What Is a Mandibulectomy?
A mandibulectomy is surgery to remove part of the lower jaw. The amount removed depends on the size and location of the cancer.

Before the Surgery
During an office visit, your doctor will explain the details of your surgery. Be sure to bring up any questions or concerns you have. Also share your needs and wishes, which helps your health care team create the best treatment plan for you.

Your health care team includes the surgeon, anesthetist, nurse, speech and language therapist, dietitian, and facial prosthetics specialist if needed. You will have an appointment with them a few days before your surgery. You will have some blood tests done. This is another good time to discuss any questions you may have.

What Happens During the Surgery?
Your surgical team will remove the cancer in your jaw. They will also remove some tissue around it to make sure all the cancer is removed. Sometimes it is necessary to remove nearby lymph glands in the neck. This prevents the cancer from spreading. Removing parts of the jaw may also require the loss of some teeth.

During the same operation, your surgical team will take steps to restore your appearance, speech, and ability to swallow as much as possible. They will replace the area removed in one of the following ways:

- With a muscle and skin flap
- With a combination of a metal plate and a bone, muscle, and skin flap taken from another part of your body, such as your hip or leg

Facial prosthetics. A facial prosthetic may be one option to restore function and appearance after surgery. Talk with your health care team about this option before your surgery. Huntsman Cancer Institute’s Facial Prosthetics Service can work with your surgeon to create a realistic prosthesis precisely matched to your skin color and texture.

Feeding tubes. The surgery may leave you unable to take food or water by mouth for some time. It may be necessary for the surgeons to place a feeding tube. The feeding tube could be either a nasogastric (NG) tube that goes through your nose into your stomach, or a percutaneous endoscopic gastrostomy (PEG) that passes through the wall of your abdomen into the stomach. The feeding tube remains in place until you are able to eat enough food by mouth. The dietitian will advise you on what and how to eat using the feeding tube.

Will I Have a Scar After the Surgery?
The surgery usually leaves a scar on the lower lip and chin. The scar may extend along your neck if lymph glands are removed. The scars usually fade over time and blend into the creases in your skin.

Will I Be Able to Talk and Swallow?
You use your lower jaw in speaking, chewing, and swallowing. It is likely that after the surgery your speech will sound different. Chewing and swallowing may also be different. These changes will depend on the extent of your surgery. Speech and language therapists and registered dietitians are part of your health care team. They will help you adapt to these differences, both in the hospital and after you go home.

Possible Complications of Surgery
Pain. After any surgery, some pain is normal. While you are in the hospital, your health care team will do their best to control your pain. They will ask you often about how much pain you feel on a scale of 0-10, with 10 being the worst pain you can imagine. This information helps your health care team decide what medicines will best relieve your pain. They may put pain medicine directly into your veins or give you pills, depending on what works best.

When you go home, you will receive a prescription for the same kinds of pain pills you took in the hospital. Follow the directions for your medications. Tell your surgical team if your pain does not decrease.
If your surgery involved taking tissue from your hip or leg, walking may cause some pain. Within a month after your surgery, this pain will usually go away. It's important you do not become constipated or strain the area removed from your hip to avoid the risk of developing a hernia.

**Infection.** Whenever there is a break in your skin, there is also a risk of infection. Good hand washing is the best and easiest way to prevent infection from spreading. Wash or disinfect your hands often, and make sure your caregivers and visitors do, too.

Watch for these signs that an infection may be starting:

- Increased pain, redness, or warmth around the wound
- Increased drainage from the wound
- A fever higher than 101°F

If you notice any of these signs, tell your nurse or doctor right away.

**Swelling.** Swelling around the surgical site can cause pressure on the windpipe and make it difficult to breathe. To lessen the swelling, the surgeon will place tubes at the site of your surgery to drain fluids to the outside. At first, a suction device connected to the tubes will help remove the fluid. Your nurses will check the amount and appearance of the drained fluids often to make sure there is no infection.

Swelling can also make it difficult to swallow. It should improve within several days after surgery. Tell your health care team if you are not able to have liquids or if you have questions about your diet.

**Bleeding.** The neck has many blood vessels, so bleeding is always a risk during neck surgery. The surgeon will place tubes in your neck to allow fluids that collect to drain away and to reduce the swelling after surgery. Your nurses will watch the amount and color of the drainage for excess bleeding and signs of infection. Some blood is common immediately after surgery, but the drainage becomes more yellow as you heal.

**Pneumonia.** Lying in bed too much keeps your lungs from expanding fully. This can raise your risk of getting the lung infection called pneumonia after surgery. To help prevent this, your nurses will ask you to start walking as soon after your surgery as it is safe. The nurses will also give you a device called an incentive spirometer to exercise your lungs in the hospital and after you go home. To use it, you breathe out as deeply as you can and breathe in through the mouthpiece of the device. It measures how much air you breathe in. After you go home, use the device about every two hours to keep your lungs in good shape and help prevent pneumonia.

**Blood clots.** Inactivity increases the risk that a blood clot will form in your legs. If a clot occurs, it can move through the veins to your lungs. This can be deadly. To help prevent blood clots, your nurses will encourage you to get up and move around as much as you can. While you are in the hospital, your health care providers may put special foam boots on your legs. They inflate and deflate to keep the blood in your legs moving so it cannot clot. Your doctor may also prescribe a medicine to prevent blood clots.