

# Partial Glossectomy

## Patient Postoperative Instructions and Information

### Procedure

Removing a portion of tongue or oral cavity (otherwise known as a partial glossectomy) is performed to identify suspected or known pathologic tissue and remove it. This procedure is performed under general anesthesia, which allows for better visualization of the tongue. With general anesthesia there is less swelling than with local anesthesia. Typically the tissue is removed through a transoral (within the mouth) approach. This procedure is performed by placing a mouth gag on the outside of the mouth. Typically the lingual nerve is not involved in partial glossectomy but still can be at risk. When the procedure is completed and the effects of the anesthesia have worn off, you will be started on clear liquids. Post-operatively you will be given Peridex® rinse for oral care. There are no external incisions and no external drains unless a neck dissection is done at the time of the procedure.

### Risks

As with any surgery, along with the benefits of surgery, certain risks must be discussed in order to obtain informed consent.

#### Lingual Nerve Injury

Risks involved in this surgery include injury to the lingual nerve. If there were numbness of the lingual nerve, it would present as numbness to the teeth, tongue and lip if harmed. Although most commonly temporary, a swollen tongue with or without slurred speech could result.

#### Recurrence

Another risk associated with the surgery is recurrence of the mass. Therefore, every attempt is made to completely remove the mass while, at the same time, protecting the lingual nerve.

#### Bleeding

Some bleeding is expected with any surgery, however, abnormal post-operative bleeding occurs in about 1% of cases. If it does occur, bleeding usually occurs within the immediate post-operative period, but may occur at any time during the first two weeks post-operatively. Hematoma, a collection of blood under the skin, is caused by a break in a blood vessel. Treatment, which consists of draining the collection of blood, is done in the hospital.

#### Infection

Infection is rare due to the excellent vascularity to the tissues. A prescription for preventative antibiotics may be provided for use in the post-operative period.

#### Dehydration

As soon as you wake up from surgery you will be started on liquids, advancing to soft and then regular diet. Because swallowing can be uncomfortable following surgery, there may be poor oral intake of fluids. If this can not be corrected at home, the patient may be admitted to the hospital for IV fluid replacement.

#### Anesthesia

Complications from anesthesia are known to exist. These complications (anything from nausea to stroke or death) are quite uncommon since patients are usually young and healthy.

### Pre-Operative Instructions

1. Nothing to eat or drink after midnight the evening prior to your surgery. This includes all foods, liquids, water, candy, mints or gum. You may brush your teeth the morning of surgery. Your procedure will be cancelled if you do not follow these instructions.

2. Notify us of all routine medications and significant health history. Take medications as directed with just a sip of water.
3. Please avoid aspirin, ibuprofen, Vitamin E or any products containing these medications for one week prior to your surgery. If you are on any medications that affect bleeding, please notify the nurse at this time.
4. Do not bring valuable (cash, credit cards, jewelry) to the Surgery Center or hospital.
5. Remove all make-up and nail polish prior to arrival.

## **After Surgery Care**

### **Drain:**

Some patients go home with a thin drain tube and an egg shaped collecting bulb called a JP drain. The tube should be gently stripped every 4 hours. A nurse will teach you how to do this before you leave the hospital. When the JP drain looks half full or at least 2 times a day, please empty the bulb into a small plastic measuring cup. Then write down the amount in the cup. Pour the fluid in the sink or toilet. When the amount of fluid emptied from the drain is 30 ml (or 2 tablespoons) or less in a 24-hour period, the drain is ready to be taken out. If the drain is in place for 1 week it needs to be taken out no matter how much fluid drained. Call the ENT clinic to have the drain taken out.

The drainage within the JP drain should be red, pink, or straw colored (yellow.) If it is milky or looks like pus, you need to be seen by your surgeon right away.

### **Head of Bed:**

Keep the head of your bed up 30-45 degrees. You may sleep in a recliner for the first 3-4 days to decrease swelling.

### **Activity:**

No work, strenuous activity or swimming for two weeks. Avoid bending, lifting or straining. Some patients notice an increase in their soreness if they talk excessively.

### **Diet:**

Resume diet beginning with clear liquids (Kool-aid, popsicles, water, sherbet, apple, grape juice, Jell-O, etc.) advancing to full liquids then soft foods then full diet. It's important to drink one to two quarts of fluid per day. Avoid extremely hot or cold liquids.

### **Mouth Care:**

For the first seven days following the procedure, please mix one tablespoon of hydrogen peroxide in one cup of water. Gargle with the solution after meals, snacks and at bedtime. You may gently brush your teeth and use a dilute mouth rinse as needed. Non-alcoholic mouthwash will be most soothing. A prescription for Peridex® (chlorhexidine) will be provided.

### **Pain:**

Pain in the throat and ears may last up to ten to fourteen days. You will be given a prescription for pain medications. The sooner you reduce your narcotic pain medication use, the faster you will heal. As your pain lessens, try using extra-strength acetaminophen (Tylenol) instead of your

narcotic med. It is best to reduce your pain to a level you can manage, rather than to get rid of the pain completely. Please start at a lower of narcotic pain med, and increase the dose only if the pain remains uncontrolled. Decrease the dose if the side effects are too severe.

**Do not drive, operate dangerous machinery, or do anything dangerous if you are taking narcotic pain medication** (such as oxycodone, hydrocodone, morphine, etc.) This medication affects your reflexes and responses, just like alcohol.

### **When to Call Your Surgeon: If you have...**

1. Any concerns. We would much rather that you call your surgeon then worry at home, or get into trouble.
2. Fever over 101.5 degrees F.
3. Large amount of bleeding.
4. More than expected swelling of your tongue or neck.
5. Pain that continues to increase instead of decrease.
6. Problem urinating.
7. If you have chest pain or trouble breathing- **you need to go directly to the emergency room without calling.**

### **Postoperative appointment:**

You will have a postop appointment scheduled 7-10 days after surgery. During that visit, your surgeon will check your wound and vocal cords. If you don't have an appointment, please call 410 554 4455.