Memorial Sloan Kettering Cancer Center

PATIENT & CAREGIVER EDUCATION

About Mouth (Oral Cavity) Cancer

This information will help you understand mouth cancer, including what it is and how to treat it.

Mouth (oral cavity) cancer can affect different parts of your mouth, including your lips, tongue, gums, and palate.

About your mouth (oral cavity)

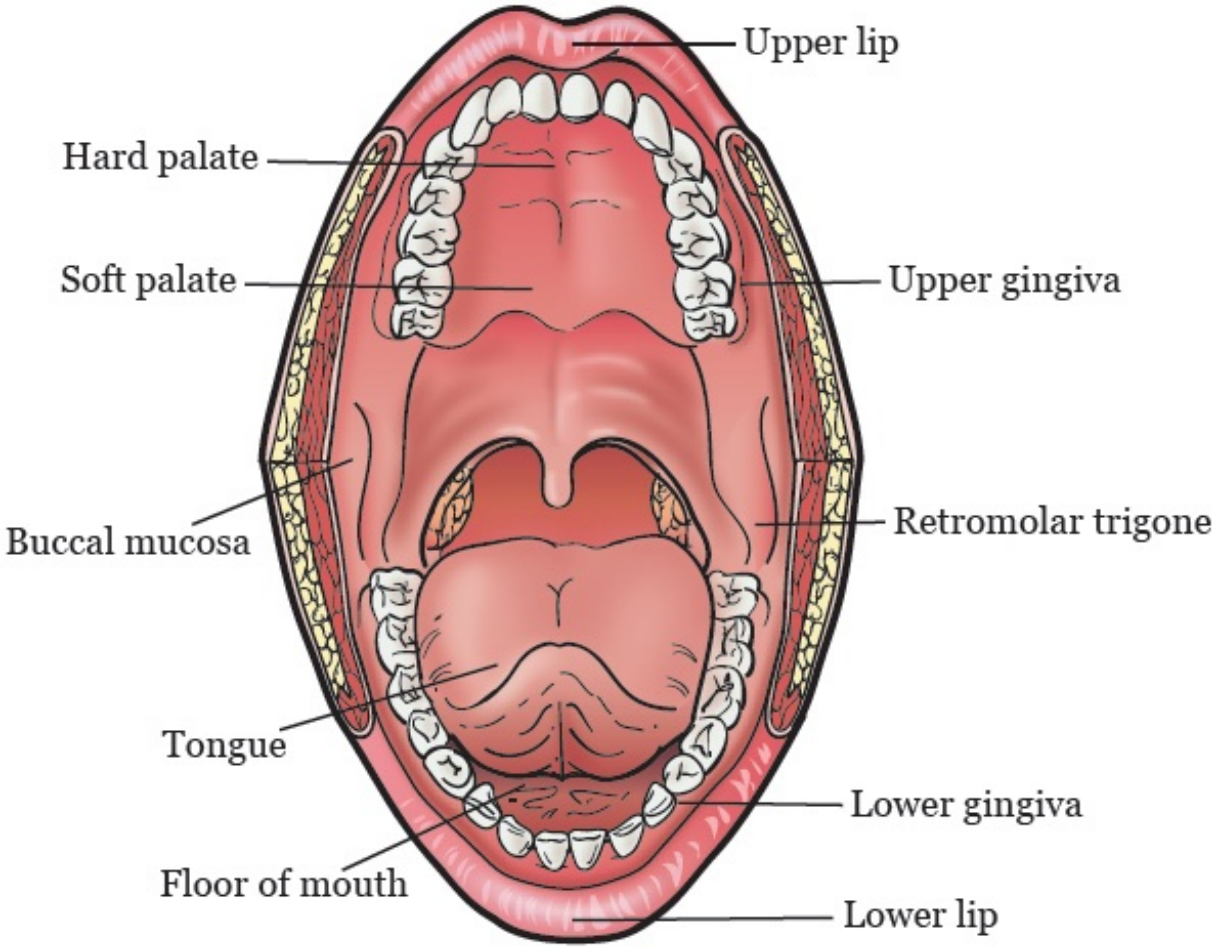


Figure 1. Your mouth

Your mouth helps you speak, chew, swallow, and breathe. Your mouth includes:

- Your lips.
- The front ⅔ of your tongue.
- The roof of your mouth. This is called your hard and soft palate.
- The floor of your mouth. This is under your tongue.
- The lining of the inside of your cheeks. This is called your buccal mucosa (BUH-kul myoo-KOH-suh).
- Your gums, which are also called your gingiva (JIN-jih-vuh).
- The small area behind your lower wisdom teeth, called the retromolar trigone (reh-troh-MOH-ler TRY-gone).

Risk factors for mouth cancer

Some risk factors can make people more likely to get mouth cancer. They include:

- **Tobacco use**. People who smoke cigarettes, cigars, or pipes, or chew or dip tobacco have a higher risk for mouth cancer.
- **Alcohol use**. People who drink alcohol have a higher risk of mouth cancer. People who both drink alcohol and use

tobacco have an even higher risk for mouth cancer.

