

## Mandibulectomy

### What Is a Mandibulectomy?

A mandibulectomy is surgery to remove cancer in the lower jaw. How much is removed depends on the size and location of the cancer.

### Before the Surgery

At an office visit, your doctor will explain the details of your surgery. Be sure to ask any questions and share concerns you may have. Also, share your needs and wishes, which helps your cancer care team create the best treatment plan for you. Your cancer care team may include these medical professionals:

- Surgeons
- Anesthesiologist
- Nurses
- Speech and language therapist
- Dietitian
- Facial prosthetics specialist, if needed
- Social worker

You will have visits with them before your surgery. You may have some blood tests done. This is another good time to talk about questions or concerns you may have.

### About the Surgery

Your surgical team will take out the cancer in your jaw. They will also take some tissue around it to make sure all the cancer is removed. If cancer has spread to lymph glands in the neck, the surgeon may remove some or all of them. This is called a neck dissection. For more information, see the *Lymph Node Surgery* factsheet.

During the operation, your surgical team will take steps to restore your appearance, speech, and ability to swallow as much as possible. They will replace the area removed in one of these ways:

- With a muscle and skin flap
- With both a metal plate and a bone, muscle, and skin flap taken from another part of your body

### After Surgery

You use your lower jaw in speaking, chewing, and swallowing. After the surgery, your speech will probably sound different. Chewing and swallowing may also be different.

These changes will depend on the surgery you have. Speech and language therapists and registered dietitians can help you in the hospital and after you go home.

**Feeding tubes.** Because of these changes, you may not be able to eat or drink by mouth for some time. You may need a feeding tube. The feeding tube could be a nasogastric (NG) tube or a percutaneous endoscopic gastrostomy (PEG). The NG tube goes through your nose into your stomach. The PEG goes through the wall of your belly into the stomach. You use a feeding tube until you can eat enough by mouth. A dietitian will show you how to use the feeding tube.

**Risk of infection.** Any surgery involves a risk of infection. You will use special mouth rinses to help lower the risk. Your cancer care team may give you medicines to treat or prevent infection.

**Pain.** After any surgery, some pain is normal. While you are in the hospital, your health care team will do their best to manage your pain. They will ask you often about how much pain you feel on a scale of 0-10, with 10 being the worst pain you can imagine. This information helps your health care team decide what medicines help most. They may put pain medicine directly into your veins or give you pills, depending on what works best.

When you go home, you will get a prescription for the same kinds of pain pills you took in the hospital. Follow the directions. Tell your surgical team if your pain does not get better.

**Recovery.** Your recovery time will depend on the type of surgery. Your cancer care team will talk with you about when you can return to daily activities. Recovery can take several weeks.