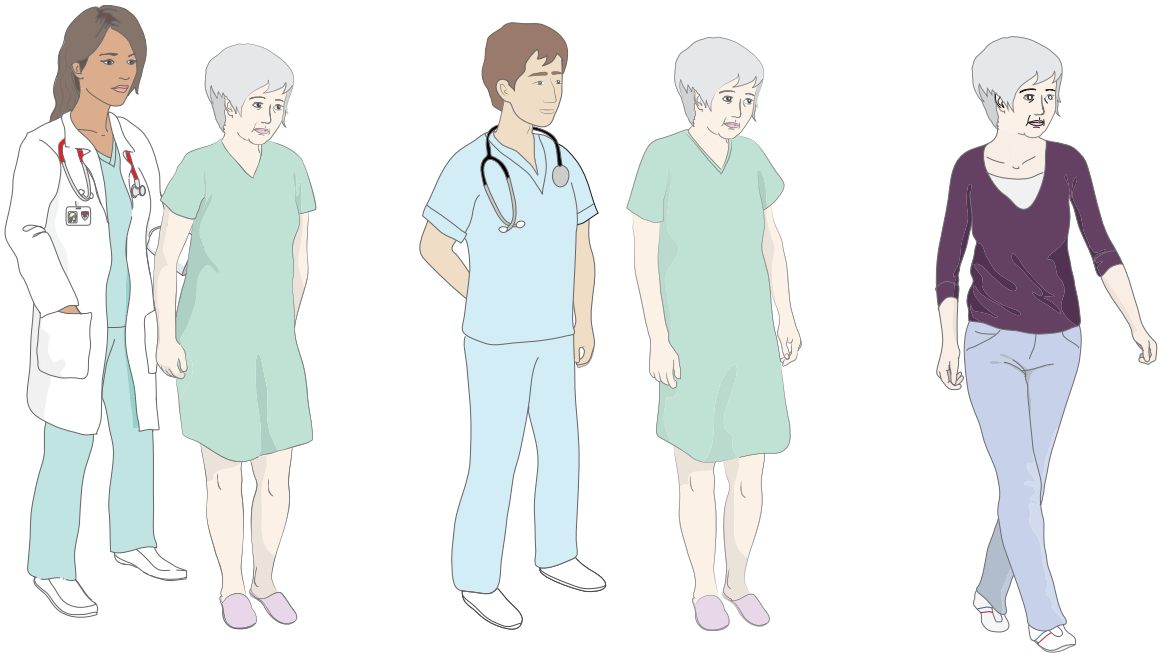


A Guide for your Maxillofacial Surgery



This booklet will help you understand and prepare for your surgery.
Bring this booklet with you on the day of your surgery.

Centre universitaire
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McGill University
Health Centre

PRET/SURE

Parcours de rétablissement chirurgical du CUSM
MUHC Surgery Recovery Program

This booklet was developed by The MUHC Surgical Recovery (SURE) working group, Dr. Makhoul and his team of surgeons and the MUHC Patient Education Office.

We would like to thank the MUHC Patient Education Office for their support throughout the development of this document, including the design, layout and creation of all the images. Part of the content was reproduced from the University College London Hospitals.

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IMPORTANT: PLEASE READ

Information provided by this booklet is for educational purposes. It is not intended to replace the advice or instruction of a professional healthcare practitioner, or to substitute medical care. Contact a qualified healthcare practitioner if you have any questions concerning your care.

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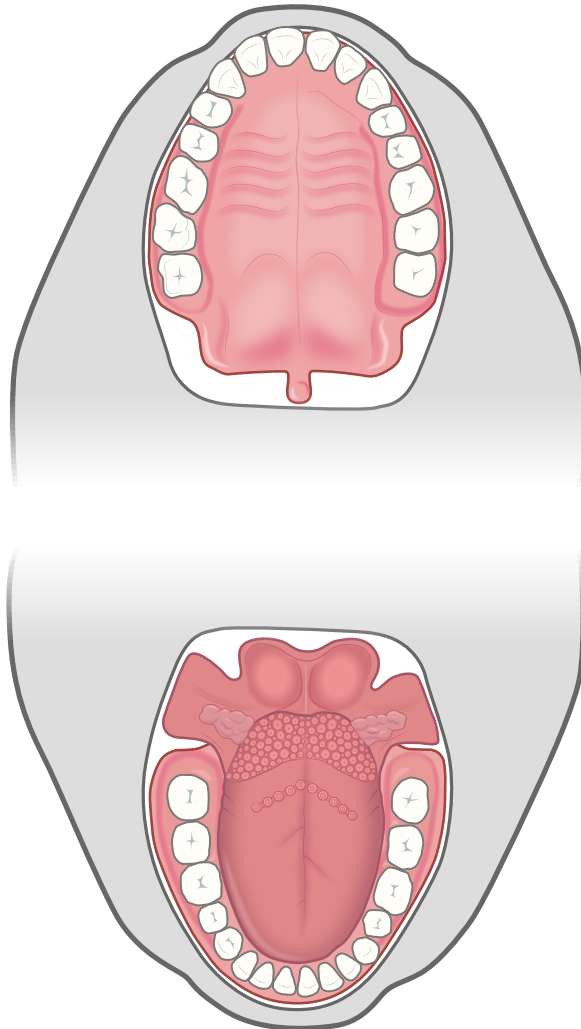
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What is a maxillofacial resection ?

