

The nursing team and speech and language therapist will help and advise.

How will my speech be affected?

The effects on your speech will depend on how much of the tongue is removed and how it is repaired, but you will be able to speak and be understood. Your speech may sound thick or slurred but will improve with therapy and time. Many patients successfully return to their jobs, which may involve a good deal of speaking e.g. teachers, salesmen, receptionists etc.

How will my eating and drinking be affected?

Normally, for the first few days whilst you are recovering from surgery you will not feel much like eating or drinking, so you may be fed by a tube either from your nose into your stomach (a Naso-Gastric or NG tube) or directly into your stomach (a PEG or RIG Percutaneous Endoscopic Gastrostomy or Radiologically Inserted Gastrostomy).

This will be explained to you at your pre-assessment. 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 eating and drinking. At first you will find it difficult to chew and prepare solid foods and liquids will be easier, but please be reassured that most patients are able to eat and drink relatively normally after a period of rehabilitation with the speech & language therapist.'

Any further questions?

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

Macmillan Specialist Speech and Language Therapist's

Telephone: 01273 696955 Ext. 7211

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.

إذا كنت تريد هذه الوثيقة بلغة أخرى غير اللغة الإنجليزية، فيرجى إخطار المترجم الفوري المخصص لك أو أحد أفراد طاقم العمل.

ইংরেজি ছাড়া অন্য কোন ভাষায় এই নথি আপনার প্রয়োজন হলে অনুগ্রহ করে আপনার অনুবাদক বা কোন স্টাফকে জানান।

如果貴方要求提供本文檔之英文版本以外之任意語言版本，則請告知貴方的口譯員或任意職員。

در صورتیکه این سند را به زبان دیگری غیر از انگلیسی می خواهید، لطفاً به مترجم خود و یا یکی از کارکنان اطلاع دهید.

如果口方要求提供本文文件之英文版本以外之任意口言版本，口口告知口方的口口口或任意口口。

Jeżeli chcieliby Państwo otrzymać niniejszy dokument w innej wersji językowej, prosimy poinformować o tym tłumacza ustnego lub członka personelu.

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

Adapted from QVH Foundation Trust leaflet

© Brighton and Sussex University Hospitals NHS Trust

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.

Ref number: 191.1
Publication Date: June 2015
Review Date: June 2017



Surgery to remove part of the tongue (Partial or hemi-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 may be approximately anytime up to 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 partial or hemi-glossectomy?

It means the removal of a part or half of the tongue. How much of the tongue that is removed depends on the size of the cancer and where it is.

The area removed is usually 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 the Macmillan Head and Neck Nurse Specialist's 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 advice once your wounds are fully healed.

The psychological therapy team are also available and can provide 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 may 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.

The tracheostomy tube will be removed quickly and easily once your surgical team has made that decision. Your voice and breathing will return to normal.