Cancerous cells in the oropharynx is called oropharyngeal cancer. The oropharynx is made up of:

- The back part of the tongue.
- The soft palate (back part of the roof of the mouth).
- The side and back walls of the throat.
- The tonsils.

The job of the oropharynx is to safely move air from the nose and mouth to the larynx and move food from the mouth to the esophagus.

**What is staging and how is it performed?**

Staging is a way to find out how far the cancer has spread in your body. Your provider will have you get a few tests to figure out the stage of your cancer. For oropharyngeal cancer, these tests may be:

**Physical Exam:** This is a general exam to look at your body and to talk about past health issues. A mirror may be put into your mouth and down your throat to look for changes in the oropharynx.

**Imaging:** Radiology tests can look inside your body to look at the cancer and determine if it has spread. These tests can include:

- CAT scan (CT scan).
- Positron emission tomography scan (PET scan).
- Magnetic resonance imaging (MRI).

**Procedures:** These may include:

- **Endoscopy:** An endoscope, or lighted tube, is put down the throat, and the surgeon will look for any changes. Often, it is used to obtain tissue and/or lymph nodes for biopsy.
- **Laryngoscopy:** A thin, lighted camera or mirror is used to look at the larynx (voice box).
- **Biopsy:** A biopsy takes cells from the cancer, or a piece of the cancer, to see what type of cancer it is and how it behaves. A doctor called a pathologist looks at the sample in a laboratory.
- **Oral brush biopsy:** A biopsy that uses a small brush to remove cells to be looked at by a pathologist.

If you are diagnosed with cancer, your provider may have you tested for Human Papillomavirus (HPV). HPV is a virus that can cause oropharyngeal cancer.

Oropharyngeal cancer spreads to other parts of the body through the tissue, lymph and blood systems. When the cancer spreads, it is called metastatic cancer. The stages of oropharyngeal cancer range from stage 0 through stage 4.

**Surgical Procedures Used for the Treatment of Oropharyngeal Cancer**

Surgery is often used to treat oropharyngeal cancer. The procedure used will depend on many factors, including the size and location of the cancer. Your surgeon will talk to you about your specific procedure.

Surgical procedures used to treat oropharyngeal cancers include:
- **Tumor resection**: Removal of the whole tumor and part of the normal-appearing tissue that was around the tumor.
- **Neck Dissection**: Neck tissue and lymph nodes are removed.
- **Glossectomy**: Removal of part or all of the tongue.
- **Mandibulectomy**: Removal of part or all of the jaw bone.
- **Maxillectomy**: Removal of part or all of the hard palate (roof of the mouth). An implant will fill the area that was removed.
- **Laryngectomy**: Full or partial removal of the larynx (voice box).
- **Plastic Surgery**: Implants, skin grafting or other procedures may be done to repair oral cavity structures, improve the function, and improve a person’s physical appearance.
- **Tracheostomy**: An opening is made in the neck that is used for breathing. It may be temporary or permanent.
- **Gastrostomy tube (G-tube)**: A tube placed into the stomach that is used for nutrition.

Some patients may be able to undergo a less invasive type of surgery called trans-oral robotic surgery (TORS). TORS can be used to minimize side effects. You and your surgeon will talk about your specific surgery and if TORS is an option for you.

**What are the risks associated with surgery to treat oropharyngeal cancer?**

As with any surgery, there are risks and possible side effects. These can be:

- Reaction to anesthesia (Anesthesia is the medication you are given to help you sleep through the surgery, not remember it and manage pain. Reactions can include wheezing, rash, swelling and low blood pressure.)
- Blood clots.
- Infection.
- Issues with skin healing.
- Trouble eating and speaking.
- Changes in how you look.

Before surgery, your surgeon will talk to you about any other risks based on your health and the specific surgery you are having.

**What is recovery like?**

The recovery and hospital stay after surgery to treat oropharyngeal cancer will depend on the surgery you have had. Some patients will require a tracheostomy to help you breathe.

You will be told how to care for your surgical incisions, tracheostomy (if applicable) and G-tube (if applicable), and will be given other discharge instructions before leaving the hospital. If you will need rehabilitation, including physical and occupational therapy and speech and swallowing support, that will be discussed with you as well.

Your medical team will discuss with you the medications you will be taking, such as those for pain, blood clot, infection, and constipation prevention and/or other conditions.

Your healthcare provider will discuss with you any activity restrictions and nutritional needs you may have.

**How can I care for myself?**

You may need a family member or friend to help you with your daily tasks until you are feeling better. It may take some time before your team tells you that it is ok to go back to your normal activity.

Be sure to take your prescribed medications as directed to prevent pain, infection and/or constipation. Call your team with any new or worsening symptoms.

There are ways to manage constipation after your surgery. You can change your diet, drink more fluids, and take over-the-counter medications. Talk with your care team before taking any medications for constipation.

Taking deep breaths and resting can help manage pain, keep your lungs healthy after anesthesia, and promote good drainage.
of lymphatic fluid. Try to do deep breathing and relaxation exercises a few times a day in the first week, or when you notice you are extra tense.

- Example of a relaxation exercise: While sitting, close your eyes and take 5-10 slow deep breaths. Relax your muscles. Slowly roll your head and shoulders.

*This article contains general information. Please be sure to talk to your care team about your specific plan and recovery.*