After cancer treatment in oral and maxillofacial surgery

If my cancer is treated surgically, how much tissue will be removed and what will it look and feel like?

Not all cancers are treated surgically, which will be explained to you by your doctor, specialist surgeon or dentist (for oral and facial cancers).

The details of any surgery will depend on the type, position size and progression of your cancer. The surgeon will want to remove sufficient tissue to make an accurate diagnosis, to determine the extent of the spread of the cancer but the surgeon will also want to preserve the appearance and function of the area affected. The two need to be balanced and sometimes it will be necessary to ‘reconstruct’ the area to maintain both appearance and function.

What is reconstruction after mouth or face cancer?

The restoration of acceptable function and appearance of the mouth and face are very important to patients with mouth or face cancer. We need these tissues to function well to enable us to eat, drink, swallow, speak and even smile. When tissue is removed after cancer surgery, it can leave gaps that need to be replaced to restore or ‘reconstruct’ these functions.

What does reconstruction involve?

Reconstructive surgery is a very specialist area. Happily, over the past few decades, there have been many advances in surgical techniques for reconstruction. These now make it possible for surgeons to an acceptable result after surgery.

These advances include the use of micro vascular and microneural techniques, which can be used to attach even small blood vessels and nerves within tissues.

Sometimes it is necessary to move skin, muscle, bone and other tissues from one ‘donor’ part of the body to the affected mouth and face areas. These are often called ‘flaps’, because
they used to be moved from one site to another. The need for flaps and the site of this donor tissue will be carefully explained to you - it will be chosen for its suitability in terms of safety, appearance and function.

Surgeons can also use plates and mesh techniques particularly for reconstruction of the jaws.

**Will reconstruction mean I will look and feel as I did before the surgery?**

The overall success of reconstructive surgery depends on the type, position, size and progression of your cancer and the type of surgery used. We endeavour to restore as much function and appearance as possible. Your surgeon will explain to you what is possible and likely in the short, medium and long term.

The Unit can also put you in touch with people who have had various types of surgery (eg AboutFace), who can explain to you what you are likely to encounter - and they can help health professionals to support you during the process.