Surgical Procedures: Surgery and Staging for Oropharyngeal Cancer

When there are malignant (cancerous) cells that form within the oropharynx, it is referred to as oropharyngeal cancer. The oropharynx is made up of the back third of the tongue, the soft palate, the throat’s side and back wall and the tonsils, which make up the central part of the throat (called the pharynx).

The oropharynx is responsible for air and food passage to the trachea (windpipe) and esophagus respectively.

What is Staging and How is it Performed?

Once a diagnosis of oropharyngeal cancer has been made or if there is suspicion that the disease is present, your healthcare provider will typically obtain additional testing to determine the stage of cancer, which may include:

Physical Exam: This is a general physical exam, as well as, an evaluation of your medical history and symptoms, mouth and neck. This exam is typically performed by a doctor or dentist and may require evaluation with a mirror passed down the throat for better evaluation.

Radiologic Imaging: Imaging such as a CT scan, positron emission tomography scan/CT scan (PET/CT scan), and/or magnetic resonance imaging (MRI) may be used to further evaluate the extent of your cancer.

Procedures: Special procedures may be necessary, and can include:

- **Endoscopy:** During an endoscopy, the nose, throat, back of the tongue, esophagus, stomach, voice box, windpipe, and large airways are evaluated with an endoscope, a thin lighted camera. At times, a sample of tissue called a biopsy may be taken during the procedure.
- **Laryngoscopy:** During a laryngoscopy, the voice box, called the larynx, is evaluated with a thin, lighted camera or a mirror.
- **Biopsy:** A biopsy, or tissue sample, may be taken to evaluate tissues for the presence of cancer. Typically, a fine needle aspiration is done, which uses a thin needle to remove a portion of tissue or fluid to be sent to the laboratory for evaluation.
- **Oral brush biopsy:** During this procedure, a small brush is used to remove cells and evaluate them for the presence of cancer.

Note: In the presence of cancer, your provider may also recommend Human Papillomavirus (HPV) testing.

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

Surgical Procedures Used for the Treatment or Oropharyngeal Cancer

Often times, it may be recommended that those with oropharyngeal cancer undergo surgery. The surgical procedure recommended will depend on several factors, including the size and location of the cancer; your surgeon will discuss with you in detail the recommended procedure based on your unique situation.

Common surgical procedures to treat oropharyngeal cancers include:

- **Tumor resection:** During this procedure, the surgeon will remove the whole cancerous tumor and a portion of normal-
appearing surrounding tissue.

- **Neck Dissection:** During a neck dissection, certain neck tissue and area lymph nodes are removed.
- **Glossectomy:** This procedure requires the removal or part or all of the tongue to treat cancers of the tongue.
- **Mandibulectomy:** When a tumor has extended into the jawbone, all of part of the affected bone may require removal.
- **Maxillectomy:** When there is the presence of a tumor in the hard palate of the mouth (the roof), it may be required to remove all or part of the bone. A prosthetic implant will fill the area removed.
- **Laryngectomy:** At times, the voice box may require full or partial removal and this will require a tracheostomy.
- **Reconstructive surgery:** In certain surgical situations, reconstructive surgery may be required to provide patients with restored function and/or structure of the affected area.
- **Tracheostomy/tracheostomy:** Surgical openings to allow for breathing may be required; these may be temporary or permanent.
- **Gastrostomy tube:** Some patients are unable to eat or swallow normally following surgery and may require a tube to be placed for nutritional products to be infused directly into the stomach; this is called a gastrostomy tube or G-Tube.

**Note:** Some patients may be able to undergo a less invasive surgical procedure called trans-oral robotic surgery (TORS) to minimize surgical side effects.

**What Are the Risks Associated with Surgery to Treat Oropharyngeal Cancer?**

As with any surgical procedure, there are risks and side effects associated with undergoing surgery to treat oropharyngeal cancer. Some of the risks and side effects associated with oropharyngeal cancer surgery may include:

- Reaction to anesthesia
- Blood clots
- Infection
- Wound breakdown
- Eating and speaking difficulties
- Changes in physical appearance
- Death (rare)

Other risk factors are determined based on your overall health and the procedure being performed. Speak with your surgeon about the specific risk factors present in your case.

**What is Recovery Like?**

Recovery and hospital stay after surgery to treat oropharyngeal cancer will depend on the extent and type of procedure performed. Some patients will require a temporary or permanent tracheostomy to help you breathe.

You will be instructed on how to care for your surgical incisions and tracheostomy (if applicable) and will be given other discharge instructions prior to 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 any activity restrictions and nutritional needs you may have depending on the surgery you have had.

**How Can I Care for Myself?**

Depending on the extent of your surgery, you may need a family member or friend to help you with your daily tasks until you are feeling better and your medical team gives you the go ahead to resume normal activity.

Be sure to take your medications as directed to prevent pain, infection or other conditions and call your medical team with any
concerning symptoms and as directed. If you experience constipation, your medical team will offer you suggestions based on your surgical procedure, medical and medication history.

Deep breathing and relaxation are important to help with pain, keep lungs healthy after anesthesia, and promote good drainage of lymphatic fluid. Try to perform deep breathing and relaxation exercises several times a day in the first week, or whenever you notice you are particularly tense. Speak with your healthcare team to see if deep breathing and relaxation exercises are appropriate for you.

Find relaxation exercises on OncoLink.

This hand-out provides general information only. Please be sure to discuss the specifics of your surgical plan and recovery with your surgeon.

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