

Going Home After Head and Neck Reconstructive Surgery

This booklet offers information for your continued recovery. It also includes answers to many questions asked by people who have had this type of surgery.

After you go home, you may find it helpful to refer to this booklet. If you have any questions about any of the guidelines in this booklet, please contact your surgeon and/or the nurse on the unit.

You had a surgery to remove cancer of the mouth, tongue, tonsils, face, neck and or jaw. Then the area of surgery was reconstructed with tissue such as bone, muscle and skin transferred from other parts of your body.

The tissue transferred from other part of your body is called a graft (bone graft or skin graft). If muscle is used, the muscle graft is called flap. The site on your body where the tissue transferred come from is called the donor site.

Physical Activity

Although recovery usually takes 4 to 6 weeks, each person gets better at his/her own rate. Many things affect the time it takes to feel fit again. Some of these are: how active you were before the surgery, the type and extent of surgery you had, your previous medical history and your age.

When you get home you may be surprised by how tired you feel. This is a normal feeling. Your energy level will improve over the next few weeks.

Why Exercise?

For the first 4 to 6 weeks after your surgery your body is in the process of healing. During this time exercise is needed to increase your strength and improve your circulation.

A gradual increase of your activity will help you feel better.

It is important you perform your Neck & Shoulder exercises at home to prevent stiffness. Your surgeon may ask you to demonstrate these exercises during your follow-up appointment.



Exercise Program

- This daily exercise program will help to prevent problems with neck and shoulder stiffness and/or poor posture after your surgery.
- Practise only those exercises marked by your physiotherapist.
- Do each exercise slowly and in control.
- Perform exercises in a **pain free** range.

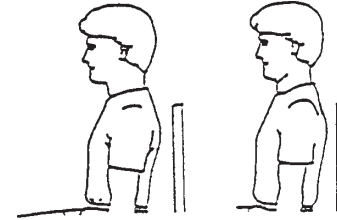
Correct Standing Posture



- Facing a mirror, make sure that your shoulders are symmetrical and not drooping on the operated side.
- In the correct standing position, your chin is tucked in, head is up, back is flat, and pelvis is slightly tilted back. Practise this position so it becomes comfortable for you.

Neck Range of Motion

Hold the following stretches for up to _____ seconds.
Repeat _____ times.



Tuck chin in. Do not tip head up or down.



Curl chin towards chest.

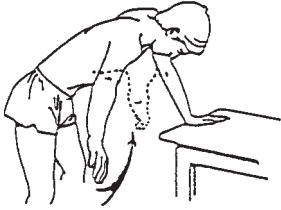


Turn to look over right shoulder. Repeat to look over left shoulder.

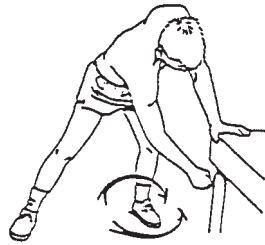


Tilt head to right shoulder. Keep opposite shoulder down. Repeat with left side.

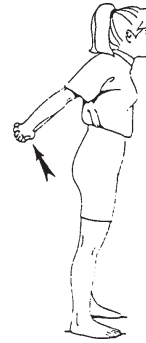
Shoulder Range of Motion



Supporting body weight with other hand, reach across body as far as you can, then return arm back to start position.
Repeat _____ times.



Let arm move in a circle clockwise.
Perform also in a counter-clockwise direction.
Repeat _____ times.



Lace fingers behind back and squeeze shoulder blades together. Slowly raise arms back.



Pull involved arm up behind back by pulling towel upward with uninvolved arm.

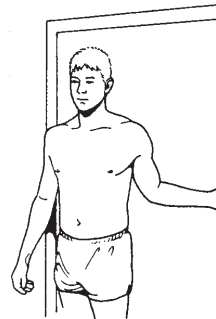
**Hold the following stretches for up to _____ seconds.
Repeat _____ times.**



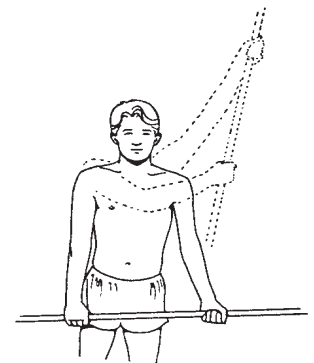
Shoulder rolls: Make circular motions with shoulders - up, down, forward, backward.



