



Post-operative care for patients after mandibulectomy or maxillectomy

In these procedures part of the jaw (mandibulectomy) or some of the bone underlying the nose (maxillectomy) are removed. This is usually for reasons of cancer resection. The long term prognosis will usually depend on the nature of the cancer, whether it has already spread, and whether accompanying chemotherapy or radiotherapy is advisable or possible. This information sheet deals with the early post-operative period. Biopsy of any mass and radiography of the head and chest will be part of routine preoperative planning. In some cases advanced imaging with CT and/or MRI will be required.

Medication: **Antibiotics:** We usually dispense claviseptin (tablets given twice daily).

Anti-inflammatories: We usually dispense carprofen (tablets given twice daily), or meloxicam (a liquid given once daily). These are given with food. They occasionally cause vomiting or diarrhoea, in which case prompt advice should be sought.

Analgesics: We may have dispensed tramadol (tablets given twice daily).

Rechecks a few days after discharge may be with your own vet to save un-necessary travelling. We can do this check-up where travelling is not an issue. All our post-op check-ups are free under our “fixed price” schemes. Please contact us to book an appointment for us to see the case back 2-3 weeks post-operatively when we can remove sutures/staples and check that all is going to plan.

Restricted activity is advisable while the wounds heal.

Five minutes walking exercise on a lead a few times a day is allowed.

Feeding

With maxillectomy, we will often use a feeding tube (see separate information sheet for patients with feeding tubes). For selected maxillectomies and for mandibulectomies, food is offered by mouth early in the post-operative period and eating should be pretty much normal from the day after surgery. If this is not the case, then pain control – analgesia – is the most likely cause of the failure to eat and this needs urgently addressing.

Consider limiting the amount of food that is offered at one time. Food with the consistency of meatballs, that stays in a lump when squeezed without exuding liquid, is easiest for patients to manipulate and swallow without chewing.

Water should be available at all times.

Lab results

The tissue that is removed will usually be submitted to the lab examination under a microscope. Results can sometimes take several weeks to return because of the extra processing required for tissue containing bone and teeth.

Complications

Wound breakdowns occasionally occur. With maxillectomy, holes between the nose and the mouth occasionally develop. These are called fistulae, and these may need surgical attention.

Wound infection is uncommon, but it does occasionally happen. If ooze is evident from wounds, seek prompt advice.

These surgeries aim to remove a primary tumour; regrowth at the surgical site is rare in our experience. This would indicate incomplete removal of the primary tumour and we would view this as a surgical failure.

The nature of the tumour will determine how likely secondary tumours (“metastases”) are to develop elsewhere in the body in the post-operative period. Surgery on the primary tumour will not affect the subsequent growth of any metastases that have already established in other locations in the body by the time of surgery. Metastases may have been too small to recognise by even the most diligent imaging at the time of surgery. Subsequent growth of metastases would not be viewed as a “failure” of the surgery which can only address the primary tumour.

For further advice please contact us by phone on 07944 105501 or at mail@wm-referrals.com