

# Information for people undergoing an operation to remove part of the upper jaw

(partial or total maxillectomy)



This booklet is a guide to the care you will receive. However, your treatment is planned very carefully and individually so your medical team will explain the care you personally will receive.

## What is a partial or total maxillectomy?

A maxillectomy is the surgical removal of part of the upper jaw due to a benign or cancerous tumour. How much of the jaw is removed depends on the size of the tumour and where it is.

## Pre-operatively

Your doctor will discuss your surgery with you at the outpatient appointment. Please ask if you do not understand any terms used. You will also be given the opportunity to see the Macmillan head and neck nurse specialist.

A pre-assessment will be carried out before your operation. This will involve seeing members of the head and neck team such as the doctor, anaesthetist, nurse, speech therapist, dietitian, physiotherapist and pain control nurse specialist.

## How long will I stay in hospital?

The length of stay will be up to two weeks depending on the extent of surgery and your general health. Please remember that this is just a guide and the care for each person will differ according to your needs.

## What does the surgery involve?

An operation will be carried out to remove part of the upper jaw affected by the tumour. This normally creates a hole in your palate (roof of the mouth). Some teeth may also need to be removed in the process. The area removed is then replaced in one of the following ways:

**Option one** - Making a special modified denture called an 'obturator' which fills the cavity (hole):

This process begins as soon as the tumour has been removed and you will wake up from the operation with a temporary obturator which is fixed in place during the first few weeks of healing. Another short anaesthetic is usually needed to remove this and take the impressions for the permanent obturator.

You will be taught how to look after your mouth and the obturator which can be removed as necessary for cleaning. You will also need to have several follow-up appointments so that the obturator can be checked and adjusted to fit you comfortably.

With this option, the inside of your mouth will feel and look different when the obturator is not in place as there will be a hole in your palate where the tumour has been removed.

**Option two** - Option two - Using some tissue taken from another part of your body (for example, your forearm, hip or lower leg) to rebuild the part that has been taken away:

The aim of such a reconstructive operation is avoid any hole in the palate and the need for an obturator. However, this type of operation takes several hours to perform and is not suitable for every patient who undergoes a maxillectomy. There are a number of factors related to age, general health and the type of tumour that will guide the surgeon in considering whether such an operation is advisable.

Your surgeon will discuss both options with you and you will be fully involved in deciding which is best for your particular situation.

## Are there any risks associated with this type of surgery?

With any surgery, there are certain associated risks. These risks include bleeding, infection, possible nerve damage and, in a small percentage of patients, failure of the flap or graft. Your surgeon will go through these with you when you sign your consent form.

There are also risks associated with any anaesthetic. However, the risk of serious complications is less than 0.1%. Please ask for the leaflet 'You and your anaesthetic' for more information.

**It is important that you discuss any concerns with your doctor before signing the consent form.**

## How will I feel after the operation?

There may be some pain initially in your mouth after surgery. The nurses will give you painkillers to relieve the pain. If you have had surgery to your hip or leg as part of a reconstructive operation, the pain on walking will usually disappear within a month after surgery.

If you have any concerns about how you will manage once you are at home, please talk to the nursing staff, either before you come to hospital or during your stay.

## Post-operatively

You will normally be given the results of the test on the tumour (histology) within about two weeks after the operation, but this can take longer because of the special processes that may be necessary to look at the bone tissue. The aim of the operation is to remove the entire tumour and a margin of healthy tissue around the edge to reduce the risk of any tumour cells being left behind.

This may not always be possible due to the position of the tumour or the inability to see tiny microscopic tumour cells that may begin to form in some of the normal tissue.

These results, together with other factors, enable the doctors to make a decision about whether you will also need radiotherapy treatment a few weeks after the operation. They will discuss all this with you.

## How will the surgery affect my speech and swallowing?

Your palate is important in forming certain sounds, and for swallowing. It is likely that after surgery there will be some difference in how your speech sounds. Swallowing may also be different and some adaptation will be needed. Any changes will depend on the extent of surgery you have had and you will be given help and advice by a speech and swallowing therapist and dietitian.

## How speech and language therapy can help you

Once you are feeling stronger after surgery, the speech therapist will visit you on the ward. She will be able to:

- help you understand the changes in speech and swallowing you will experience and will offer advice and support to help you adapt to these differences.
- provide you with support and advice once you go home, if this is needed, and refer you to the nearest therapist to your home.

## Will I have a scar?

The operation will usually leave a fine surgical scar on your upper lip and along the side of your nose. Your surgeon can explain to you exactly where this scar will be.

The scar should become much less noticeable within a few months of the operation. If the end result is a concern to you, a camouflage therapist can offer you help and advice once the wounds have healed fully. Please ask your Macmillan Nurse for details.

## Questions or concerns

Should you have any further questions, please do not hesitate to talk to your doctor or contact:

### **Macmillan Information and Support Centre**

Queen Victoria Hospital

**Tel: 01342 414369**

### **Head and Neck Clinical Nurse Specialist**

**Tel: 01342 414076**

Email: [cancer.information@qvh.nhs.net](mailto:cancer.information@qvh.nhs.net)

For out of hours emergencies, please contact our switchboard on 01342 414000 and ask for the Maxillofacial doctor on duty.

## Links to further information and support

- **Macmillan Cancer Support**

Provide practical, medical and financial support and push for better cancer care (offers an interpreting service).

Tel: **0808 808 000**

[www.macmillan.org.uk](http://www.macmillan.org.uk)

- **NHS Choices for Cancer Information Prescriptions**

[www.nhs.uk/ipg](http://www.nhs.uk/ipg)

- **Cancer Research UK**

This charity provides information about cancer, treatment and clinical trials.

Tel: **0808 800 4040** [www.cancerresearchuk.org](http://www.cancerresearchuk.org)

- **NHS Direct**

Tel: **111** [www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk)

- **Headstart**

Head and neck cancer support group which meets six times per year, offering an opportunity for people to meet other head and neck cancer patients.

Tel: **01342 414493** or  
**01634 825389**

- **NHS stop smoking service**

Tel: **0800 022 4332**  
[www.nhs.uk/smokefree](http://www.nhs.uk/smokefree)

Please ask if you  
would like this leaflet  
in larger print or an  
alternative format.

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