Slide arm up wall with palm toward you by moving closer to wall.



Keep palm of hand against door frame and elbow bent 90 degrees (90°). Turn body from fixed hand until you feel a stretch.



Hold wand with involved side palm up and push wand directly out from your side helping with uninvolved side.

Guidelines to Help You Gradually Increase Your Activity

- Plan your day to allow time for both activity and rest.
- For the first few days at home, do the same amount of activity that you were doing in the hospital. This includes the neck and shoulder exercises.
- Then begin walking daily. Start slowly with a comfortable distance (for example 1 block). As you are able, gradually increase how far you walk.
- For the next 4 to 6 weeks, avoid heavy lifting, pushing or pulling objects that weigh more than 10 pounds. Such as: vacuuming, gardening, carrying groceries and even picking up children. Such activities can cause you to delay wound healing. Use your legs when you lift.
- Listen to your body. It will tell you when to stop what you are doing and when you are ready to do more. If you do not feel better or if you cannot increase your activity, please call your family doctor after 4 weeks.

Rest and Relaxation

Rest is an important part of your recovery.

Guidelines to Help You Rest and Relax

- Alternate rest with exercise.
- Get at least eight hours of sleep every night (if possible).
- Plan two 30 to 60 minute rest periods each day during the first week at home. These can be naps or just relaxing times.



Guidelines for your Activity

You may:

- Be driven in a car anytime.
- Drive your own car when you are able to shoulder check and you stop taking pain medications, which can make you drowsy. It is okay to drive if you are taking plain Tylenol or a Non-Steroidal Anti-Inflammatory Drug (NSAID).
- Fly in an airplane anytime.
- Shower anytime. **Do not** take a bath for the first 4 weeks.
- Start exercise routine (gym, weights) in 4 to 6 weeks. (**Do not** put undue stress on your arm and leg muscles for a minimum of 8 to 12 weeks.)
- Start sports (golf, tennis, running etc.) in 4 to 6 weeks.

- **Go back to work:** the amount of time it takes for one to recover depends on your health and type of surgery performed. Some people are able to return to work in 3 to 4 weeks and others return in 6 to 8 weeks. If you are unsure, ask your family doctor or ask your surgeon during your follow-up appointment.
- Sexual activity uses the same amount of energy as climbing up two flights of stairs at a normal pace. Ideally, when you can climb 2 flights of stairs without getting tired and short of breath, you can return to your normal sexual activity.

Prior to going home

You may be seen by an **Occupational Therapist (OT)** before you go home. The OT will assess your level of function and recommend any equipment you may need in order to manage at home. For example: a raised toilet seat, bath stool or walker. The equipment can be borrowed from the Red Cross Society by donation up to 3 months and can also be purchased if need be. The OT may also request a community OT referral to assess you in your own home environment. All this information will be given to you before you go home.

You may be seen by a **Case Manager Leader (CML)** before you go home. The CML will help you to arrange any home support you may need upon going home. For example: help with personal care (bathing, dressing, laundry) or meals.

Diet

It may take a few weeks to regain your normal appetite but it will improve as you begin to feel better. When you first go home, you may find that small meals (5 to 6 meals a day) are more pleasing to you. If you experience discomfort with chewing or swallowing, try taking the pain medication 30 minutes before your meals. Since good nutrition speeds healing and lessens fatigue, try to eat a well balanced diet.



If you are sent home on a particular diet texture, please follow this diet regime as directed or until you follow-up with your surgeon, Speech Language Pathologist or Registered Dietitian.

Medications



Your surgeon may send you home with some medications. You will be provided with a prescription and be responsible for filling it from a drug store. Remember to take them as ordered and ask your pharmacist if you have any questions.

