need this, your doctor can arrange it.

• **Don’t lift more than 10 pounds (about 5 kilograms) for the first 2 weeks you are home.**

• **You can shower when you get home.** Don’t aim the shower head on your incisions. Let the water run over them and gently pat them dry with a towel. Talk to your doctor about when you can have a tub bath.

• **Don’t start driving again until you:**
  ▪ stop taking your pain medicines. They can make you drowsy.
  ▪ can move your neck comfortably to check your blind spot or side mirrors
When can I go back to work?

When you can go back to work depends on your recovery and what kind of work you do. Your surgeon will let you know when it’s safe for you to return to work.

When do I have my follow-up appointment?

You see your doctor about 2 weeks after you leave the hospital. At this appointment, your doctor will tell you the tissue results from your surgery, if they are ready. They will also talk to you about the next step in your treatment and recovery.

What problems should I look out for?

Go to the nearest emergency department if you have:

- chills or a temperature higher than 38 °C or 100 °F
- redness or increased pain at your incision sites
- pain, redness, or swelling in your calf or your leg
- difficulty breathing
- any sharp pains in your chest or back
Who can I call if I have any questions?

Your clinical nurse coordinator will answer any questions or concerns you have during the first 2 weeks you are home.

**Clinical Nurse Coordinator**  Phone: 416 340 4665

You can also call your doctor if you have any questions or concerns.

- Dr. D. Brown  Phone: 416 340 3060
- Dr. D. Chepeha  Phone: 416 340 3082
- Dr. J. DeAlmeida  Phone: 416 340 3138
- Dr. R. Gilbert  Phone: 416 340 3145
- Dr. D. Goldstein  Phone: 416 340 3062
- Dr. P. Gullane  Phone: 416 340 3098
- Dr. J. Irish  Phone: 416 340 3113
- Dr. C. Yao  Phone: 416 340 3063
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