

The tracheostomy tube will be removed quickly and easily once your surgical team has made that decision. Your voice and breathing will immediately return to normal. The nursing team and speech and language therapist will help and advise.

### How will my speech be affected?

Your speech will be permanently altered. However, you will be able to speak and, with time and regular speech therapy, it will improve.

### How will my eating and drinking be affected?

Your ability to manage solid foods by mouth will be permanently impaired after total glossectomy. Normally, for the first few days whilst you are recovering from surgery you will not feel much like eating or drinking, so you will be fed by a tube often directly into your stomach.

This is called a PEG (Percutaneous Endoscopic Gastrostomy), or a RIG (Radiologically Inserted Gastrostomy).

The dietitian will have explained this to you. These tubes will also be used to give you your medication.

Once your mouth has healed sufficiently and your surgeon agrees, you will be assessed by a speech and language therapist who will advise you on taking things to drink and eat by mouth. This will most likely start with taking small amounts of liquids, most patients are able to manage liquids and slightly thicker foods after this surgery.

### Any further questions?

Should you have any concerns or questions then please do not hesitate to make contact with us:

#### Macmillan Head and Neck CNS's (Keyworker) and Support Worker

Telephone: 01273 696955 Ext.7435  
Bleep 8055

#### Psychological Team

Macmillan Psychological Therapies Nurses  
Telephone: 01273 664696

Head and Neck ward, Level 8A West  
01273 696955 Ext.4357 / 4358

Maxillofacial Outpatients Appointments  
01273 696955 Ext.63990

If you require this document in a language other than English please inform your interpreter or a member of staff.

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Se precisa deste documento noutra língua por favor informe o seu interprete ou um membro do pessoal.

Adapted from BAOMS website and QVH Foundation Trust leaflet

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#### Disclaimer

The information in this leaflet is for guidance purposes only and is in no way intended to replace professional clinical advice by a qualified practitioner.

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## Surgery to remove the tongue

(Total glossectomy)

### Information for patients

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

The length of stay will be approximately two weeks, 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 his or her needs.

## What is a Total Glossectomy?

It means the removal of all of your tongue.

The area removed is 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 terms they use. You will also be given the opportunity to see one of the Macmillan Head and Neck Nurse Specialists and support worker.

A pre-assessment will be carried out about a week before your operation.

This will usually involve seeing the surgeon, anaesthetist, specialist nurse, speech and language therapist and dietitian.

## 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 painkillers on discharge 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, which may receive scarring, 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. A camouflage therapist can offer help and advise once your wounds are fully healed.

The Psychological Therapy Team are also available and can provide an opportunity (or opportunities) to explore thoughts and feelings about your altered appearance together with a range of coping strategies.

## How will the surgery (operation) 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 (swallowing tube).

**Taste** – The tongue is divided into different areas for tasting salt, sour, bitter and sweet.

You will 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. It is not usually affected by surgery, so you will have your normal voice. However, sometimes your surgeon may wish to place a breathing tube (**tracheostomy**) temporarily into your windpipe or trachea.

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
- Picture chart and others