

Partial Glossectomy

Procedure

Removing a portion of tongue or oral cavity (otherwise known as a partial glossectomy) is performed to identify suspected or known pathologic tissue and remove it. This procedure is performed under general anesthesia, which allows for better visualization of the tongue. With general anesthesia there is less swelling than with local anesthesia. This procedure is performed in an ambulatory (outpatient) setting.

Typically the tissue is removed through a transoral (within the mouth) approach. This procedure is performed by placing a mouth gag on the outside of the mouth. Typically the lingual nerve is not involved in partial glossectomy but still can be at risk. When the procedure is completed and the effects of the anesthesia have worn off, you will be started on clear liquids. Post-operatively you will be given Peridex® rinse for oral care. There are no external incisions and no external drains unless a neck dissection is done at the time of the procedure.

Risks

As with any surgery, along with the benefits of surgery, certain risks must be discussed in order to obtain informed consent.

Lingual Nerve Injury

Risks involved in this surgery include injury to the lingual nerve. If there were numbness of the lingual nerve, it would present as numbness to the teeth, tongue and lip if harmed. Although most commonly temporary, a swollen tongue with or without slurred speech could result.

Recurrence

Another risk associated with the surgery is recurrence of the mass. Therefore, every attempt is made to completely remove the mass while, at the same time, protecting the lingual nerve.

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 draining the collection of blood, is done in the hospital.

Infection

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

Dehydration

As soon as you wake up from surgery you will be started on liquids, advancing to soft and then regular diet. Because swallowing can be uncomfortable following surgery, there may be poor oral intake of fluids. If this can not be corrected at home, the patient may be admitted to the hospital for IV fluid replacement.

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 just a sip of water.
3. Please avoid aspirin, ibuprofen, Vitamin E 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 nurse at this time.
4. Do not bring valuable (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.

Post-Operative Instructions

Any additional post-operative instructions will be provided at the time of hospital discharge. Otherwise follow these instructions:

Diet

Resume diet beginning with clear liquids (Kool-aid, popsicles, water, sherbet, apple, grape juice, Jell-O, etc.) advancing to full liquids then soft foods then full diet. It's important to drink one to two quarts of fluid per day. Avoid extremely hot or cold liquids.

Activity

No work, strenuous activity or swimming for two weeks. Avoid bending, lifting or straining. Some patients notice an increase in their soreness if they talk excessively.

Mouth Care

For the first seven days following the procedure, please mix one tablespoon of hydrogen peroxide in one cup of water. Gargle with the solution after meals, snacks and at bedtime. You may gently brush your teeth and use a dilute mouth rinse as needed. Non-alcoholic mouthwash will be most soothing. A prescription for Peridex® (chlorhexidine) will be provided.

Medications

Pain in the throat and ears may last up to ten to fourteen days. You will be given a prescription for pain medications. To prevent infection you will be given a prescription for an antibiotic. It is important to complete the antibiotic as prescribed.

Special Instructions

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

- Persistent bleeding
- Inability to eat or drink
- Fever above 101° F
- Nausea or vomiting
- Pain not relieved by previous instructions

For an emergency please call our office at (585)-256-3550 for any concerns.

As always, if you have any questions, please do not hesitate to call on us at (585) 256-3550 and ask for our nurse. We are all here to assist you in any way we can.