It is a surgery to remove a tumor in the jaw (maxillo) and/ or mouth and/ or the face (facial).

Jaw, mouth and face tumors include cancers and benign (not cancerous) tumors that happen at the head and neck region.

The word “Resection” means, “Removing”.



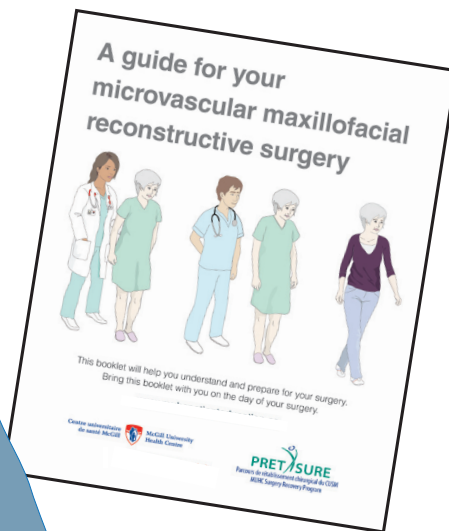
Are there any other options than surgery ?

There may be other types of treatment for you but your surgeon and the medical team will choose what is the most proper for you.



Before and after surgery

- Specific information including before, during and after your hospital stay will be explained to you.
- If you do not understand the information, it is important that you tell us. It is our responsibility to make sure you understand the information.
- A booklet titled “**A guide for your microvascular maxillofacial reconstructive surgery**” will also be given to you.
- This booklet explains in more detail what to expect during your hospital stay, some temporary mobility restrictions you may have and what you can do to play an active part in your care each day after the surgery to help you recover and get on with your life.