- **Sun exposure without sunscreen**. Spending a lot of time in the sun without wearing sunscreen can cause skin cancer of your lip(s).
- **Age**. People ages 65 to 74 are at higher risk for mouth cancer. This is because of their longer exposure to other risk factors.

If you use tobacco or alcohol, you're at higher risk for mouth cancers. If you would like help, talk with your healthcare provider.

MSK has specialists who can help you quit smoking or smoke less. For more information about our Tobacco Treatment Program, call 212-610-0507.

Visit www.mskcc.org/cancer-care/types/mouth for more information about mouth cancer.

Signs and symptoms of mouth cancer

The following changes in and around your mouth could be signs of cancer. They also can be caused by other things. Talk with your healthcare provider if you have any of the following:

- A sore, lump, or thick or hard area on your lip or in your mouth that does not heal.

- A white or red patch on your gums, tongue, or in the lining of your mouth.
- An infection in your mouth that does not get better within 1 month after treatment.
- Loose teeth or dentures that no longer fit well.
- Chronic (long-lasting) pain in your mouth or throat.
- Bleeding or numbness in your lip or mouth.

How we diagnose mouth cancer

Here are some ways that mouth cancer is diagnosed.

Biopsy

A biopsy is a procedure done to take samples of tissue or cells to check for cancer. During a biopsy, your healthcare provider removes a small amount of cells or tissue for a pathologist to examine.

A pathologist is a healthcare provider who uses a microscope to make a diagnosis. The pathologist will examine your tissue sample under a microscope to look for cancer cells. The biopsy results usually take at least 5 days to come back.

If you have not had a biopsy, you may have one during your first visit at MSK. If you already had a biopsy, an MSK pathologist will check your tissue samples.

A biopsy may show precancerous or early cancer cells. Precancerous cells are not cancer, but they can become cancer over time. Early cancer is a cancer that has not spread. Your healthcare provider may recommend removing precancerous lesions to help them from becoming cancer. Lesions are areas of diseased or damaged tissue.

Imaging scans

You may also have imaging scans. Some examples are 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).

Visit www.mskcc.org/cancer-care/types/mouth/mouth-cancer-diagnosis for more information about diagnosing mouth cancer.

Mouth cancer surgery

Your healthcare provider may recommend surgery if your results and exam show you have mouth cancer. Surgery is the most common treatment for pre-cancerous lesions and early cancers.

These are the goals of treatment for mouth cancer:

- Remove and cure the cancer.
- Keep the way you look and how your mouth works.
- Prevent the cancer from spreading.

The type of surgery you need depends on the lesion's location. Your healthcare provider will tell you which area is affected. The following sections explain the different types of surgeries, based on where the lesion is. Visit www.mskcc.org/cancer-care/types/mouth/mouth-cancer-treatment/mouth-cancer-surgery for more information about mouth cancer surgery.

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

Lip surgery

Your healthcare provider will recommend surgery to remove a lesion on or around your lip. During this surgery, your healthcare provider will remove the lesion and some of the skin around it. Your incision (surgical cut) will be closed by your surgeon with sutures (stitches).

The sutures will be inside your mouth and on your lip. They will dissolve (break down and fall out) on their own. On your skin, they will use a different type of suture that does not dissolve. You will have a follow-up appointment to

remove them.

Tongue surgery

Your healthcare provider will recommend surgery to remove a lesion on your tongue. How much they remove depends on the size of the lesion. A surgery to remove part of your tongue is called a partial glossectomy (glah-SEK-toh-mee).

Your incision may be closed with sutures that dissolve. Your healthcare provider may use a graft of synthetic (man-made) skin to cover the area. This graft will be sewn in with sutures that dissolve and fall out in a few weeks.

Hard palate and upper gum surgery

Your healthcare provider will recommend surgery to remove a lesion on your hard palate and upper gum. What is removed during surgery depends on the lesion's size and how deep it is.

Small lesions on the surface (often called superficial tumors) will be removed and closed with sutures, a skin graft, or a local flap. A skin graft or flap is tissue that's taken from one part of your body. It's moved to the area that must be covered. 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 surgery, the area will be covered with a graft of skin or synthetic skin.

If your healthcare provider uses a skin graft, they will cover it with gauze. It will be held in place with a dental plate. The dental plate will be made by your dentist at MSK. They will see you before your surgery. Your healthcare provider will remove the gauze and dental plate 5 to 7 days after surgery.

If your healthcare provider uses synthetic skin, they will sew it in with sutures that dissolve. The sutures will fall out in a few weeks.

Soft palate surgery

Your healthcare provider will recommend surgery to remove a lesion on your soft palate. Your incision will be closed with sutures that dissolve, or a skin graft. If your healthcare provider uses a skin graft, they will cover it with gauze and hold it in place with sutures. Your healthcare provider will remove the sutures at your follow-up appointment.

