Memorial Sloan Kettering Cancer Center

PATIENT & CAREGIVER EDUCATION

Advanced Cancer of the Oral Cavity

This information will help you understand advanced cancer of the oral cavity, including its risk factors, symptoms, diagnosis, and treatment.

About Your Oral Cavity

Your oral cavity (mouth) includes your:

- Lips
- Cheeks
- Teeth
- Tongue
- Gums
- Roof of your mouth
- Floor of your mouth

Cancer can grow in any part of your oral cavity. Advanced cancer of the oral cavity can involve nearby tissue, muscle, and bone. More advanced cancers can spread to the lymph nodes in the neck.

Risk Factors of Advanced Cancer of the Oral Cavity

The risk factors for advanced cancer of the oral cavity include:

- Smoking cigarettes or other tobacco products.
- Chewing tobacco.
- Drinking alcohol.

- Getting older. Oral cancer usually affects people aged 65 to 74.
- Male sex. Males are twice as likely to get oral cancer compared to females.

Symptoms of Advanced Cancer of the Oral Cavity

You may have any of the following symptoms:

- A sore on your lip, mouth, or both that doesn't heal
- A lump on your lips, neck, or in your mouth that doesn't go away
- A white or red patch on your gums, tongue, or cheeks
- Bleeding, pain, or numbness in your mouth that doesn't go away
- A sore throat that doesn't heal
- A feeling that something is caught in your throat
- Trouble with chewing or swallowing
- Pain when chewing or swallowing
- Swelling that causes dentures to fit poorly or become uncomfortable
- A change in your voice
- Pain in your ear
- Not being able to open your mouth

Diagnosing Advanced Cancer of the Oral Cavity

To see if you have cancer of your oral cavity, you will need to have a biopsy (a procedure to take small samples of tissue). During the biopsy, your healthcare provider will remove a small amount of tissue from the area where the cancer may be located. This tissue will be tested to see if there are any abnormal or cancerous cells. It will take at least 5 business days to receive the results of the biopsy. At that time, your healthcare provider will explain your diagnosis.

Your healthcare provider may want you to have other tests, such as a computed tomography (CT) scan, magnetic resonance imaging (MRI), or a positron

emission tomography (PET) scan, to see if the cancer has spread to other areas of your body.

About Surgery to Treat Advanced Cancer of the Oral Cavity

Surgery is the most common treatment for advanced cancer of the oral cavity. The goal of surgery is to remove all the cancer. Depending on your surgery, you may need to have tissue, muscle, or bone reconstruction. If so, a plastic surgeon will work with your head and neck surgeon.

Your head and neck surgeon may also want you to see a dental and maxillofacial surgeon. They will look at your teeth and have a prosthesis made, if you need one. A prosthesis is something that replaces a part of the body that's removed.

The extent of your surgery will depend on the way that your head and neck surgeon removes the cancer.

- Some tumors need to be removed through an incision (surgical cut) in the jaw. The incision is made between the front 2 bottom teeth. The jaw is opened, the tumor is removed, and the jaw is put back together with a metal plate and screws.
- If the cancer is close to or involves only a small piece of the jaw, only that part of the bone is removed.
- If the cancer involves a lot of the bone, a whole section of the jaw will be removed.
- Sometimes, tissue, muscle, bone, arteries, and veins will be taken from another part of the body to replace what was taken out. This is called a free flap.
- The lymph nodes in your neck may need to be removed as well. The tumor and lymph nodes will be sent to the Pathology Department for testing. It will take at least 1 week to get the results.

Tracheostomy

Sometimes, surgery to treat advanced cancer of the oral cavity may cause swelling in your throat. If this happens, your surgeon may perform a tracheostomy to make sure you can breathe well. A tracheostomy is a surgical opening made in your trachea to make breathing easier and to protect your airway. Your healthcare provider will discuss whether or not you will need a tracheostomy before your surgery.

During a tracheostomy, your surgeon will make an opening into your neck and put a tracheostomy tube through the opening and into your trachea (windpipe). This will allow you to breathe easier. If you will have a tracheostomy, your nurse will give you the resource *Caring for Your Tracheostomy* (www.mskcc.org/pe/caring-tracheostomy).

You will also have a tracheostomy if your surgery involves certain types of reconstruction or free flaps.

Your nurse will care for your tracheostomy while you're in the hospital. They will use a suction tube to clear away the mucus that builds up. Keep your airway clear will make your breathing much easier and lower your risk of pneumonia.

The tracheostomy tube will be removed as soon as the swelling in your airway goes down and you're able to breathe normally. If you go home with a tracheostomy, your nurse will teach you how to care for it.

After Your Surgery

Communicating with a tracheostomy

If you have a tracheostomy, you may not be able to talk when you first wake up, but you will be able to communicate by writing. Your nurse will give you a pencil and paper. You can also answer "yes or no" questions by nodding or shaking your head. You may also be given a computer tablet to help you communicate. The tablet has an application (app) that can help you communicate your needs. Your nurse will teach you how to use the tablet.

Compression boots

While you're in bed, you will wear compression boots. These boots apply gentle pressure on your calves to help prevent blood clots from forming. They will be removed when you're able to get out of bed and walk. If you haven't had free flaps, you will be out of bed and walking by the day after your surgery. If you do have free flaps, it may take longer, depending on where the free flaps are located. Your physical activity will increase slowly each day.

Feeding tube

If it will be too hard for you to eat and drink, you may have a feeding tube placed after surgery. Depending on your surgery, you may not be able to eat until the week after your surgery. Your healthcare provider will give you more information.

