

PARTIAL/ TOTAL GLOSSECTOMY

FUNCTIONS OF THE TONGUE

The tongue is a very mobile muscular organ that, at rest, fills most of the oral cavity. It has many functions including taste, chewing, swallowing, speech, and cleaning the oral cavity. Its major functions are to propel a bolus of food backwards and into the throat to initiate swallowing and forming words to enable communication. It arises from the floor of the mouth, partly in the oropharynx, and consists of muscles covered by mucous membranes. The tongue is a frequent site for oral cancer. The size, type and location of the lesion determine the mode of treatment. The condition usually appears as squamous cells on the outer layer of the tongue.

SYMPTOMS OF TONGUE CANCER

1. A lump on the side of the tongue that touches the teeth (lateral side)
2. The lump often looks like an ulcer and is grayish-pink to red in color
3. The lump bleeds easily if bitten or touched

EARLY DETECTION

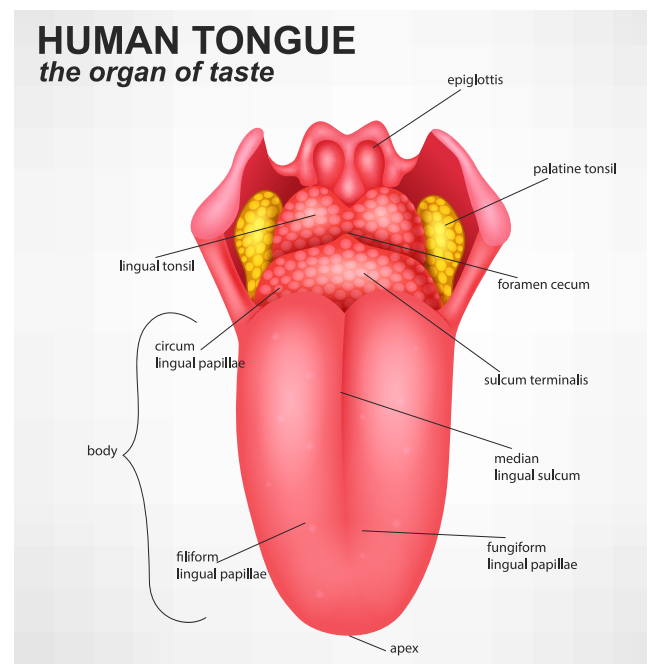
When identified early, tongue cancer is highly curable. Research studies show that people with a history of tobacco and alcohol dependence have a higher incidence of tongue cancer. When cancer forms in the front two-thirds of the tongue, it is classified as a type of oral cavity cancer called oral tongue cancer. Cancer that develops in the remaining third of the tongue is called tongue base cancer and is considered a form of throat cancer. Surgery with or without other combined therapy (radiation or chemotherapy) remains the treatment of choice.

GLOSSECTOMY

A glossectomy is the surgical removal of all or part of the tongue. The surgery may be:

- Partial — removal of part of the tongue
- Hemi — one side of the tongue is removed
- Total — removal of the whole tongue

A partial or hemi-glossectomy is used to remove smaller cancers from the tongue. The remaining area of the tongue will be sewn so that there is no hole. Sometimes a small graft of skin will be used to fill the hole. This skin graft will then be sewn into place.



If the cancer is large or invading the deep muscle of the tongue, the entire tongue may need to be removed, and this is a much more complicated surgery. In this surgery, the doctor will remove the diseased tongue. A piece of skin from your wrist will also be attached from any remaining tongue to the graft, to ensure blood flow. Sometimes the lymph nodes in the neck will also need to be removed.

RISKS ASSOCIATED WITH A GLOSSECTOMY

- Bleeding from the tongue. This is an early complication of surgery; it can result in severe swelling leading to blockage of the airway.
- Poor speech and difficulty swallowing. This complication depends on how much of the tongue is removed.
- Fistula formation. Incomplete healing may result in the formation of a passage between the skin and the mouth cavity within the first two weeks following a glossectomy. This complication often occurs after feeding has resumed. Patients who have had prior radiation to the area are at greater risk of developing a fistula.
- Flap failure. This complication is often due to problems with the flap's blood supply.
- Weight loss. Patients may have a decrease in tongue sensation and movement following the surgery. Often a feeding tube will be placed in the stomach to help supplement food intake and hydration. Once patients are able to swallow and maintain their weight, the tube can be removed; however, some patients are required to use the tube permanently.

SPEECH THERAPY

Depending on the extent of your glossectomy and the sensation and movement of your residual tongue, you will likely work with a speech therapist to resume speaking and swallowing after your surgery. They will work with you to improve tongue function and the understandability of your speech.