Patient & Family Guide

2023

Head and Neck Surgery with Microvascular Flap Reconstruction

My surgeon's office phone:

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nova scotia health

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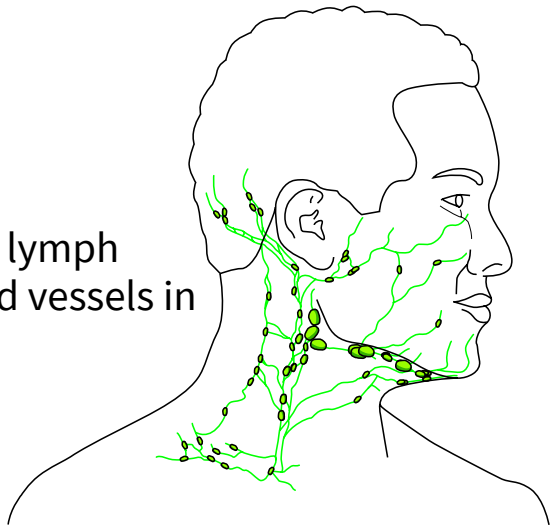
Head and Neck Surgery with Microvascular Flap Reconstruction

Why do I need this surgery?

- This surgery removes tumours or growths in your mouth and nearby areas. These tumours may be cancerous.
- This surgery may remove:
  - part of your lower jawbone and tongue.
  - part of the floor (bottom), side, or top of your mouth.
  - the lymph nodes and some of the nerves, blood vessels, and muscles on the side of your neck where the tumours are.



Chains of lymph nodes and vessels in the neck

Before surgery

- You will have an appointment in the Ear, Nose, and Throat (ENT) Clinic.
  - › You will meet with doctors, nurses, a social worker, a speech language pathologist, and a dietitian (if you have recently lost weight).
- You will have an appointment in the Pre-Admission Clinic.
  - › You will have tests, including an ECG or EKG, a chest X-ray, and blood work.
  - › You will see the anesthetist (doctor who puts you to sleep for surgery).
- **Stop smoking before your surgery**. This will help you get better faster and have fewer problems with your surgery. **Do not use a nicotine patch during or after your surgery for 2 weeks**.
- **Do not** eat or drink foods with caffeine (like coffee or tea, chocolate, or dark-coloured pop) for **48 hours (2 days) before your surgery**.

How is the surgery done?

- You will be taken to the operating room (O.R.).
- The anesthetist will put an intravenous (I.V.) tube into a vein in your arm using a needle.
- The surgeon will take a flap of tissue from your arm or your leg. This is called the donor site. The surgeon will suggest which donor site will work best for you.
- This tissue may be made up of skin, muscle, and sometimes bone. It will be used to fill in the area removed from your mouth, neck, or both.
- The surgeon will also remove an artery and a vein connected to the flap. This artery and vein will be connected to an artery and a vein in your neck. Blood will flow into and out of the flap through the artery and vein, so the flap can survive in its new location.
- The surgeon may also take a thin layer of skin from 1 of your thighs (upper part of your leg). This skin will be used to cover the donor site.
- You may need radiation therapy before or after your surgery. Your surgeon will talk with you about this, if needed.

After surgery

- After surgery you will go to the ICU (Intensive Care Unit) for a few days. You may then go to the IMCU (Intermediate Care Unit). This is also called the step-down unit.
- You will then go to a private room on the ENT Unit.
- You may be in a special bed for 2 to 3 days. This bed limits how much you can move. The nurses will help you move to a regular bed when you are ready.

Breathing

- There may be a tracheostomy (trach) tube in your neck. This lets you breathe. You will not be able to talk for a few days until the trach tube is changed to another type of tube. When you are ready, the tube will be taken out.
- **It is important to do deep breathing and coughing exercises**. This helps to keep your lungs clear. When you cough, mucus or spit will come out through your trach tube. Your nurse will suction (suck out) the tube to clean it, if needed.
- There may be a special mask over your trach tube to make sure it does not get too dry.
- You may be given oxygen.

