



PATIENT & CAREGIVER EDUCATION

Early Stage Oral Cavity Cancer

This information will help you understand early stage cancer of the oral cavity (mouth), including symptoms, diagnosis, and treatment.

About Your Oral Cavity

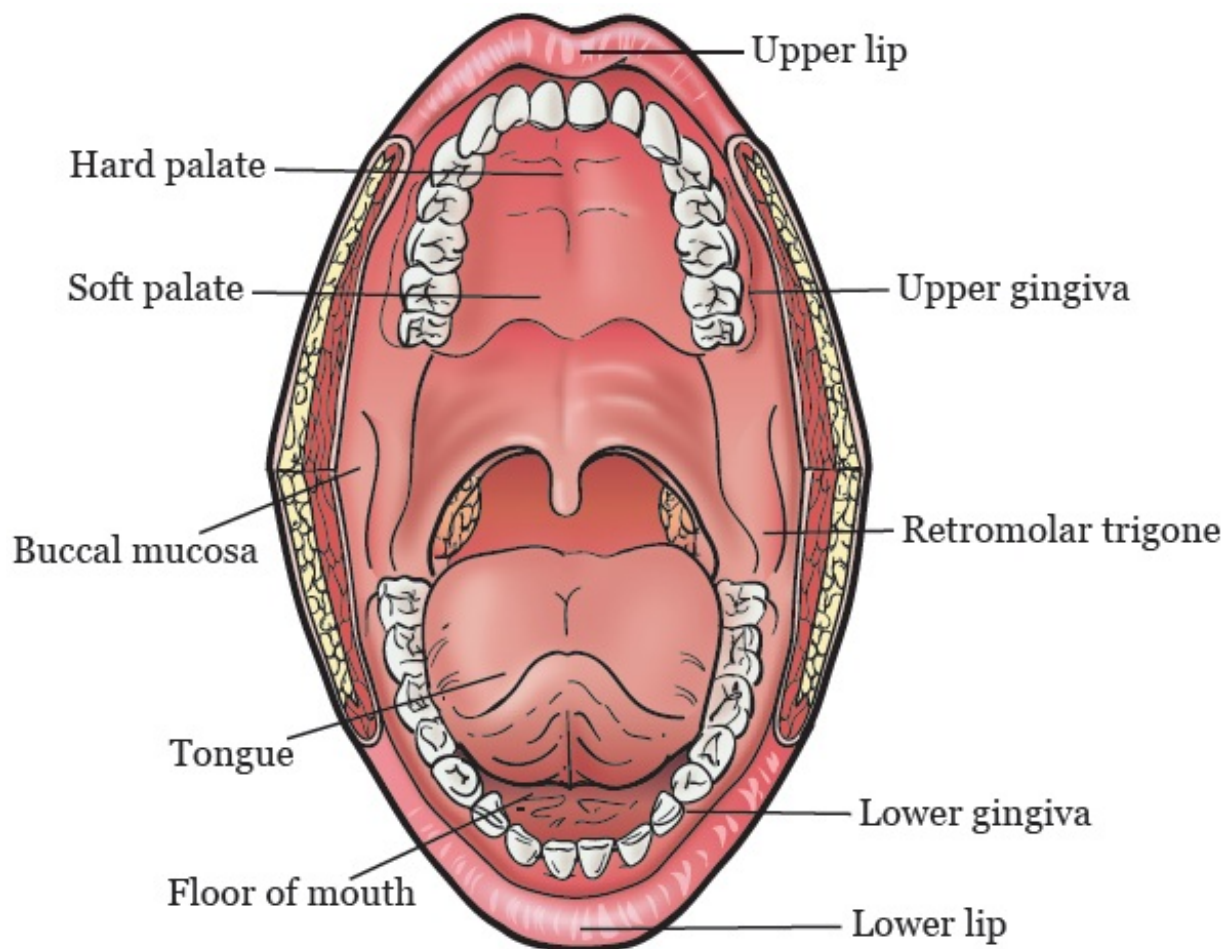


Figure 1. Your oral cavity

Your oral cavity (mouth) is designed for speaking, chewing, swallowing, and breathing. Your oral cavity includes:

- Your lips
- The front two-thirds of your tongue

- The roof of your mouth (your hard and soft palate)
- The floor of your mouth (under your tongue)
- The lining of the inside of your cheeks (your buccal mucosa)
- Your gums (gingiva)
- The small area behind your wisdom teeth in your lower jaw (your retromolar trigone)

Risk Factors for Oral Cavity Cancer

- **Gender.** Men are twice as likely as women to develop oral cavity cancer.
- **Tobacco use.** People who smoke cigarettes, cigars, or pipes or chew tobacco have a higher risk of oral cavity cancer.
- **Alcohol use.** People who drink alcohol have a higher risk of oral cavity cancer. People who both drink alcohol and use tobacco increase their risk even more.
- **Sun exposure.** Too much sun exposure can cause skin cancer of your lip.
- **Human papilloma virus (HPV).** HPV can infect the skin and lining of your mouth (as well as your throat, genitals, and anal area) and can lead to cancer.
- **Age.** People aged 65 to 74 have a higher risk of oral cavity cancer. This is because of their longer exposure to other risk factors.

