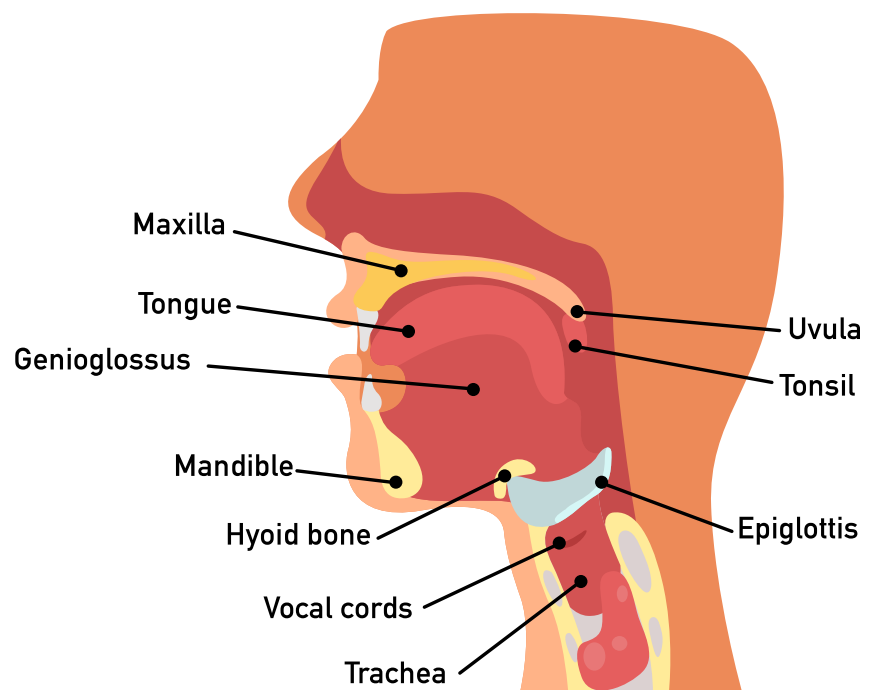


# MAXILLECTOMY

A maxillectomy is the removal of all or part (partial maxillectomy) of the maxilla bone. If the tumor has grown into the hard palate (front part of the roof of the mouth), all or part of the involved bone (maxilla) will need to be removed. A maxillectomy is indicated for tumors of the hard palate, nose, maxillary sinus, or other tumors that have grown to involve the maxilla. The hole in the roof of the mouth created by surgery can be filled with a special denture called a prosthesis and/or a free flap. The prosthesis is created by a prosthodontist, a dentist with special training.

## DIFFERENT TYPES OF MAXILLECTOMY PROCEDURES

- **Medial maxillectomy:** Part of the bone (maxilla) next to the nose is removed. The eye and the hard palate are conserved. This procedure is used mainly for tumors inside the nose.
- **Infrastructure maxillectomy:** The hard palate, teeth, and lower part of the bone are removed. The orbital floor is kept intact. This procedure will require a free flap to reconstruct the area or an obturator.
- **Superstructure maxillectomy:** The hard palate is kept intact. The orbital floor is removed along with the upper part of the bone. The orbit may or may not be removed. This procedure will require reconstruction.
- **Subtotal maxillectomy:** This procedure involves some variance of the above procedures without removing the whole bone. The related procedures and reconstruction will depend on the tumor and the extent of the resection.
- **Total maxillectomy:** A total maxillectomy involves the removal of the hard palate and the orbital floor, along with entire bone on one side of the face. This procedure may require a major reconstruction such as a free flap.



## **ABOUT YOUR SURGERY**

You will be given general anesthesia for your surgical procedure. If a reconstruction (free flap) is performed, you will spend 5-7 days in the hospital. Related surgical procedures may include removal of an eye, removal of lymph nodes, breathing tube, and/or feeding tube placement. Your doctor will discuss your surgery and your treatment plan with you, along with the benefits and risks involved. Your discharge planning team consists of your doctors, social worker, case manager, nurses, and physical therapist, along with you and your family, who will assist with your discharge needs. Some patients may or may not go home with home health, where others might go to a rehabilitation or skilled nursing facility for a short while before going home.

## **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 it moisturized.
- If your surgery includes a radial forearm free flap, change your forearm dressing daily using medicated gauze and kerlix wrap until your post-operative appointment.

## **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 generally 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