

What Is a Maxillectomy?

A maxillectomy is a surgery to remove the upper jaw bone (maxilla). Doctors perform this surgery on patients who have cancer in the bones and tissues in the roof or hard palate of the mouth.

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. This helps your health care team create the best treatment plan for you.

Your health care team includes the surgeon, anesthesiologist, 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 or concerns you may have.

What Does the Surgery Involve?

There are two types of surgery:

- A partial maxillectomy (only part of the maxilla is removed)
- A full maxillectomy (the entire maxilla is removed)

The type of surgery you have depends on the size of the cancer and if it has spread. If the cancer has spread to the lymph nodes in the neck, some or all of the lymph nodes may be removed. This is called a neck dissection. For more information, see the *Neck Dissection* factsheet.

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

What Can I Expect After Surgery?

You use your upper 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. You may also have a temporary tracheostomy tube to help you breathe.

These changes will depend on the extent of your surgery. Speech and language therapists and registered dietitians are available to help you in the hospital and after you go home.

Facial prosthetics. A facial prosthetic may be one option to restore function and appearance after surgery. The surgery leaves a space in the roof of the mouth that doctors fill with a device called an obturator. It is similar to a denture plate and will seal the space closed. This helps prevent complications and problems with speech. Talk with your health care team about this *before* your surgery. Huntsman Cancer Institute's Facial Prosthetics Service can work with your surgeon to create a realistic prosthesis precisely matched to your needs.

Feeding tubes. The surgery may leave you unable to eat or drink by mouth for some time. You may need a feeding tube. The feeding tube could be either a nasogastric (NG) tube, which goes through your nose into your stomach, or a percutaneous endoscopic gastrostomy (PEG), which passes through the wall of your abdomen into the stomach. You use a feeding tube until you are able to eat enough by mouth. A dietitian will show you how to use the feeding tube.

Risk of infection. Any surgery involves a risk of infection. Patients with oral surgery use special rinses to help lower the risk. Antibiotics are available to treat or prevent infection.

Pain management. Medicines to help control pain are available if you have pain after surgery.

Recovery

Recovery will depend on the extent of surgery. Your health care provider will talk about when you can resume daily activities.