Home Care after Oral Cavity Composite Resection

What is composite resection?
A composite resection surgery is done to remove tumors of the floor of the mouth, the tongue and/or jaw bone. Your surgeon may also take out some of the lymph nodes in your neck. One or more of your teeth may need to be removed. The area may be rebuilt with tissue from other parts of the body. This tissue is called a **flap** or **graft** and may be skin, fatty tissue with blood vessels, muscle, cartilage and/or bone. The area where the flap or graft is taken from is called the **donor site**.

What to Expect
Expect to spend one or two nights in the intensive care unit after surgery. You will be transferred to the Ear Nose and Throat inpatient unit for the rest of your hospital stay.

Dressing and Drains
You can expect temporary drainage tubes on the affected side of your neck and also at the donor site. You will have dressings on your face, neck and donor site.

Breathing
You will have a lot of swelling inside your mouth. To protect your airway (breathing), your surgeon may do a temporary **Tracheostomy or “Trach” (trake) tube**. A small hole is made in the front of your neck and a Tracheostomy tube is inserted through this hole to help you breathe. You may not be able to speak while you have the tracheostomy. You will cough out secretions through the **tracheostomy** tube. The nurses will help you take care of it. The tracheostomy tube may come out before you leave the hospital.

Diet
In order for good healing your body needs good nutrition. Swallowing will be hard because of the swelling in your mouth. You will have a small thin feeding tube in your nose so you can get liquid nutrition and medicines. The feeding tube can be taken out as soon as you are able to eat on your own. You may need a longer term feeding tube placed in your stomach if you have more trouble swallowing or if you need to have chemotherapy or radiation.

Speech and Swallow
Your speech may also be affected by the swelling in your mouth. We will have a speech and swallow therapist work with you after surgery.

Pain
If your flap or graft is taken from your leg you may have some trouble walking on that leg at first. A physical therapist will work with you in the hospital.

If nerves have to be cut to remove the tumor you may have some temporary or permanent nerve damage. We may not know how much nerve damage there is for a few months after surgery. **There can be some numbness, tingling or decreased feeling in the area of your surgery.** You should be careful around extremes of hot or cold. **Be very careful when using heating pads, ice packs, razors and hair dryers.**
You will be given pain medicine through your IV at first, and then changed to liquid pain medicine when you can swallow.

**What to do at Home**

**Activity**
For 2 weeks after you are home keep your head raised 30 degrees when you lay down; use 2-3 pillows. Do not sleep on the side where you had your surgery.
- Avoid strenuous activity such as jogging, aerobics, swimming or lifting greater than 25 pounds for 2-4 weeks. Do not bend over so your head is lower than your heart for 2 weeks. You may return to work when your doctor says it is okay, usually 4-6 weeks after surgery.
- Do not drive or drink alcohol while you are taking narcotic pain medicines.

**Diet**
- When you are able to swallow well you will progress your diet as you are able to from liquids to soft foods.

**Incision Care**
Before you leave the hospital you will be told how to care for any incision sites.

Watch for any signs of infection:
- Redness
- Increased swelling
- Increased pain
- Pus-like drainage
- Warmth at the incision site
- Fever greater than 101 degrees

Do not take aspirin or other blood thinning medicines until your doctor tells you that it is okay.

**When to call**
- Bleeding that soaks a gauze dressing in 10 minutes or less
- Any sign of infection
- If the flap or graft looks pale white, gray or black in color
- Pain not relieved by pain medicine
- Increased swelling of the head or neck area, at the site of the flap or at the donor site
- Trouble breathing; **Call 911** or go to the nearest Emergency Room
- Fever of 101 degrees or greater for two readings taken 4 hours apart
- Any changes in facial movement; facial droop on one side that wasn’t present after surgery or is getting worse.

**Who Do I Call?**
If you have any questions or problems once you are at home, please call the ENT clinic **(608) 263-6190**, weekdays from 8:00 am to 5:00 pm.

After hours and weekends, the paging operator answers the clinic number. Ask for the ENT resident on call. The resident will return your call.

Our toll free number is **1-800-323-8942**

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person’s health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright © 10/2017 University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#7702