

**Patient
Information**

Major head and neck surgery

Introduction

This leaflet provides information about major head and neck surgery including the risks involved and what to expect when you go home.

Your surgeon has advised that you need:

Before your admission

You may be invited to attend a Pre-admission Clinic where you will be seen by a nurse and a doctor. At the clinic your general health and fitness will be assessed. You will also have investigations such as a blood pressure check, urinalysis (check of your urine), blood tests and an ECG (electrocardiogram, tracing of your heart rate). If needed, you will have an X-ray of your chest.

Try to give up smoking before your operation; even a few days can make all the difference to your recovery. Smoking can reduce healing and put you at greater risk of a chest infection. If you would like support with this, please ask the nurses at your pre-admission appointment. Contact details for the Gloucestershire NHS Stop Smoking Service are at the end of this leaflet.

If the doctor feels that it is appropriate, they may wish you to be seen by an anaesthetist before your operation.

You will be given a leaflet explaining what to bring into hospital and your date of admission will be confirmed.

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GHPI0592_05_24

Department

Head and Neck

Review due

May 2027

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On the day of your operation

Most people are admitted on the morning of their operation, you will need to be on the ward between 7:30am and 8:00am.

Some people may be admitted the day before the operation, depending on what medication they take. You will be informed if this is the case.

You must not have anything to eat or drink before your operation, including chewing gum or sucking on sweets. It is very important that you have an empty stomach before surgery. If you feel your mouth is dry you may rinse with water. Do not swallow the water.

You will be told at your pre-assessment appointment of the times when you can have your last food and drink before the operation. These times will also be added to the letter confirming your admission date.

If your surgeon has said you need an overnight stay in the Department of Critical Care (DCC), a bed must be available before you go to theatre. If there is no bed available in DCC, it is possible that you may have to have your operation postponed to another day. This is essential for your safety.

You will be asked to shower at home before coming in for your surgery.

You will need to take off all of your jewellery, which we advise you to leave at home or ask a relative to take home for safe keeping. Wedding rings may be left on but will be wrapped in tape on your finger. This is a safety precaution in the operating theatre.

Because you are having a long operation and it is important to prevent against the possibility of a Deep Vein Thrombosis (DVT). Your legs will be measured for anti-embolism stockings (TEDS) and you will be given a small injection of anti-coagulant to thin your blood.

You will be given a hospital gown to wear and asked to remove all of your underwear.

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Going to theatre

- Before you go to the theatre for your surgery, the ward nurse will ask you a number of questions such as your name, date of birth and the time when you last had anything to eat or drink.
- In the anaesthetic room the staff will ask you some questions that you may have already been asked by the ward nurses. Do not worry as this is normal practice.
- A member of the team will place a blood pressure cuff around your arm, a sensor on your finger to check how much oxygen you have in your blood and place some sticky pads onto your chest to monitor your heart rate and rhythm.
- A cannula (a thin tube used to give medications) will be put into a vein in the back of your hand or arm through which the anaesthetic will be given.

In the recovery room

- If you feel uncomfortable or you are in pain, please tell the nurse.
- You may have a Patient Controlled Analgesia System (PCAS) in place. This is a pain-relieving pump for you to use.
- If you feel sick, let the nurses know as medication can be given to relieve this.
- You may be aware of the monitoring equipment. You will have your blood pressure and oxygen levels checked regularly and you may still be attached to the heart monitor.
- You may also be aware of an oxygen mask. This is to make sure that you are getting enough oxygen until you are fully able to maintain your own oxygen levels.

Other effects of the operation that you may experience are:

- **Swelling** - you should expect to have some swelling. This is worse around the second day after surgery and reduces slowly over a period of 10 to 14 days depending on your surgery.
- **Wound sites** - you may have either clips or stitches or both in your operation site. There might also be other wounds. Your surgeon will advise you about this before your surgery.

