



Post-operative care for patients after mandibulectomy down as a mobile service by West Midlands Referrals

In these procedures part of the jaw (mandible) 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 usually be part of routine preoperative planning. In some cases advanced imaging with CT and/or MRI will be required.

Medication:	Antibiotics:	Antibiotics like claviseptin are usually given for a few days (usually tablets given twice daily).
	Anti-inflammatories:	Non-steroidal anti-inflammatory drugs usually start/resume the morning after surgery. These are tablets (eg carprofen, Onsior or Previcox), or liquid (meloxicam). They should be given with food. If vomiting or diarrhoea is noted, stop medication and seek prompt advice.
	Analgesics:	We often dispense tramadol (tablets given twice daily) to dogs or buprenorphine (liquid given every 8 hours) to cats

Wounds must not be interfered with or bathed. An Elizabethan collar helps prevent wound interference. It is the owner's responsibility to prevent wound interference. If the wound is being interfered with, please ring promptly for advice. Any wound ooze may be gently blotted with kitchen towel. If ooze is seen, seek prompt advice.

Rechecks are typically recommended in the first few days post-op, especially if there are issues. Check ups are chargeable. Please ring your own vets to book these. Where travelling is an issue, and/or for anxious/nervous/fractious pets, a simple phone conversation and/or a text/email photo of the wound may well suffice. **There may well be bruising, swelling and inflammation evident at this time. Swelling and bruising should disappear within a few days.** At a 2-3 week check, sutures may be removed or left to slough on their own.

Restricted activity is advisable while the wounds heal.

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

Feeding

Food is typically offered by mouth early in the post-operative period and voluntary oral food intake is typical 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 addressing. Eating is typically messy while patients learn to use their modified mouths. 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 much chewing. To assist food intake in the early post-operative period, we may place a feeding tube (see separate information sheet for patients with feeding tubes).

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 at the lab that is required for tissue containing bone and teeth.

Complications

Wound breakdowns occasionally occur and may need revision surgery.

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 would indicate incomplete removal of the primary tumour and is rare in our experience. We typically take wide, bold margins when excision is performed with curative intent. 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 be present at the time of surgery but still have been too small to have been recognised 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.

The price that you pay your vet on the day doesn't include further consults, medication, dressings, x-rays or revision surgery. We are available to give advice on the case in the post-operative period, but initial contact should be to your own vet. Consider texting/emailing pictures to them. They will then contact us as required and we'll be pleased to give advice. 15/07/2019