Managing your pain

You will have pain after your surgery. It's important to ask your nurse for pain medication. At first, you may receive it through your intravenous (IV) line. Later, you may get the medication orally (by mouth) or through your feeding tube, if you have one. You will need less pain medication as you heal.

Drainage tubes

If the lymph nodes in your neck were removed, you will have drainage tubes in your neck. You may also have them in the area of your free flap, if you had one. The drainage tubes are usually removed when the amount of drainage has decreased. All of these tubes will most likely be removed before you leave the hospital. If you're discharged (leave the hospital) with a tube(s) in place, your nurse will teach you how to care for it. For more information, read our *About Your Neck Dissection Surgery* (www.mskcc.org/pe/neck-dissection-surgery) surgical guide.

Oral hygiene

Your nurse will teach you how to use an oral irrigation kit to care for your mouth. This kit helps keep your mouth clean and promotes healing. You will need to keep rinsing your mouth with the irrigation kit after you leave the hospital. It's

especially important for you to rinse your mouth after meals. There should be no food left inside your mouth after you're finished eating. For more information, read *Oral Irrigations* (www.mskcc.org/pe/oral-irrigations)

Preventing trismus

Trismus is not being able to open your mouth. It's very important to prevent trismus while you're recovering from surgery. Your nurse will teach you the exercises described in the resource *Managing Trismus After Treatment for Head and Neck Cancer* (www.mskcc.org/pe/managing_trismus) to prevent this side effect.

Going Home After Surgery

Your surgeon will tell you when you can return to work and your normal activities. This depends on your surgery and how you recover.

Most people can manage at home without additional help, but your nurse will talk with you about this before you leave the hospital. If you need help, your nurse or case worker can help you arrange for a visiting nurse or home health aide.

Call your healthcare provider if you have any of the following signs or symptoms of infection:

- A fever of 101° F (38.3° C) or higher
- Increased redness around any incisions
- Increased drainage from any incisions
- Drainage that smells bad
- Increased pain that doesn't go away after taking your prescribed pain medication or acetaminophen (Tylenol®)

Follow-up Visits

You will need to see your head and neck surgeon 7 to 10 days after your discharge. If a plastic surgeon was involved in your surgery, you will also need to see them. Call each office to make the appointments. Depending on how you're healing, some or all of your stitches will be removed during your first follow-up visit. You will also have a complete head and neck exam.

If your pathology test results are ready, your head and neck surgeon will go over them with you during your first-follow up visit. They will also give you details about the cancer that was removed during your surgery.

Your healthcare provider will talk with you about whether you need any more treatment. Most people with advanced cancer of the oral cavity will need radiation therapy, chemotherapy, or both after their surgery to make sure all the cancer was removed. If you're going to have it done at Memorial Sloan Kettering (MSK), an appointment will be made for you. If you're going to have it done somewhere else, we can help you choose a healthcare provider. All of your records will be sent to the healthcare provider who will be treating you.

It's very important to keep all your follow-up appointments. These appointments can help find any recurrence (when the cancer comes back) or new cancers early on. Over time, your appointments will be spaced further apart.

Recovery

The diagnosis and treatment of cancer can be a very stressful and overwhelming event. Each person copes in their own way. Many people say it helps to focus on the small improvements you will see as the days and weeks go by, such as:

- The swelling will slowly disappear.
- Your face will begin to look more natural and the scars will become less noticeable.
- You will be able to talk more easily and eat many of the foods you like. A

dietitian can help you find the best ways to prepare your favorite foods while you regain your ability to chew and swallow.

- You will have more energy to do the activities you enjoy.

Support resources

There are many resources to help you and your family during your recovery. Some are here at MSK and others are in your community. Ask your healthcare provider or social worker about what resources are available.

The MSK Resources for Life After Cancer (RLAC) Program provides support and education for people who are finished with treatment. To learn more about this group and the programs offered, call 646-888-8106 or visit our Services for Survivors web page at www.mskcc.org/experience/living-beyond-cancer/services-survivors

Emotional health

It's not unusual to feel depressed during or after your treatment. Services are available to help treat and manage these feelings. It's important to recognize the signs of depression, including:

- Feelings of helplessness and sadness
- Not being able to concentrate or carry out normal activities
- Changes in your mood
- Changes in sleep pattern (sleeping more or less than usual)
- Increase or decrease in your appetite

If you have any of these symptoms and they last more than 2 weeks, tell your healthcare provider. To speak with a counselor, contact the MSK Counseling Center at 646-888-0200. For more information, read our resource *Managing Depression During Cancer Treatment* (www.mskcc.org/pe/depression-cancer-treatment).

Tobacco and alcohol use

Tobacco and alcohol use increase your risk for oral cavity cancer. Stopping these activities will help reduce your chances of a recurrence or of developing a new, second cancer.

If you want to stop using tobacco, we can refer you to a tobacco treatment program either here or in your community. MSK has specialists who can help you quit smoking. For more information about our Tobacco Treatment Program, call 212-610-0507 or visit www.mskcc.org/cancer-care/counseling-support/tobacco-treatment. For tips on how to quit smoking, read our resource *Tobacco Treatment Guide: For Patients and Their Families* (www.mskcc.org/pe/tobacco-treatment-guide).

If you want to stop drinking alcohol, there are programs that can help you. Call the MSK Counseling Center at 646-888-0200 for more information.

If you have questions or concerns, contact your healthcare provider. A member of your care team will answer Monday through Friday from 9 a.m. to 5 p.m. Outside those hours, you can leave a message or talk with another MSK provider. There is always a doctor or nurse on call. If you're not sure how to reach your healthcare provider, call 212-639-2000.

For more resources, visit www.mskcc.org/pe to search our virtual library.

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