

MANDIBULECTOMY/RESECTION OF THE JAW

MANDIBULECTOMY

A mandibulectomy is a surgery to remove all or part of your jaw.

FIBULA FREE FLAP

After part of your jaw is removed, your jaw may be rebuilt using bone from another part of your body, usually your leg. The bone is taken from your fibula, which is the smaller of the two bones in your lower leg. An artery, vein, and soft tissue will also be removed with the bone. This is called a fibula free flap.

SKIN GRAFT

You may also need a skin graft to cover your donor site. A skin graft is made by taking the top layer of skin from one part of your body and moving it to the surgical site that needs to be covered. If a skin graft is needed, it will be removed from another area, usually the buttock or thigh. Your surgeon will talk with you about the plan for your surgery.

WHO WILL BE INVOLVED IN YOUR SURGERY?

It is possible that multiple surgeons will be involved in your surgery. These surgical teams include the head and neck team, reconstruction team, and/or dental team.

WHAT HAPPENS DURING YOUR SURGERY?

Removal of the Disease

During the surgery, the diseased bone will be removed from your jaw and the soft tissue around it. The bone and surrounding tissue will be sent to the Pathology Department for testing. This can take 3-4-hours. Once your head and neck surgeon has completed his or her part of the surgery, the reconstruction can be done.

Reconstruction

Your surgeon will transfer the tissue from your donor site (usually lower leg) to reconstruct your jaw. The bone from your donor site will be shaped to match, as closely as possible, the piece of your jaw that was removed. Once this is complete, your surgeon will attach the artery and vein from the donor site to an artery and vein in your head and neck area. This is done under a microscope. Your surgeon will fix the new jaw bone in place with plates and screws and cover it with the soft tissue. The reconstructive part of the surgery usually takes 6 to 8 hours. During your reconstruction, your surgeon may place temporary arch bars and rubber bands in your mouth. These will keep your teeth and jaw correctly aligned while the free flap is healing.

Tracheostomy Tube

A mandibulectomy can cause swelling in the head and neck and difficulty breathing. To prevent this, a tracheostomy tube may be placed into your trachea (windpipe) through an incision (surgical cut) in your neck, while you are still asleep. This will keep your airway open and make it easier for you to breathe.

Nasogastric (NG) tube

Your surgery will also cause facial swelling, which will affect the way you eat, drink, and speak. This will slowly decrease as the area heals over several months. To help you get nutrition, a nasogastric (NG) tube will be inserted during surgery. It goes through your nose and into your stomach. The NG tube will give you nutrients for the first 1 to 2 weeks while your jaw is healing. After your jaw has healed, the NG tube will be removed and you will gradually begin to eat and drink again. Your doctor will decide when it is safe to do so. How long this takes varies from person to person. You may also have a PEG (percutaneous endoscopic gastrostomy) tube placed if it is felt that you will need nutritional support for longer.

CARE OF YOUR INCISION

After surgery, your incision needs to be cared for properly to prevent infection.

- Your sutures will most likely be absorbable and therefore do not need to be removed.
- Take showers. Do not take tub baths or do anything that may soak the wound until it is healed. Pat your incision dry after the shower; do not rub the stitches.
- Do not pick or scratch at the incision.
- Apply Vaseline ointment or antibiotic ointment to your incisions twice daily to help keep them moisturized.
- Keep your skin graft on the side of your thigh dry and open to air. Your medicated gauze dressing will eventually come off when your site heals completely.

SEEK MEDICAL CARE IF:

- You have redness, swelling, or increased pain in the wound that is not controlled with medicine
- You have drainage, blood, or pus coming from the wound that lasts longer than one day
- You develop muscle aches, chills, or a general ill feeling
- You notice a bad smell coming from the wound or dressing
- You develop persistent nausea or vomiting
- You have a fever greater than 101.5
- You develop a rash
- You develop dizzy episodes or faint while standing
- You have difficulty breathing. Go to your nearest ER or call 911.
- You develop any reaction or side effects to medicine given