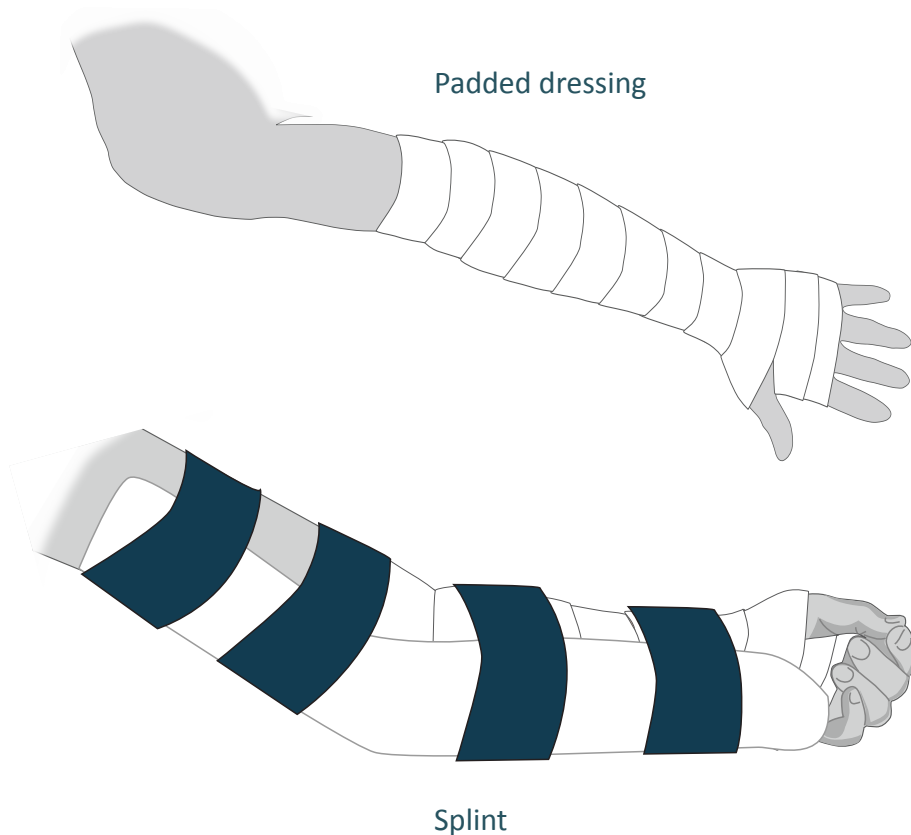


What does the surgery involve ?

- You will have general anesthesia (you will be asleep and pain-free during this surgery).
- After the surgery, you will be transferred to the Intensive Care Unit (ICU), and will be sleeping or very drowsy for about 24 hours. This necessary time is to help the area operated on to heal.
- An incision (cut) is made in the area of the tumor that can include areas in the mouth, face and neck.
- Removal of a tumor in the maxillofacial region will result in an empty space in the area that the tumor was removed. This empty space left by removing the tumor and the tissue surrounding the tumor may be repaired and filled with skin and tissue and sometimes bone grafts. The skin is closed with stitches or clips.

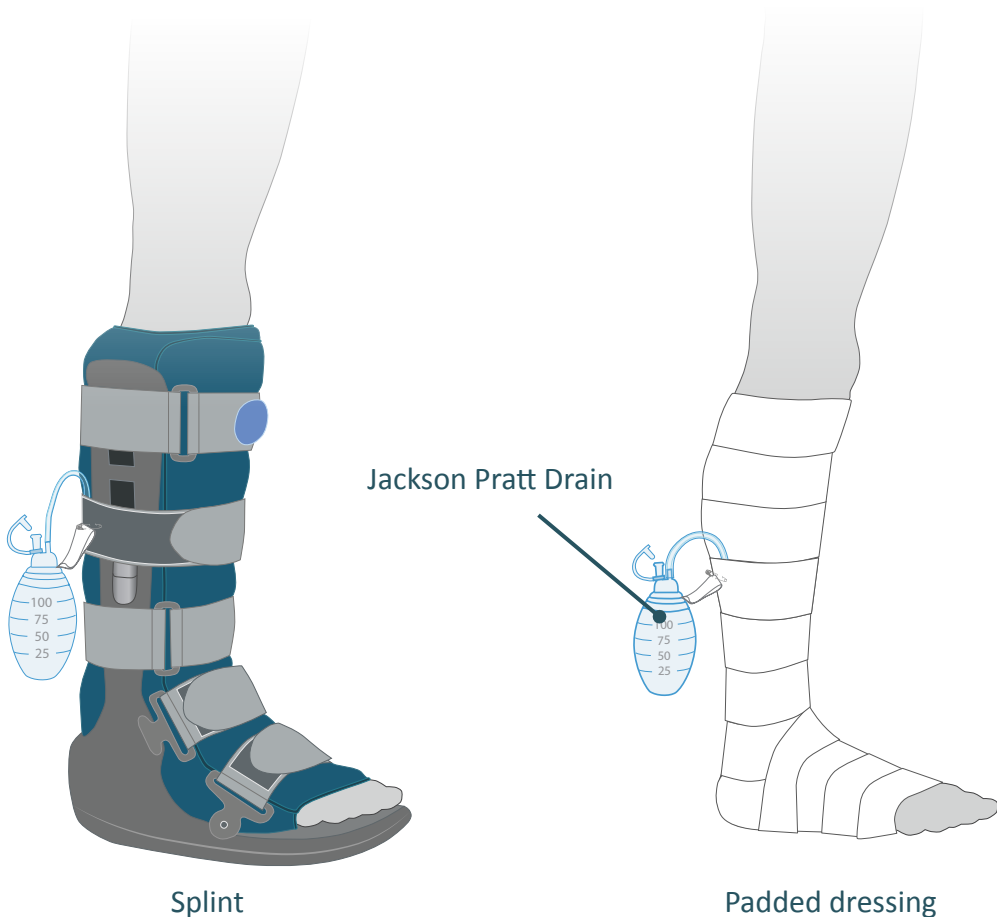
The donor site

1. The **donor site** is the area where your surgeon will take skin, tissue, muscle, cartilage, and/or bone to transfer and fill the area where the tumor was removed. (The empty space).
2. Once the skin, tissue, muscle, cartilage and/or bone are removed, the donor site is closed with sutures and sealed with clips.
3. Then a large padded dressing (bandage) and sometimes a splint will be covering the donor site. A **splint** is a device used for support or immobilization of a limb. Wearing a splint reduces movement in the area where the grafts have been taken.