Your care

- There may be drainage tubes in your neck to remove blood from under the incisions (cuts). These may be connected to a suction machine. The tubes are usually taken out 2 to 5 days after surgery.
- There may be a small oxygen probe clipped to your finger. This checks your oxygen levels.
- The health care team will check your blood pressure, pulse, and temperature often.
- There may be a doppler probe put in at the flap site. This lets your health care team hear the pulse in the flap and check the blood flow to the surgery site.
- You may be kept warm. You cannot have a fan or an open window.
- Your donor site will be checked often for blood flow.
- You may have an I.V. for 1 to 5 days. You will be given medications through the I.V., if needed.
- Ask your nurse for pain medication, if needed.
- You may have dressings on your arm or leg, and on your thigh. These will be changed often.
- There may be some swelling in your face and neck, and bruising on the affected side. This will go away over time. Swelling will be worst on the second day after your surgery.

- You may have staples and stitches that will be taken out in 7 to 10 days.
- You may be in the hospital for 9 to 14 days. You will slowly become more active during this time.

Eating and drinking

- You may have a feeding tube that goes into your nose down to your stomach (belly). This will usually be removed 5 to 10 days after surgery. You **cannot** eat anything by mouth during this time.
- You may also need the feeding tube at home for some time. The dietitian and speech language pathologist will help you with swallowing when you are ready.
- You may have a catheter (thin, hollow tube) in your bladder to drain urine (pee). This is usually removed within the first 24 to 48 hours (1 to 2 days) after surgery.
- **It is important to learn how to clean your mouth**.

Other team members you will see after surgery are:

- Speech language pathologist
- Dietitian
- Social worker
- Physiotherapist

What are the possible complications?

- Every surgery has a risk of bleeding and infection. Sometimes a blood transfusion is needed.
- The skin can break down, making an opening between your throat and the skin on your neck. If this happens, your recovery time may be longer.
- Your chin and lips may feel numb. If this happens, it will go away over time. How long they may feel numb is different for each person.
- You may find that the arm or leg used for donor tissue does not work well for a short time.
- If the tumour was in your neck, you may have a weak, dropped shoulder. Your physiotherapist will give you exercises to help with this.
- You may have trouble talking or swallowing.
- If there is no pulse in the flap, you may need another surgery to try to reconnect the blood supply to the flap. About 1 or 2 flaps out of 100 will die and will need to be replaced.
  - **Important**: **This is more likely to happen if you keep smoking up to the day of your surgery or if you use a nicotine patch. Your surgeon will talk with you about this**.

What will happen when I am ready to go home?

- **You must have someone drive you home**.
- Before you leave the hospital:
  - you will will be given a date for a follow-up appointment to see your surgeon in the ENT Clinic.
  - you will be given a prescription for pain medications and any other medications you may need.
- **Do not drink alcohol while taking pain medication**.
- When you leave the hospital, a home care nurse will change your dressings until the sites are healed. Your nurse will arrange for home care nursing before you go home.

Activity tips

- Place your hands together behind your neck when you sit up. This will support your neck muscles.
- **Do not** lift anything over 15 pounds (including children) or strain unless your surgeon says it is OK.
- Talk to your surgeon about when you can go back to your daily routine, drive, and go back to work.
- Rest when you are tired.
- You may have sex when you feel well enough.

Call your surgeon's office if you have:

- A fever (temperature above 38 ^{0}C or 100.4 ^{0}F) or chills
- A new cough with coloured sputum (mucus)
- Trouble breathing
- Redness, swelling, or drainage (fluids) from your incisions
- More trouble swallowing than usual
- More pain than usual

If you cannot reach your surgeon, go to the nearest Emergency Department right away.

Notes:

This pamphlet is for educational purposes only. It is not intended to replace the advice or professional judgment of a health care provider. The information may not apply to all situations. If you have any questions, please ask your health care provider.

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The information in this pamphlet is to be updated every 3 years or as needed.

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