You will also be told whether you need to continue with your previous medications and when to re-start them. If by chance you are not told by the time you are discharged home, ask your family doctor.

Please **do not stop or change** your medications on your own. Your family doctor may change, re-order or stop them for you.

Avoid aspirin (in any form) as it can increase the chance of bleeding. If you usually take a regular low dose of ASA, ask your family doctor prior to taking it.

Please ask your surgeon or family doctor before taking any **herbal medications** (some of them can also cause a risk of bleeding).

Do not drink alcohol when taking any type of medication.

Pain Medication

Your surgeon will provide you with a prescription for pain medication to keep you comfortable. Keeping discomfort and pain under control helps you to recover.

If you have pain most of the time:

Take the pain medication on a regular basis as prescribed by your surgeon. Most pain medications work best if you can take them before the pain becomes too strong.

If you find that you only have pain when doing certain activities, such as walking, bathing, or during dressing changes:

Take the pain medication about 30 minutes before the activity.

If you are concerned about becoming addicted to your pain medication, you may want to talk to your surgeon.

Some pain medications can make people feel drowsy or dizzy. If you notice this, please **do not** drive or use power tools. It is against the law to drive while taking narcotics.

Constipation is a common problem with pain medications. To prevent constipation, eat foods that are high in fibre (bran, fresh fruits, vegetables and whole grains), drink plenty of fluids such as prune juice and water (6 to 8 glasses of water each day unless you have been told otherwise due to heart and kidney problems) and try to keep as active as you can.

- If you continue to be constipated, ask your pharmacist to recommend a mild laxative or stool softener. Try to resolve the constipation with natural foods rather than using laxatives (**not** recommended on a regular basis).

Antibiotics

You may be sent home on antibiotics for a specific time period. You will be provided with a prescription and be responsible for filling it from a drug store. Remember to take them as ordered and ask your pharmacist if you have any questions. It is important to complete the entire course of antibiotics despite feeling better.

Avoid alcohol while taking antibiotics.

Incision Care

You can gently rinse your incisions with water. **Do not** rub your incisions, pat them dry instead with a clean towel. Unless you are told otherwise, you may shower the day after you go home. **Do not** take a bath for the first 4 weeks after surgery.

As your incision sites heal they may become itchy. Avoid any rubbing or scratching as the itchiness is a normal part of the healing process. **Do not** use lotions or powder on your incisions until the skin is completely healed (approximately for 2 weeks).

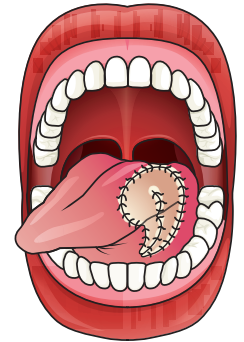
The staples to your incision will be removed while you are in hospital. If you are sent **home with staples**, you will be informed who will remove them and when. Normally staples are removed 7 to 10 days after surgery. If you have had radiation or chemotherapy treatment, the staples will be removed 10 to 14 days after surgery. You can still take a shower with the staples in place.

Note: When you are outside, protect all your incision sites from the sun by applying sunscreen. This will prevent your scars from permanently turning brown.

Slight numbness, swelling, tingling, bumpiness, firmness and discoloration around the incisions are normal findings after surgery. They will improve with time. If they persist with no improvement, inform your surgeon or family doctor after 4 weeks.

Oral Flap

To promote healing **use warm sea salt water** (preferred) or regular tap water rinses after each meal, snack and at bedtime. You can make your sea salt water by using ½ teaspoon of sea salt mixed in a cup of warm water.



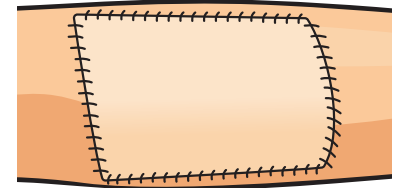
Do not use mouthwash.

You may brush your teeth. Just be careful and gentle, especially to any raw area.

You may notice the occasional drooling due to difficulties of swallowing your own saliva. As the tongue swelling decreases, the drooling will stop and the swallowing will be much easier.