The donor site

To remove and drain fluid or blood from the donor site, a drain called a Jackson Pratt (JP) is likely to be inserted during the surgery. The drain and stitches will be removed before you go back home.

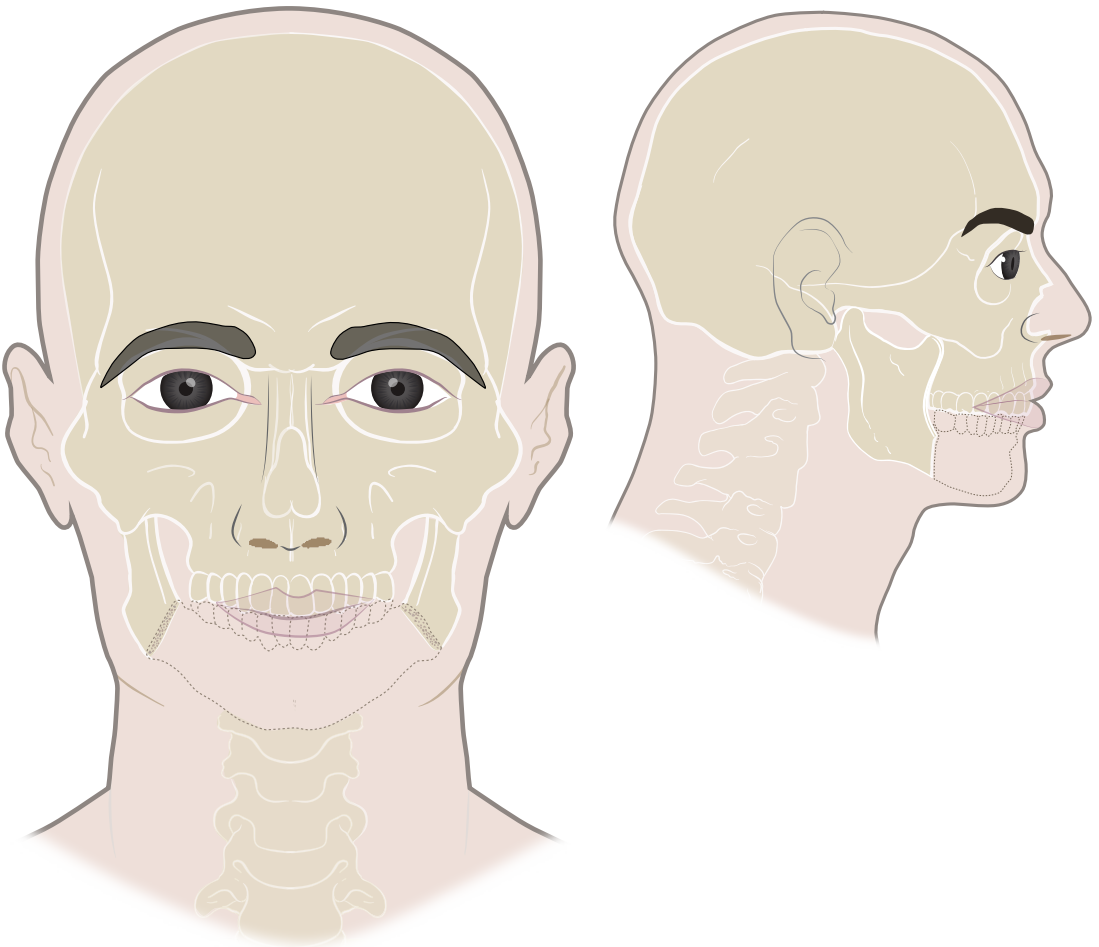


Do not put any pressure on the donor site (heavy bed covers, pyjamas, and trousers) to avoid discomfort. There will be a skin discoloration at the donor site but this will gradually lighten over months.

