

## Maxillectomy

### Procedure

Depending on the location of the affected tissue, the surgeon will provide information specific to your surgery. The following information applies to most patients requiring maxillectomy.

When treating maxillary sinus lesions, the first priority is to completely remove the tumor. The second priority is to preserve function. When deciding the best course of treatment, it is important to note that the first attempt is the best chance at removing all the diseased tissue and cells. It is important to err to the side of being aggressive initially so that we are not left in the position of chasing the spread of diseased cells throughout the primary site.

Placement of the incision depends on the location of the tumor. In most maxillary surgeries, the incision is placed from the inner corner of the eye coursing down along the nasal sidewall to the upper lip. Because the incision is generally placed in what are known as relaxed skin tension lines, it usually heals very favorably. Many times it is invisible and placed under the lip.

In order to promote healing, your body needs optimal nutrition following your head and neck surgery. Swallowing may be difficult initially because of the surgery and the swelling inside your mouth. Therefore, although unlikely, aspiration (secretions escaping into the windpipe) is also a risk. Although swallowing may be difficult initially it generally improves with time.

A temporary side effect of the surgery may be a fair amount of swelling inside your throat. Also, depending on the site and spread of the tumor, your voice may also be affected by the fit of the surgical prosthesis. Initially following the procedure it is common to be hyper-nasal (too much air through the nose). Every effort will be made to remove the tumor and preserve the voice at its optimal state.

Swelling is a normal post-operative symptom and will decrease as the healing process occurs. Another possible side effect is cheek numbness that can be temporary or permanent. Numbness is most commonly the result of swelling and improves with time. We will not know any permanent effects of numbness until approximately nine months to one year following the surgery, since restoration of the nerve function is very slow.

### Risks

As with any surgical procedure certain risks must be discussed before obtaining surgical consent.

### Bleeding

Some bleeding is expected with any surgery, however abnormal post-operative bleeding occurs in about 1% of cases. If it does occur, bleeding usually occurs within the immediate post-operative period but may occur at any time during the first two weeks post-operatively. Hematoma, a collection of blood under the skin, is caused by a break in a blood vessel. Treatment, which consists of drawing off the collection of blood with a fine needle, is done in the office.

### Infection

Infection is rare due to the excellent vascularity of the tissues. A prescription for preventative antibiotics is provided for use in the post-operative period.

### Numbness (cheek) or Weakness (lip)

Every attempt will be made to prevent or minimize weakness or numbness. However, depending on the extent of tumor involvement, facial, neck or shoulder weakness or numbness can result. This temporary or permanent side effect is most commonly due to surgical swelling or stretching of the nerve. Due to the proximity of the facial nerve, facial weakness is a very rare complication.

## **Epiphora**

Watery eyes or an overflow of tears on the cheek is related to surgical swelling and is not uncommon following maxillectomy. As the swelling subsides, tearing generally also subsides.

## **Double Vision**

Due to the proximity of the eye to the surgical incision, vision changes, which are most commonly due to surgical swelling, are usually temporary. Permanent vision changes are extremely uncommon.

## **Anesthesia**

Complications from anesthesia are known to exist. These complications (anything from nausea to stroke or death) are quite uncommon since patients are usually young and healthy.

## **Pre-Operative Instructions**

1. Nothing to eat or drink after midnight the evening prior to your surgery. This includes all foods, liquids, water, candy, mints or gum. You may brush your teeth the morning of surgery. Your procedure will be cancelled if you do not follow these instructions.
2. Notify us of all routine medications and significant health history. Take medications as directed with a sip of water.
3. Please avoid aspirin, ibuprofen or any products containing these medications for one week prior to your surgery. If you are on any medications that affect bleeding, please notify the office at this time.
4. Do not bring valuables (cash, credit cards, jewelry) to the Surgery Center.
5. Remove all make-up and nail polish prior to arriving at the Center.
6. Please contact the hospital on the business day prior to your surgery to confirm your arrival time.

## **Please Remember**

Discharge planning begins on the day of hospital admission. As soon as you are admitted, your discharge needs are being assessed and addressed. For example, if you need services at home such as a community health nurse, these arrangements will all be made for you prior to your hospital discharge. These services are arranged through the nurses and social worker in the hospital. This surgery requires a team effort and we are all here to provide for your safety and wellness.

## **Post-Operative Instructions**

Specific post-operative instructions will be provided at the time of your discharge from the hospital.

## **Medications**

Prescriptions for the immediate post-operative period include a medication for pain and an antibiotic. You will not need any antibiotic on the day of surgery because you have received it through your IV during your surgery. Prescriptions and instructions for use of pain medication and antibiotics are provided at the time of hospital discharge.

## **Diet**

When the procedure is completed and the effects of the anesthesia have worn off, you will be started on clear liquids, advancing to a soft diet for two to three days, then a full diet as tolerated. Take care to avoid extremely hot beverages or food if there is any numbness inside your mouth.

## **Activity**

Please avoid any heavy lifting, bending or straining for two weeks following surgery.

## **Wound Care**

You may shower as long as you keep the steristrips intact. You may brush your teeth with a soft toothbrush. Saline irrigations to the nose are very helpful once the nasal packing is removed. A prosthodontist will assist you in oral restoration and rehabilitation.

After your hospital discharge, please notify the office for any of the following:

- Fever over 102° F
- Difficulty breathing or painful swallowing
- Swelling that increases rather than decreases with time
- Pain not managed by pain medication

For any concerns or emergency please call the office at (585)-256-3550.