If you use tobacco or alcohol, you're at higher risk for oral cavity cancers. We can help you to stop. If you would like help, talk with your healthcare provider. You can also make an appointment with our Tobacco Treatment Program by calling 212-610-0507.

Signs and Symptoms of Oral Cavity Cancer

The following changes in and around your oral cavity may be signs of cancer. They may also be caused by other things. However, you should see your healthcare provider if you have any of the following:

- A sore, lump, or thickening (area that feels thicker or harder) on your lip or in your mouth that doesn't heal.

- An infection in your mouth that doesn't get better with treatment within 1 month.
- A white or red patch on your gums, tongue, or lining of your mouth.
- Loose teeth or dentures that no longer fit well.
- Chronic pain in your mouth or throat.
- Bleeding or numbness in your lip or mouth.

Diagnosing Oral Cavity Cancer

Biopsy

During a biopsy, a small amount of tissue is taken from the area that may be cancer. The tissue is sent to the pathologist, who will examine it under a microscope to look for cancer cells. The biopsy results usually take at least 5 days to come back.

If you haven't already had a biopsy, you may have one during your first visit with your doctor at MSK. If you have already had a biopsy, your tissue samples (slides) from the biopsy will be checked by a pathologist at MSK to confirm the diagnosis.

Imaging scans

You may have imaging scans done, such as a computed tomography (CT) scan, magnetic resonance imaging (MRI), or Panorex x-ray. A Panorex x-ray shows your full upper and lower jaw, including your sinuses. These scans give more details about the lesion (area of diseased or damaged tissue). It can show how deep it is and if it has spread.

Surgery to Treat Oral Cavity Cancer

Surgery is the most common treatment for pre-cancerous lesions (lesions that haven't yet developed into cancer) and early cancers (lesions that are cancer but haven't spread). Pre-cancerous lesions are removed to keep them from developing into cancer.

The goals of treatment for early oral cavity cancer are to:

- Cure the cancer.
- Preserve the way you look and how your mouth works.
- Prevent spread of the cancer.

The type and extent of surgery depends on the lesion's location. Your healthcare provider will tell you which area is affected, then you can read below about the procedure you will have.

You will receive anesthesia (medication to make you sleep) before your surgery. All of these surgeries are done through your open mouth.

Some people may need a feeding tube for some time after their surgery. Your doctor will talk with you about this before your surgery. You can also read the "Diet Changes" section of this resource for more information.

Lip

The lesion and the nearby skin will be removed. The incision (surgical cut) will be closed with sutures (stitches).

The sutures used inside your mouth and on your lip will dissolve (break down and fall out) on their own. A different type of suture that doesn't dissolve will be used on your skin. You will have a follow-up appointment to have them removed.

Tongue

The lesion will be removed. The extent of surgery depends on the size of the lesion. A surgery to remove part of your tongue is called a partial glossectomy.

The incision may be closed with dissolvable sutures. Sometimes, a graft of man-made (synthetic) skin may be used instead to temporarily cover the area where the lesion was removed. This graft will be sewn in with dissolvable sutures and will fall out on its own in 1 to 2 weeks.

Hard palate and upper gums

The extent of surgery will depend on the size and depth of the lesion. Small lesions that are on the surface (superficial tumors) will be removed and left open without sutures. New tissue will grow over and heal the opening.

If you have a larger and deeper lesion, part of your palate may need to be

removed. After, the area will be covered with a graft of skin or synthetic skin. If a skin graft is used, it will be covered with gauze that's held in place with a dental plate. The dental plate will be made by your dentist at MSK, who you will see before your surgery. The gauze and dental plate will be removed after 5 to 7 days. If synthetic skin is used, it will be sewn in with dissolvable sutures and will fall out on its own in 1 to 2 weeks.

□ Soft palate

The lesion will be removed. If the lesion is very small, the incision will be closed with dissolvable sutures. Otherwise, it will be left open without sutures.

□ Floor of the mouth

The extent of surgery depends on the size and depth of the lesion. Small lesions that are on the surface will be removed and left open without sutures. New tissue will grow over and heal the area.

Larger lesions will be removed and covered with a graft of skin or synthetic skin. If a skin graft is used, it will be covered with gauze that's sutured to hold it in place. The gauze will be removed after 5 to 7 days. If synthetic skin is used, it will be sewn in with dissolvable sutures and will fall out on its own in 1 to 2 weeks.