Replacing the empty space

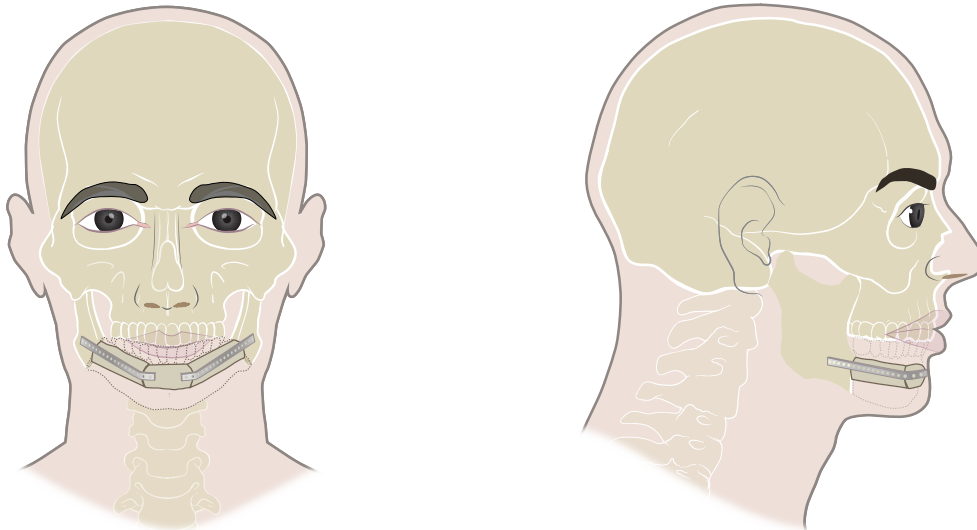
There are many different options for reconstructing the empty space left that result after tumor removal in the face, mouth and jaws. Usually, tissue from another place in your body (graft), along with its blood vessels is used.

A graft that is taken with blood vessels is called a “flap”. These vessels supply blood to the flap (the artery) and drain blood from the flap (the vein).

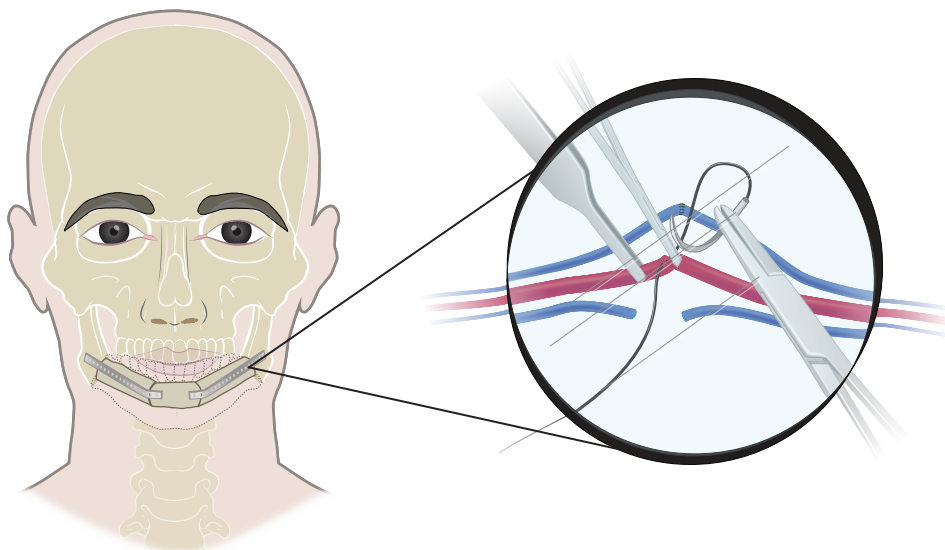


Replacing the empty space

1. First, the flap is sewn into the hole or empty space created by the removal of your tumor replacing bone, skin and muscle.



2. Then your surgeon, under a microscope, joins the blood vessels (artery and vein) supplying and draining the flap to the blood vessels in your neck. This makes sure that blood is brought to the tissue and provides healing of the flap and the surgery area.



