

Glossectomy

Post-Operative Instructions

What can I expect after surgery?

Patients may be in the ICU located on 5D. This will be determined by the severity of the surgery and may be determined on the day of surgery. Patients will have a Foley catheter (to drain your bladder) that will be removed when the patient is moved from the ICU to a regular floor and the patient is up and walking.

We will do our best to update your family/friends during surgery but understand that we may not know exactly how long surgery will last until about 2 hours before surgery will be complete. The average hospital stay is 5-7 days.

- You may have an alloderm skin graft or they may have a skin graft taken from their thigh. The skin graft from the thigh will have a clear bandage covering the donor site and will fall off on its own.
- The flap will come from the Radial forearm, Anterior lateral thigh, or the Pectoralis muscle in the chest.
- Some patients will have a tracheotomy, it is more common if having a bilateral (both sides) neck dissection or having a flap. If you do have a tracheotomy, it is often temporary and usually necessary for 4 weeks to 6 months.

How do I take care of my incision?

- A patient can take a bath or a shower 48 hours after surgery, but are not allowed to submerge the wounds for 2 weeks after full healing.
- Patients will have sutures. If the sutures are on the inside of the mouth then they will dissolve on their own. Sutures on the neck must be

removed by your surgeon. The sutures on the neck 10-14 days.

- Bacitracin should be placed on skin face and neck sutures for the 1st week after surgery. After removal of the sutures, a moisturizer may be used.

What should my activity level be?

- Family or friends will be needed 24 hours a day 7 days a week for at least 7 days after release from the hospital to stay with you and assist you.
- No heavy lifting for at least 6 weeks post-operatively
- You should plan on being off work for at least 1 week.

Are there diet restrictions after surgery?

Patients will have a feeding tube called a dobhoff tube (tube placed in the nose) or a Peg tube (tube placed in the abdomen). The dobhoff is only temporary and used for nutrition and medications while the incision site heals.

- The dobhoff tube is usually in place 2-4 weeks. Patients will be taught to administer tube feedings while at home.
- Patients will be instructed to take nothing by mouth until given the OK by the surgeon.
- Before discharge from the hospital a dietician will discuss nutrition needs.
- Some patients may need to pass a swallow study before the dobhoff tube is removed or being allowed anything by mouth.

How do I manage pain after surgery?

All medications taken prior to surgery may be altered and some new medications may be added until the dobhoff tube is removed.

What follow-up care will I receive?

- The first post-operative appointment should be within 1 week after discharge and should be made at time of discharge.
- Biopsy results will be discussed at first post-operative appointment.
- Speech therapy will work with you after surgery to help with speech and swallowing difficulties.

When should I call my doctor?

- If you have increased swelling or bruising.
- If you have severe or increased pain not relieved by medication.
- If you have any side effects to medications; such as, rash, nausea, headache, vomiting, increased irritability, or constipation.
- If you have an oral temperature over 100.5 degrees. Check to make sure they are getting enough liquids. Dehydration can cause the body temperature to rise.

Who should I call if I have questions?

- (734) 936-5950, Monday - Friday, 8 a.m. - 4:30 p.m.
- After hours and on weekends, call Hospital Paging at (734) 936-6267 and ask for the Oral & Maxillofacial Surgeon on call.

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