□ Lining of the cheek

The lesion will be removed. The incision will be closed using a graft of skin or synthetic skin. If a skin graft is used, it will be covered with gauze that's sutured to hold it in place. The gauze will be removed after 5 to 7 days. If synthetic skin is used, it will be sewn in with dissolvable sutures and will fall out on its own in 1 to 2 weeks.

□ Lower gums and area behind your wisdom teeth in your lower jaw

The lesion will be removed. Depending on how deep the lesion is, a small slice of your underlying jaw bone (mandible) may also be removed. A surgery to remove a small part of your mandible is called a marginal mandibulectomy.

The incision will be covered with a graft of skin or synthetic skin. If a skin graft is used, it will be covered with gauze that's sutured to hold it in place. The gauze will be removed after 5 to 7 days. If synthetic skin is used, it will be sewn in with dissolvable sutures and will fall out on its own in 1 to 2 weeks. Your jaw bone won't need to be reconstructed and the shape of your jaw won't be affected.

Care after Surgery for Oral Cavity Cancer

Diet changes

If you have a feeding tube

Depending on your surgery, you may need a feeding tube. The feeding tube will be passed into your stomach through your nose during the surgery while you're asleep.

After your surgery, you will be taught how to take liquid nutrition through the tube. If you have a feeding tube, don't eat or drink anything by mouth until your doctor says you're ready. Your doctor will remove the feeding tube when you're able to eat and drink on your own.

After the feeding tube is removed, you will first have only liquids and pureed foods. Your doctor and nurse will keep track of how you're doing and will tell you when you can begin eating soft solid foods.

If you don't have a feeding tube

If you don't need a feeding tube, you can drink liquids right after your surgery. Many people can start eating pureed foods the day after their surgery. You can begin to eat soft foods when your doctor gives you permission and you're able to.

Review the resource [Eating Guide for Pureed and Mechanical Soft Diets](#) for suggestions on what to eat. You can search for it on www.mskcc.org/pe or ask your nurse. You can also drink liquid supplements that are high in protein and calories. Examples are Ensure®, Boost®, and Carnation Instant Breakfast®. Don't eat regular foods until your doctor says it's okay.

If you had surgery of the lining of your mouth or lower gums, you will need to chew on the opposite side of your mouth until you return for your first doctor's visit.

Mouth care

- Your doctor will tell you if it's okay to brush your teeth after your surgery.
- Keep your mouth clean by rinsing or using an oral irrigation set. Your nurse will give you an oral irrigation set and teach you how to use it.

- To make your rinsing solution, mix 1 quart of warm water with 1 teaspoon of salt and 1 teaspoon of baking soda. You can store it at room temperature.
 - Don't use mouthwash that contains alcohol. It can irritate your mouth and slow down your healing.
- Rinse or irrigate frequently, at least 4 times a day. Rinse or irrigate after each meal or snack. Continue to rinse or irrigate until your surgical site is well healed. Your doctor will tell you when this is.

Caring for your incision

- Keep the sutures on your lip or neck dry for the first 48 hours. After 48 hours, you can shower as usual. Avoid direct water pressure on your incision. Instead, let the water run over your incision and use a clean towel to pat your incision dry.
- Apply bacitracin ointment twice daily, if your doctor instructs you to do so. You will be given bacitracin before you leave the hospital if you need it.
- Dissolvable sutures will loosen and fall off around 6 to 8 weeks after your surgery. When you feel them in your mouth, you can spit them out. There is no special care while these are in place other than keeping your mouth clean.
- Non-dissolvable sutures will be removed at your first visit with your doctor after surgery.
- If you had surgery on your lip, avoid stretching your lip, such as by smiling, until the area is healed.

Speech changes

- If you had surgery on your tongue, floor of mouth, or soft palate, your speech may be different. Your tongue may feel swollen and numb and may not move freely. This will improve as the area heals. If you have significant speech changes, you will be referred to a speech therapist for further help.

Pain management

- Most people have some pain or discomfort after their surgery. You will get a filled prescription for pain medication before you go home. Take it as

prescribed.

- If the pain medication isn't helping you, call your doctor's office.
- Pain medication can cause constipation (having fewer bowel movements than what's normal for you). To prevent this, take a stool softener such as docusate sodium (Colace®) 3 times a day. If this doesn't help, take a laxative (such as 2 tablets of Senokot®) at bedtime. Both are available without a prescription. If you still have constipation after using these medications, call your doctor's office.

Follow-up visit

The day after your surgery, call your doctor's office to schedule a follow-up appointment.

Call Your Doctor or Nurse if You Have:

- A temperature of 100.4° F (38.0° C) or higher
- Increased discomfort, redness, or swelling around your incision
- Discharge from your incision
- Any questions or concerns

If you have any questions, contact a member of your healthcare team directly. If you're a patient at MSK and you need to reach a provider after 5:00 PM, during the weekend, or on a holiday, call 212-639-2000.

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

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