Floor of the mouth

Your healthcare provider will recommend surgery to remove a lesion on the floor of your mouth. How much they remove depends on the lesion's size and how deep it is. Your lesion will be removed and closed with sutures, a

local flap, or a skin graft.

Larger lesions will be removed and covered with a graft of skin or synthetic skin. If your healthcare provider uses a skin graft, they will cover it with gauze and hold it in place with sutures. Your healthcare provider will remove the gauze 5 to 7 days after surgery.

If your healthcare provider uses synthetic skin, they will sew it in with sutures that dissolve. The sutures will fall out in a few weeks.

Lining of the cheek

Your healthcare provider will recommend surgery to remove a lesion on the lining of your cheek. Your incision will be closed using a skin graft or synthetic skin.

If your healthcare provider uses a skin graft, they will cover it with gauze and use sutures to hold it in place. Your healthcare provider will remove the gauze 5 to 7 days after surgery.

If your healthcare provider uses synthetic skin, they will sew it in with sutures that dissolve. The sutures will fall out in a few weeks.

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

Your healthcare provider will recommend surgery to remove a lesion on your lower gums or behind your wisdom teeth in your lower jaw. If your lesion is deep, your healthcare provider may also remove a small piece of your jawbone (mandible). Surgery to remove a small part of your mandible is called a marginal mandibulectomy.

Your incision will be covered with a skin graft or synthetic skin. If your healthcare provider uses a skin graft, they will cover it with gauze and hold it in place with sutures. Your healthcare provider will remove the gauze 5 to 7 days after surgery.

If your healthcare provider uses synthetic skin, they will sew it in with sutures that dissolve. The sutures will fall out in a few weeks. Your jawbone will not need to be reconstructed. The shape of your jaw will not be affected.

How to take care of yourself after mouth cancer surgery

Diet changes after mouth cancer surgery

You can drink liquids right after your surgery. Your healthcare provider will let you know when it's OK for you to start eating pureed foods. You can begin to eat soft foods when your healthcare provider tells you it's OK.

You can also drink liquid supplements that are high in protein and calories. Examples are Ensure®, Boost®, and Carnation Instant Breakfast®.

Do not eat regular, solid foods until your healthcare provider says it's OK.

You may have had surgery of the lining of your mouth or lower gums. If so, do not chew on the side of your mouth where you had surgery. Your healthcare provider will tell you when you can eat normally at your follow-up appointment.

How to take care of your mouth after mouth cancer surgery

- Your healthcare provider will tell you if it's OK to brush your teeth after 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.
- Do not use mouthwash with alcohol in it. It can irritate your mouth and slow down healing. Instead, make a rinsing solution. To do this, mix:
  - 1 quart of warm water
  - 1 teaspoon of salt
  - 1 teaspoon of baking soda

- Rinse your mouth at least 4 times a day. Rinse after each meal or snack. Continue to rinse until your surgical site is healed. Your healthcare provider will tell you when to stop. Visit *Oral Irrigations* (www.mskcc.org/pe/oral-irrigations) for more information about oral irrigations.

How to take care of your mouth surgery incision

- Keep the sutures on your lip or neck dry for the first 48 hours (2 days). 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.
- Your dissolvable sutures will loosen and fall off around 6 to 8 weeks after surgery. As the sutures dissolve, small pieces may loosen in your mouth. You can spit them out. There is no special care needed while they're in place, other than keeping your mouth clean.
- We will remove sutures that do not dissolve at your first visit with your healthcare provider after surgery.
- If you had surgery on your lip, do not stretch out your lip until the area is fully healed. For example, try not to laugh or smile.

Speech changes after mouth cancer

- If you had surgery on your tongue, floor of mouth, or soft palate, your speech may sound different right after surgery. Your tongue may feel swollen or numb and may not move normally. This will get better as the area heals.
- If you have significant speech changes (such as having trouble saying words or people can't understand you), your healthcare provider will refer you to a speech therapist for help. Visit *Speech & Hearing Rehabilitation* (www.mskcc.org/cancer-care/diagnosis-treatment/symptom-management/rehabilitation/speech-hearing) for more information about speech therapy.

How to manage your pain after mouth cancer

- Most people have some pain or discomfort after surgery. You will get a prescription for pain medicine before you go home. Take it as prescribed.
- If the pain medicine does not help you, call your healthcare provider's office.
- Pain medicine 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.

You can get both at your local pharmacy without a prescription. If you still have constipation after using these medicines, call your healthcare provider's office. For more information, read *How to Manage Constipation* (www.mskcc.org/pe/constipation).

Schedule your mouth cancer follow-up visit

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

When to call your healthcare provider

Call your healthcare provider if you have any of the following:

- A fever of 100.4° F (38.0° C) or higher.
- More pain, redness, or swelling around your incision.
- Discharge or pus coming from your incision.
- Trouble breathing
- Trouble swallowing
- Bleeding that does not stop
- Trouble drinking liquids fluids
- Any questions or concerns

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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