

Maxillectomy

What is maxillectomy?

Maxillectomy is surgery to remove the upper jaw bone (maxilla). People who have cancer in the bones and tissues in the roof or hard palate of the mouth sometimes need this surgery.

Before the Surgery

At an office visit, your doctor will explain details of the surgery. Be sure to ask any questions and share concerns you may have. Also share your needs and wishes. This helps your cancer care team make the best treatment plan for you.

Your cancer care team includes the surgeon, anesthesiologist, nurse, speech and language therapist, dietitian, and facial prosthetics specialist if needed. You will have visits with them a few days before your surgery. You will have some blood tests done. This is another good time to talk about questions or concerns you may have.

Facial prosthetics. A facial prosthetic may be an option to restore function and appearance after surgery. Talk with your cancer care team about this before your surgery. Huntsman Cancer Institute's Facial Prosthetics Service can work with your surgeon to make a realistic prosthesis.

What does the surgery involve?

There are two types of surgery:

- In a partial maxillectomy, the surgeon removes part of the upper jaw
- In a full maxillectomy, the surgeon removes the entire upper jaw

The type of surgery depends on the size of the cancer and if it has spread. If cancer has spread to the lymph nodes 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

What can I expect after surgery?

You use your upper jaw in speaking, chewing, and swallowing. After the surgery, your speech will probably sound different. Chewing and swallowing may also be different. You may have a temporary tube in your neck (called a tracheostomy tube) to help you breathe.

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

Feeding tubes. After the surgery, 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 will give you medicines to treat or prevent infection.

Pain. After any surgery, some pain is normal. While you are in the hospital, your cancer care team will do their best to control 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 the team decide what medicines will 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 for your medicines. Please tell your surgical team if your pain gets worse.

Recovery

Your recovery time will depend on the extent of the surgery. Your cancer care team will talk with you about when you can return to daily activities.