A **glossectomy** is surgery that removes all or part of the tongue. It is used to treat tongue cancer. A total glossectomy removes the entire tongue. A partial glossectomy removes only part of the tongue. The type of surgery you have depends on how deep the cancer has grown.

**During the Surgery**
You will have general anesthesia—medicine to keep you from feeling pain—during the surgery. It affects the whole body like a deep sleep. You will not remember the procedure.

Depending on how much is removed, your surgeon may need to rebuild your tongue. A common method uses a piece of tissue from your arm or leg to reconstruct the area removed.

**After the Surgery**
You will stay in the hospital several days after the surgery. For the first day or two, you may get oxygen through a face mask or two small tubes in your nostrils, or a tube in your neck.

You may get fluids through a small tube that goes from your nose to the stomach until you can eat and chew food again.

You may have stitches in your mouth. They will dissolve in 2–8 weeks. Your cancer care team will remove stitches on the outside of your neck in 7–10 days.

You may need radiation treatment after the surgery to kill any remaining cancer cells.

The speech therapist on your care team will help you get back the ability to swallow and speak.

**Possible Side Effects**

**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 are feeling. This helps your care team decide what pain medicines will work best for you. They may put pain medicine directly into your veins through an IV or give you pills.

When you go home, you will get a prescription for the same pain pills you took in the hospital. Follow the directions for your medicines. Tell your cancer care team if your pain level stays the same or gets worse.

**Infection.** Whenever there is a break in your skin, there is also a risk of infection. Good hand washing is the best and easiest way to prevent infection. Wash or disinfect your hands often, and make sure your caregivers and visitors do, too.

Watch for these signs that an infection may be starting:

- More pain, redness, or warmth at the surgery site
- More drainage from your surgery wound
- A fever higher than 100.3° F

If you notice any of these signs, call your cancer care team right away.

**Swelling.** Swelling around the surgery area can cause pressure on the throat. This can make it hard to breathe. The surgeon will place tubes to drain fluids from the surgery site to help prevent swelling. At first, a suction device connected to the tubes will help remove the fluid. Your nurses will check the fluid often to make sure there is no sign of an infection.

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**If you have questions or concerns, please call:**

- **Monday–Friday, 8 a.m.–5 p.m.**
  - Head and Neck Nurse Line 801-587-4566
- **After hours, weekends and holidays**
  - Call the University Hospital operator at 801-581-2121.
  - Ask for the ear, nose, and throat resident on call.
Swelling can also make it hard to swallow. The swelling should improve a few days after surgery. Tell your care team or speech therapist if you cannot drink liquids or if you have questions about your diet.

**Bleeding.** The head and neck have many blood vessels, so bleeding is a risk during this surgery. Your nurses will check the fluid from the drain tubes for signs of too much bleeding. Some bleeding is common right after surgery, but the drainage becomes more yellow as you heal.

**Pneumonia.** Lying in bed too much keeps your lungs from expanding all the way. This can raise the risk of getting pneumonia after surgery. To help prevent pneumonia, your nurses will ask you to start walking as soon after your surgery as it is safe. The nurses will also give you a device called an incentive spirometer to exercise your lungs in the hospital and after you go home. It measures how much air you breathe in. To use it, you breathe out as deeply as you can and breathe in through the mouthpiece of the device. After you go home, use the device about every two hours. This helps keep your lungs in good shape.

**Blood clots.** Inactivity raises the risk of blood clots in your legs. If a clot happens, it can move through the veins to your lungs. This can be deadly. To help prevent blood clots, your nurses will encourage you to get up and move around as much as you can. While you are in the hospital, your care team may put foam boots on your legs. The boots inflate and deflate to keep the blood in your leg veins moving so it cannot clot. Your doctor may also prescribe a blood thinner.

*Using an incentive spirometer*