Mandibular resection

What is a mandibular resection?

If you have a cancer in the floor of your mouth that has spread to your jaw bone (mandible), you will need an operation to remove the cancer and any suspected area of spread into the bone. This operation removes some or all of the tissue and bone in your lower jaw, the level of surgery will depend on the size of your cancer and how deeply it has spread:

- Partial thickness resection or
- Full thickness resection

How is cancer in the mandible 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 floor of your mouth with a layer of jaw bone. Any teeth attached to this area of jaw will also be removed. If a large area of bone needs to be removed a metal plate will be inserted to provide strength and stability to the remaining jaw. It may be necessary to replace tissue from the floor of your mouth with a piece of skin from elsewhere on your body, this if called a ‘free flap’. Your doctor will explain this to you in more detail (Ask for separate leaflet about free flaps). 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.

**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.

**How quickly will I recover?**

Recovery depends very much on the level of surgery you have undergone 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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