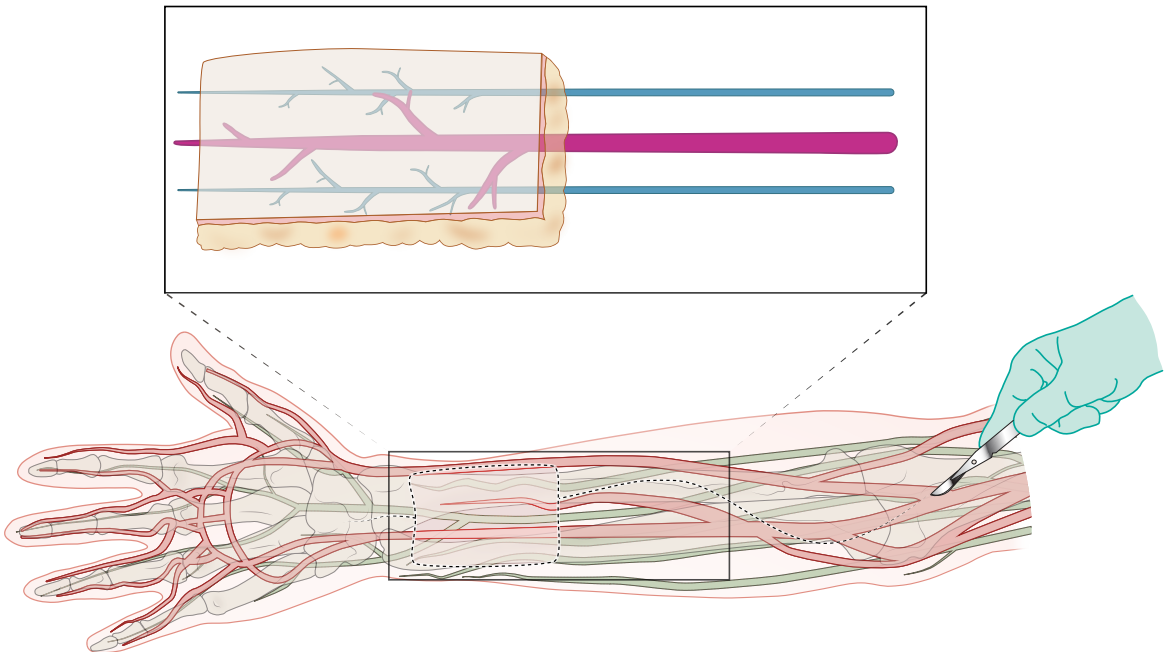
4 major types of flaps are done

A graft from your forearm (radial forearm free flap)

Your surgeon will take a piece of skin from the inside surface of your forearm, near the wrist. This is one of the most common ways of replacing tissue or skin in the head and neck, particularly after mouth cancers have been removed.

This graft:

- includes skin, fat and tissue from your forearm.
- can be used to fill a hole which is left when a cancer has been removed.



4 major types of flaps are done

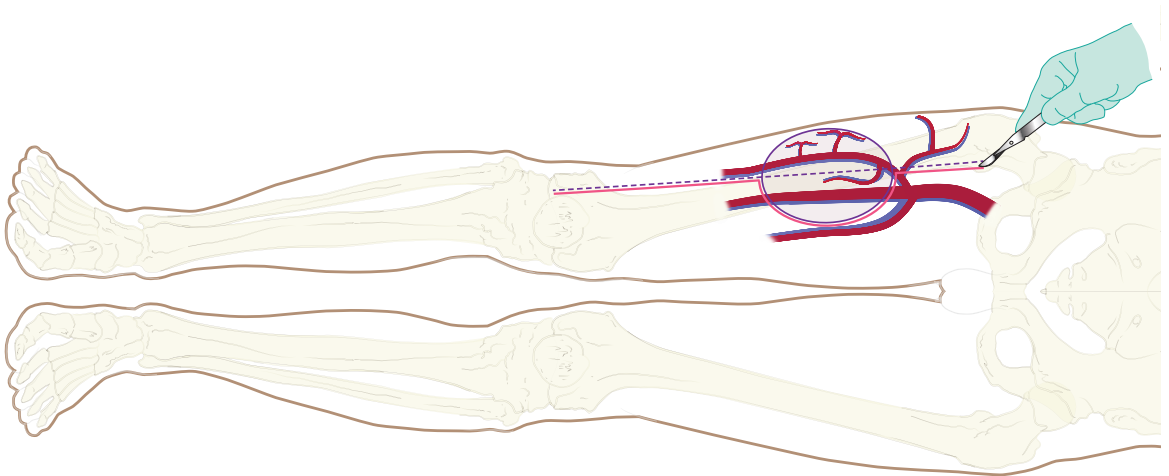
A graft from your thigh (an anterolateral free flap)

An anterolateral free flap is also known as an “ALT flap”.

The bandage over your thigh (donor site) is left to protect the stitches and drain.