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- **Intravenous fluids** – these fluids are given to help keep you hydrated until you are able to manage enough fluids by mouth.
- **Drains** - these are tubes from your wound that remove any small collections of blood that may otherwise build up to form a bruise and swelling.
The drains are removed on the doctor's instructions usually between 1 to 3 days after your surgery.
- **Urinary catheter** - a narrow tube may be put into your bladder to allow us to monitor your urine output. This will avoid the need for you to get out of bed to begin with and will be removed as soon as possible.
- **A naso-gastric tube** - this is a fine tube that is passed through your nose into your stomach so that liquid feed can be given. The tube is used to avoid you taking anything by mouth for 7 days following your operation. This will also prevent infection in the operation site. Your surgeon will advise you about the need for this before your operation.
- **Donor site** - if you have had surgery requiring a repair with a skin graft from another part of your body, known as free flap, you will have a separate wound depending on where it has come from. You will have been advised about this by your surgeon.
- **Tracheostomy** –this is a temporary tube that will protect your breathing if you have surgery that causes swelling. It is a small plastic tube that goes into your windpipe from your neck and if needed will be put in place during your operation to keep you safe as you are recovering. The tube will be removed after about 5 days. Not all patients will need a tracheostomy.

On the ward

You may need to be cared for in the Department of Critical Care (DCC) immediately after your operation. This is normal after this type of surgery. If you do not need DCC care, you will return to the ward once you are sufficiently awake.

When the nurses feel you are well enough, you will be encouraged to sit in your chair and from there progress onto full mobility.

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It is important that you are as mobile as soon as possible as it speeds up your recovery and helps to prevent complications of long term bed rest such as pressure sores, constipation or DVT.

It may be necessary for you to be seen by a physiotherapist who will help with your mobility and breathing if you have had a particularly long operation or a tracheostomy tube.

You will be told when you can start to eat or drink after your surgery.

If you have had an operation that affects your speech or swallowing you may be seen by a speech and language therapist. You will also be seen by a dietician to make sure you are having enough nourishment to heal well.

Discharge

- During admission, your nurse will have discussed your discharge and transport arrangements for going home.
- Any medication or equipment you will need to take home will be organised by the ward nurses.
- If you need any dressings or specific nursing care, the Community Nursing Team will be asked to visit or you may be asked to see the practice nurse at your GP's surgery.
- Please ask the doctor if you require a medical certificate.

At home

You have had a major operation and may feel quite run down.

- Try to return to normal activity.
- Eat a well-balanced diet and drink plenty of water.
- Avoid crowded dusty atmospheres as you will be prone to infection after your operation.
- Try to avoid alcohol, as it can react with some medication – check with your nurse.
- Take pain relief regularly as a pain free recovery is faster and allows you to be more active.

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Contact information

If you have any concerns, please do not hesitate in contacting the nursing staff who will advise you on what to do.

Ward 2b

Gloucestershire Royal Hospital
 Tel: 0300 422 6184

Macmillan Head and Neck Clinical Nurse Specialist

Tel: 0300 422 6785
 Monday to Friday, 8:00am to 4:00pm
 (Excluding Bank Holidays)

Gloucestershire NHS Stop Smoking Service

Tel: 01452 595 130
 Website: www.stopsmokingglos.nhs.uk

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Making a choice

Shared Decision Making

If you are asked to make a choice, you may have lots of questions that you want to ask. You may also want to talk over your options with your family or friends. It can help to write a list of the questions you want answered and take it to your appointment.



Ask 3 Questions

To begin with, try to make sure you get the answers to three key questions if you are asked to make a choice about your healthcare.

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?

These resources have been adapted with kind permission from the MAGIC Programme, supported by the Health Foundation

* Ask 3 Questions is based on Shepherd HL, et al. Three questions that patients can ask to improve the quality of information physicians give about treatment options: A cross-over trial. Patient Education and Counselling, 2011;84: 379-85