

PATIENT INFORMATION

Maxillectomy

What is a Maxillectomy?

If you have a cancer affecting the bones and tissues in the roof or hard palate of your mouth (maxilla) you will need to have the area of cancer removed. There are 2 levels of operation to do this depending on the size of your cancer and whether it has spread:

- ❖ A partial maxillectomy or hemi-maxillectomy
- ❖ A full maxillectomy

How is cancer in the maxilla diagnosed?

Your doctor will examine your mouth using a mirror and light and ask you about your medical history, signs and symptoms. Your doctor will ask for an x-ray to be taken of your jaws. Your doctor may then order a special x-ray called a CT scan, which uses a computer to make a picture of the inside of your head and neck. Another special scan called an MRI scan may also be done. If tissue that is not normal is found, your doctor will need to cut out a small piece of tissue and look at it under a microscope, this is called a biopsy. Sometimes the biopsy can be done in the Outpatients Department and sometimes it is necessary to do this under a general anaesthetic which may require an overnight stay in hospital.

What does surgery mean?

You will usually be admitted to the ward on the day of your operation.

The operation involves removing the cancer from the roof or palate of your mouth. The operation leaves a space in the roof of your mouth making an opening between your mouth and your nose. This space is filled by a specially made prosthesis or obturator, which looks like a denture plate and acts as a seal between the nose and mouth to prevent food and fluids escaping through your nose, this seal also makes sure your speech is not affected by the operation. Your doctor will explain this to you in more detail before the operation. If cancer has spread into the lymph nodes in the neck, some or all of the lymph nodes may be removed, this is called a neck

dissection. The average length of stay will be 2-14 days depending on the extent of your surgery. *(Ask for separate leaflet about neck dissection)*

Care is provided throughout by a large team of doctors, nurses, dieticians, physiotherapists and speech and swallowing therapists all offering support and information for you and your family.

What problems can occur?

Eating and drinking- If you need to have surgery inside your mouth you may not be allowed to eat or drink for the first 10 days. If this is the case feeding will be continued by a naso-gastric tube through your nostril into your stomach. This special feed will be carefully monitored by the dietician.

Infection- Mouthwashes will be given to you to keep your mouth clean and fresh. Any infection can usually be easily treated with antibiotics. The obturator will be fixed immediately following your operation and you will be given a short anaesthetic about 2 weeks following your first operation to remove, clean and reshape the obturator to make sure it fits as comfortably as possible. When your mouth is fully healed, you will be given instruction in how to clean and care for the permanent obturator yourself.

Pain- If you suffer any pain it is important that you tell the doctors and nurses looking after you. Painkillers will be available for you as you need them.

Speech and swallowing- Sometimes speech and swallowing can be difficult in the period following surgery. The speech and swallowing therapist will visit you on the ward on following discharge as necessary to help you with this.

How quickly will I recover?

Recovery depends very much on the extent of your surgery as well as your own individual healing. Resuming daily activities, including work, as soon as you are able can help the healing process.

Your feelings

You are likely to experience a number of different emotions; from shock and disbelief to fear and anger. These feelings are quite natural and it is important for you to be able to express these feelings if you wish. Everyone has their own ways of coping with difficult situations; some people find it helpful to talk to family and friends, while others prefer to seek help from professionals, and some will prefer to keep their feelings to themselves. There is no right or wrong way to cope, but help is there if you need it. Talk to your specialist nurse for further information about the help available. Remember, there are other patients who have gone through the same situation. Your specialist nurse can put you in touch with someone who knows what it is like.

Contacts:

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Macmillan cancer support- 0808 808 0000 www.macmillan.org.uk

Mouth Cancer Foundation – 01924 950 950

www.mouthcancerfoundation.org

For further assistance or to receive this information in a different format, please contact the department which created this leaflet.