This graft:

- includes skin, fat and connective tissue (cartilage) taken from the front of the thigh.
- can be used to fill a hole which is left when a cancer has been removed.
- is one of the ways of replacing tissue in the head and neck, mostly after mouth cancers have been removed.



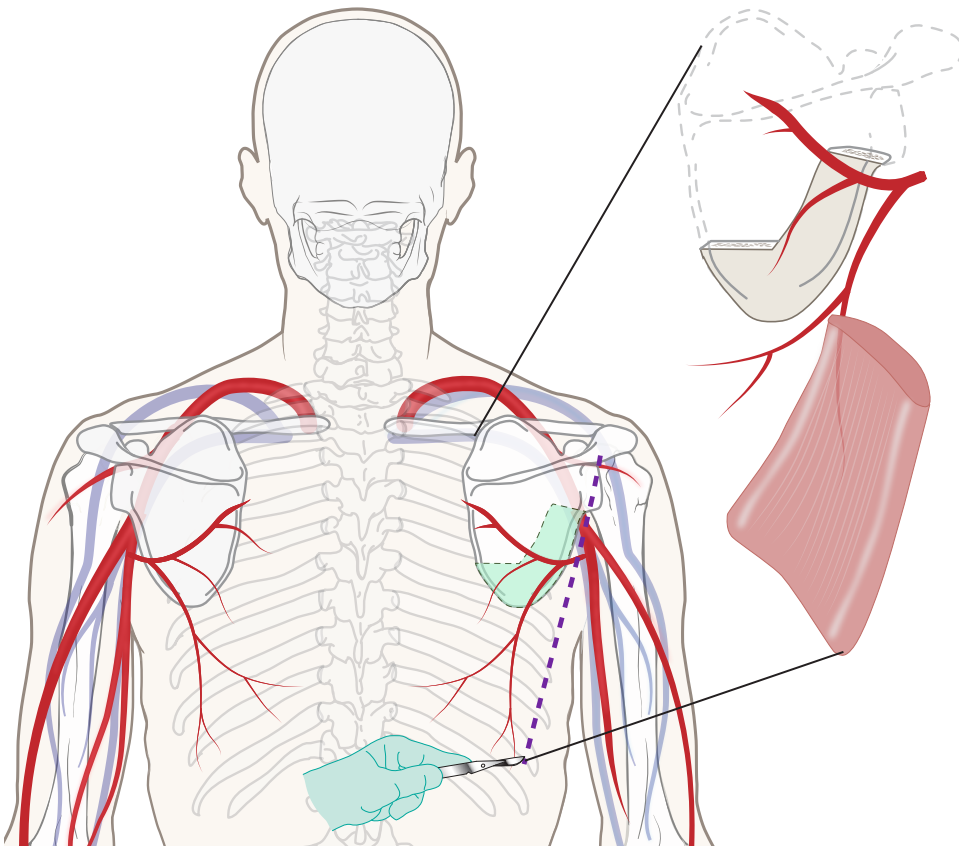
4 major types of flaps are done

A shoulder blade graft (scapula osteocutaneous free flap)

The scapula is known as the shoulder blade.

This graft:

- uses a flap of skin, muscle and bone to replace an area which is left when a cancer has been removed to the head or neck area.
- is one of the ways of replacing tissue in the head and neck, especially after facial (jaw) cancers have been removed.



