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HPCSA Nr. DP0099856 | Practice Nr. 1140418

Head and Neck Cancer Surgery

(Diagnosis: ICD-10: C02-07/ C44)

Head and neck cancer is the sixth most common cancer worldwide. It carries a poor prognosis if not treated. It is associated with tobacco smoking, alcohol use and HPV infections but can develop in the absence of these risk factors.

Treatment of oral cancer is largely surgical with post operative radiation with / without chemotherapy for high-risk patients. Surgery may include a combination of the following: excision of the tumor, excision of the lymph glands in the neck, removal of affected nerves and/ or blood vessels, repair of cancer defect with skin-bone and/or muscle from arm, leg or chest, tracheostomy, stomach feeding tube and drips placed in large blood vessels in neck / chest or groin.

Most patient will require extended surgery followed by ICU care and rehabilitation of speech and/ or eating.

Patients with stage III and IV head and neck cancer will require radiotherapy with/ without chemotherapy. This normally starts 6-weeks after surgery.

Head and neck cancers are complex conditions and require the expertise of many specialists working together in a team. This team is called a multi-disciplinary team (MDT).

Complications

Below complications does not constitute an exhaustive list but does highlight some of the most common complications. If you require more information, please ask your Maxillofacial and Oral Surgeon and Plastic and Reconstructive Surgeon directly.

1. Nerve injuries 10%

Removal of a cancerous tumour and affected lymph glands may injure the following nerves. Most injuries are temporary, but some injuries may result in long term dysfunction:

Facial nerve (Movement of same side of face)
Lingual nerve (Numbness of same side of tongue)
Hypoglossal nerve (Movement of same side of tongue)
Accessory (Weakness in shrugging shoulders / shoulder pain)

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Phrenic nerve (Irregular breathing)
Other sensory nerves (Loss of feeling over neck / chin and lips / cheek and / or earlobe)

2. Major bleeding or Seroma (<1%)
Major bleeding is defined as bleeding that either requires blood transfusion or surgery to stop the bleeding. Seroma is a abnormal collection of tissue fluid that causes a swelling an may require surgical drainage.

3. Surgical Site Infection (3-5%)
Infections results in pain and swelling, mostly >7-days after surgery but it may develop weeks / months after surgery. We follow the American College of Surgeons Antibiotic prophylaxis protocol. Infections can be local and result in systemic infection with fever.

4. Chyle leak (Lymph duct leak) (<1%)
The lymph system of the human body drains via two ducts into large veins in the neck. Due to their thin walls, they are at risk of injury during neck dissection. Most chyle leaks are treated conservatively with local pressure or medicine. Approximately 10% of chyle leaks require further surgical exploration.

5. Dysphagia / Difficulty swallowing (Common)
The jaw does not always break (split) where we would like it to. This may result in a poor occlusion / bite that could be corrected with further orthodontics or surgery.

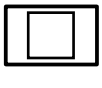
6. Scarring (Common)
Scarring from head and neck cancer surgery is more common when patients develop infection after surgery, repeat surgery or receive radiotherapy after surgery.

7. Positive margins / marginal resections (Common)
Head and neck cancers are not symmetrical or linear tumours. They are complex 3D tumours and are hence at risk of incomplete excision. We attempt to limit this by asking pathologists to test tumour margins for cancer which allows us to remove more tissue until we are fairly certain all tumour has been removed.

8. Hardware failure (1-2%)
Plate, screws, or implants may all fail due to infection or radiotherapy.

9. Non-surgical complications (Common)
Hospital acquired infections, lung or other organ injuries from central lines, drips, or ancillary procedures.

10. Death(Rare)



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Treatment Alternatives

1. Chemoradiotherapy

Some head and neck cancers are sensitive to chemotherapy and or radiotherapy. Oral cavity and salivary gland cancers are however not very sensitive to either chemotherapy or radiotherapy. Speak to your surgeon and oncologist about your type of cancer.

2. Immunotherapy

This is a type of chemotherapy that is reserved for advanced stage cancers that are to large to operate on, or for cancers that return.

3. Palliative Therapy

Palliative care refers to a set of treatments that does not intend to cure the cancer but to rather improve a patient's overall quality of life. The focus is on quality rather than quantity of life. 4. No treatment Patients are entitled to deny any treatment.

CONSENT			
I HAVE BEEN INFORMED OF THE POTENTIAL COMPLICATIONS, TREATMENT ALTERNATIVES AND BENEFITS OF HEAD AND NECK CANCER SURGERY. **MY RIGHTS AS A PATIENT ARE CONTAINED (NOT LIMITED TO) IN:** **SOUTH AFRICAN CONSTITUTION (1996); THE NATIONAL HEALTH ACT 61 OF 2003' CHILDREN'S ACT 2010.** **I ACKNOWLEDGE THAT I REMAIN ULTIMATELY RESPONSIBLE FOR THE COST OF THE ABOVE TREATMENT AS CONTAINED IN THE T&C OF THIS PRACTICE BILLING POLICY.**			
I HEREBY GIVE MY CONSENT: ☐	I AM: **The patient** ☐ **The parent/legal guardian** ☐		
SURNAME:	FULL NAMES:	❑ Mr. ❑ Mrs. ❑ Dr.	❑ Miss ❑ Prof. ❑ Mx.
BIRTH DATE: / /	Sign Here		
WITNESS INFORMATION			
SURNAME:	FULL NAMES:	❑ Mr. ❑ Mrs. ❑ Dr.	❑ Miss ❑ Prof. ❑ Mx.
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