Flap Donor Site

Most flap sites are on the arm, leg, thigh or area on your back. Leave the flap donor site exposed to air to allow healing. If there is a scab, **do not** pick at it, allow it to fall off naturally.

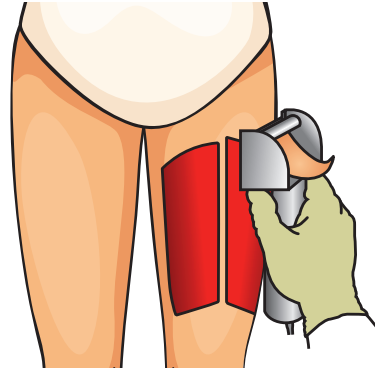


If you have a flap donor site on your arm, **try not** to overstretch your wrist. **Do not** scratch the flap donor site. Be careful **not to** brush your flap donor site against any hard surface.

After showering, gently dry the flap donor site. If the flap donor site oozes pus drainage, contact your surgeons as you may have an infection and need treatment.

Skin Graft Donor Site

The skin graft donor site is usually on your thigh. The skin graft donor site is covered with a clear donor dressing which will be removed approximately 6 days after surgery. **Allow the skin graft donor site to be exposed to air to promote healing and form a scab.** When the scab forms, **do not** pick at it, allow it to fall off naturally.



After showering, dry gently the skin graft donor site and apply moisturizer. If the skin graft donor site oozes pus drainage, contact your surgeons as you may have an infection and need treatment.

Wound Care

If you are sent home with a wound that requires dressing changes and/or packing, the nurse clinician will make arrangements for a home care nurse to either visit you at home or for you to visit their ambulatory clinic. The home care nurse will change your dressing, monitor the wound progress and help you with any other health problems you may come across once you are at home. The nurse will contact your surgeon if concerned about any aspect of your health.



You may continue to have showers with an open wound. A home care nurse will contact you the morning of the visit with a time. Inform the nurse, that you'll be taking a shower 30 minutes prior to that time. In doing so, you will prevent yourself from sitting in a wet dressing (cause for infections).

When you take a shower, leave the current dressing on, wrap a piece of plastic saran wrap on top and tape the edges with waterproof tape. This will allow the plastic wrap to be damp and prevent the dressing from being soaked. After your shower, you can remove the plastic wrap and leave the dressing to be changed by the nurse.

Going Home Criteria

Prior to sending you home, your surgeon will make sure your:

- blood work is within the normal range or coming down towards the normal range
- temperature is within the normal range
- incision sites are healing
- eating safely, not necessarily as you were eating prior to coming into hospital
- walking safely, not necessarily as you were walking prior to coming into hospital
- able to manage at home (with or without community/family supports)

Follow-up Appointment



You need to call your surgeon's office to make a follow-up appointment. During this appointment, your surgeon will review your overall recovery progress, inform you of the results of the surgery and tell you if any further treatment is required.



Please Contact your Surgeon or Family Doctor if you notice:

- Chills, fever, a temperature over 38.5°C (100.5°F) for 2 straight readings, 4 hours apart, when measured by mouth.
- Your prescribed pain medication is not relieving your pain.
- Increased redness, swelling or foul pus drainage from the incision, flap, flap donor site and/or skin graft donor site.
- Constant bleeding from the incision (enough to soak a tissue or handkerchief).
- Nausea and/or vomiting that lasts beyond 24 hours.
- Difficulties with swallowing resulting in decrease appetite and constant weight loss.
- If you experience any pain, aching or redness in your calves or swelling of the legs, go to the nearest emergency room.

Note: If you cannot get a hold of your surgeon or family doctor, you need to contact another doctor (walk-in clinic or emergency department).

If you do come to the emergency department, it would be helpful to inform the nurse and physician that you recently had surgery, and the name of your surgeon.

Questions to Ask Hospital Staff

After reading this booklet, you may have some questions. Feel free to write them down here to ask your surgeon and/or nurse clinician.



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decisions together
with patients
and families

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