

This leaflet is a general guide to the care you will receive. However, as your treatment is planned very carefully and individually, your surgical team will explain the care that you personally will receive.

You will stay for approximately 7–10 days, depending on the extent of surgery and your general health. Please remember that this is just a guide and the care of each person will differ according to their needs.

What is a Partial or Hemi-Glossectomy?

It means the removal of a part or up to half of the tongue. How much tissue is removed depends on the size of your tumour and where it is on your tongue.

The area removed is usually replaced by a piece of skin and/or muscle (known as a 'flap') taken from another part of your body, such as the smooth side of your forearm. Your surgeon will explain exactly how this is done.

Pre-operatively

The doctors will discuss your surgery with you at the outpatient appointment. Please ask if you do not understand any words they use. You will also be given the opportunity to see the Macmillan Head and Neck Nurse Specialist.

A pre-assessment will be carried out about a week before your operation. This will usually involve seeing the surgeon, anaesthetist and nurse. It may also include a speech and language therapist, dietitian, physiotherapists, pain control nurse specialist or psychological therapist.

Will it be painful?

There may be some pain at first after surgery. Often, this is slight and will be well controlled with painkillers. Different parts of the body heal at different rates and you may need to take painkillers home with you to use until you feel comfortable.

Scarring

Any surgery will result in a scar. However, these scars will certainly fade with time and vary in their visibility. The areas of your body where there may be scar lines are, are:-

- The middle of your chin and lower jaw if your tumour is difficult to reach.
- The area of your body where the 'flap' is removed.
- The side of your neck if it is necessary to remove lymph glands in the neck to remove cancerous glands and prevent the cancer from spreading.

You will be given advice on how to reduce scar tissue from your Macmillan Nurse.

The psychological therapy team are also available and can provide opportunity (or opportunities) to explore thoughts and feelings about your altered appearance together with a range of coping strategies

How will the surgery affect me?

The function of the tongue

The tongue is a highly specialised muscle used for:

- **Speech** - A variety of small movements made by the tongue alter the shape of the mouth to help produce most of the individual sounds used in speech.
- **Chewing** - The lips, tongue, teeth and jaws work together to break up food and form it into a soft ball for swallowing.
- **Swallowing** - The tongue carries food and drink to the back of the mouth where they are swallowed down your throat and into your oesophagus, the swallowing tube
- **Taste** - The tongue is divided into different areas for tasting salt, sour, bitter and sweet.

You may experience some changes in all of these functions.

Will my voice be affected?

Your voice is made in your larynx (voice box) situated at the top of your windpipe, the trachea. It is not usually affected by this surgery, so you will have your normal voice. However, sometimes your surgeon may wish to place a breathing tube (**tracheostomy**) temporarily into your wind pipe.

Surgery to Remove Part of the Tongue (partial or hemi-glossectomy)

Patient Information

Percutaneous Endoscopic Gastrostomy).

The dietitian will have explained this to you at your pre-assessment session. These tubes will also be used to give you your medication.

Once your mouth has healed sufficiently and your surgeon agrees, the speech and language therapist will help you, first to drink and then to eat. Please be reassured that most patients return to normal eating and drinking.

Further questions

Should you have any concerns or questions then please do not hesitate to contact the Specialist Speech and Language Therapist:

Tel: 01342 414471

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

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If this is needed, the reasons why and the procedure will be fully explained to you. As it is placed below your larynx it means that temporarily you will have no voice or even a whisper. Your speech and language therapist will have prepared you for this at pre-assessment and advised on various alternative methods of communication such as:

- pen and paper
- magic eraser board
- Text-to-speech apps on a mobile phone or tablet

The tracheostomy tube will be removed quickly and easily once your surgical team have made that decision. Your voice and breathing will immediately return to normal.

How will my speech be affected?

The effects on your speech will depend on how much of the tongue is removed and how it is repaired, but you will be able to speak and be understood! Your speech may sound slurred initially but will improve with time. Some patients need some outpatient speech therapy sessions. Usually, patients successfully return to their jobs, which may involve a good deal of speaking, e.g., teachers, salespersons, receptionists, etc.

How will my eating and drinking be affected?

There is usually a short period “nil-by-mouth” whilst you are initially recovering from the operation. During this time you will be fed by a tube either from your nose into your stomach (NG tube - a nasogastric tube) or directly into your stomach (PEG - a