

This booklet is a guide to aspects of 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 sub-total mandibulectomy?

A mandibulectomy is the surgical removal of part of the lower jaw due to a non-cancerous (benign) or cancerous growth. Sometimes, following radiotherapy, the bone does not survive, causing a condition called osteoradionecrosis and the damaged bone must then be removed. How much of the lower jaw is removed depends upon the extent of the problem and where it is.

What does the surgery involve?

The surgeons will remove the affected part of the lower jaw. Some teeth may also need to be removed in the process. The surgeons will then usually replace the area removed with either a metal plate and/or some bone (for example, from your hip) or a piece of bone and overlying skin (known as a 'free flap') taken from the hip, leg or shoulder blade. Your surgeon will explain exactly how this is done. The aim of replacing the area removed is to return your appearance, speech and swallowing to as near normal as possible. This is usually all done in one and the same operation.

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.

Pre-operatively

The doctors will discuss your surgery (operation) with you at your out-patient appointment. Please ask if you do not understand any terms they use. You will also be given the opportunity to see the Macmillan Head and Neck Clinical Nurse Specialist.

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

How long will I stay in hospital?

The length of stay will depend on the extent of surgery and your general health. A typical stay is 7-14 days. Please remember that this is just a guide and the care for each person will differ according to your needs.

Will I have a scar?

The operation may leave a fine scar on your lower lip and chin and will normally extend along a crease in your neck. You will be given advice on how to care for your scar and, in time, the scar usually blends into your natural skin creases. If the scarring is more visible and an obvious concern to you, a camouflage therapist will be able to offer you help and advice, once the wounds have fully healed. Additionally the psychological therapy team can provide you with a range of strategies to enable you to feel comfortable as you resume your pre-surgery social activities. Please ask your Macmillan Nurse for details.

How will I feel after the operation?

Pain after head and neck surgery is often much less than you might expect. The majority of the post-operative discomfort is likely to be related to the area where your bone graft has been taken. The nurses will give you regular painkillers after your operation, as needed, to relieve any pain. If you have had surgery to your hip or leg, the discomfort on walking usually disappears within a month of surgery.

If you have any concerns about how you will manage once you are at home, please talk to the Matron Discharge Coordinator, either before you come to hospital or during your stay. Tel: 01342 306610

How will the surgery affect my speech and swallowing?

Your lower jaw is important for speech, chewing and swallowing. After surgery there will inevitably be some initial interference with forming some words, although the actual sound of your voice should not be affected. Swallowing may also be more difficult and it is common to insert a feeding tube at the time of surgery in order to help your nutrition during the healing period. This may be via a tube through the nose and down into the stomach (which is removed before you are discharged), or a feeding tube that is inserted into the stomach through the skin. This is done at the time of anaesthetic and can be left in for as long as required, your surgeon will explain this procedure to you. The dietician will then be in charge of your nutritional care. Any long-term changes in speech and swallowing will depend on the extent of surgery you have had.

How can speech and language therapy 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.

Contact us

Should you have any further questions about any aspect of your care, please do not hesitate to contact us:

Maxillofacial Unit

Tel: 01342 414538

Switchboard

Tel: 01342 414000

Please ask if you would like this leaflet in larger print or a different format.

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

(Partial or sub-total mandibulectomy)