4 major types of flaps are done

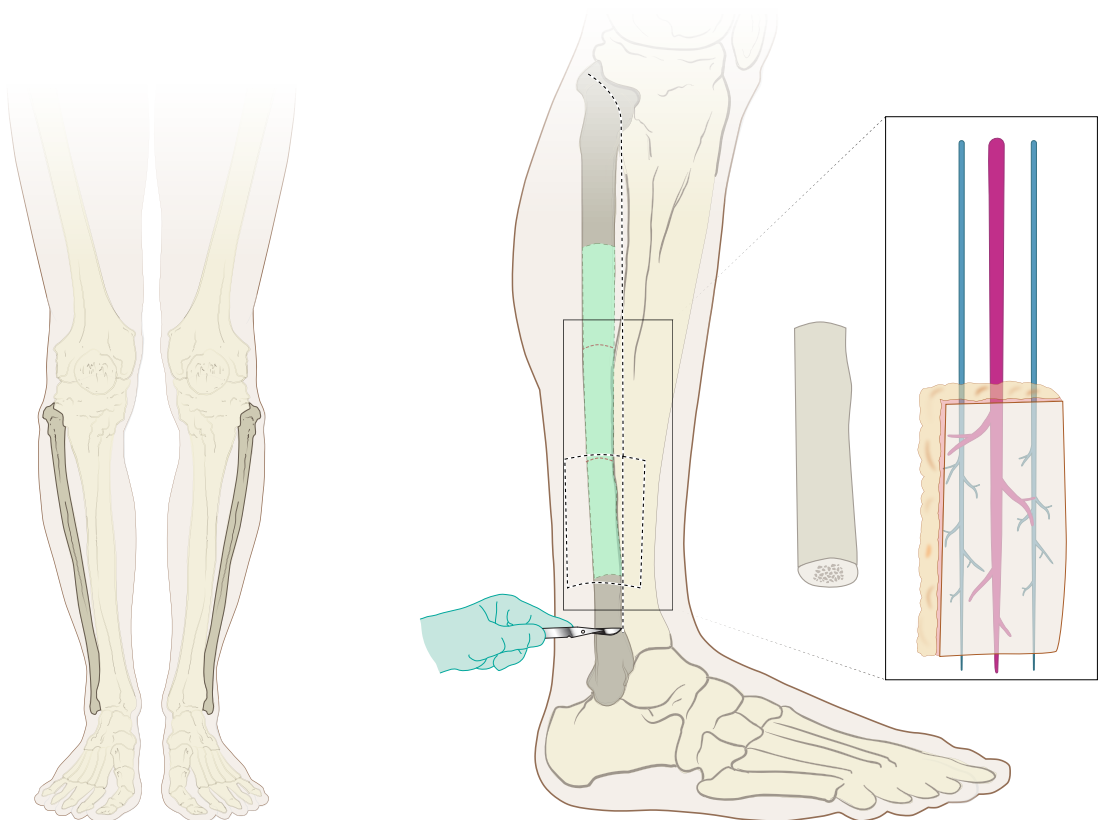
A lower leg bone graft (fibular free flap)

The fibular bone runs on the outside of the leg from the knee joint to the ankle joint.

It is a small, thin bone that can be entirely removed without affecting walking. You will have some temporary restrictions in the initial days after your surgery.

This graft:

- is one way of filling a bony hole in either the upper or lower jaw.
- is one of the most common ways of replacing bone that has been removed during cancer treatment.



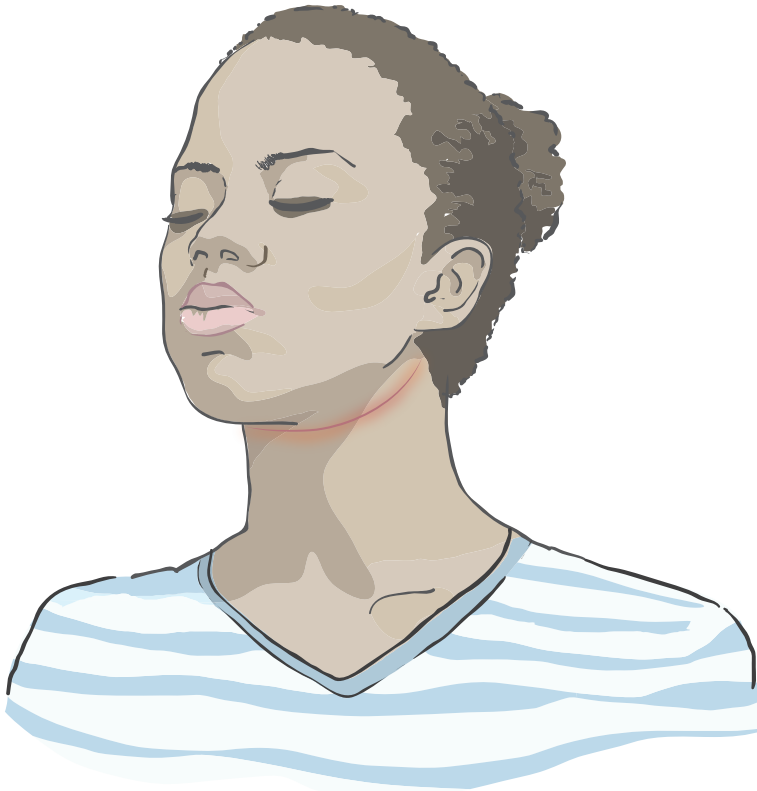
Will the surgery affect the way I look ?

- The surgery will leave a scar. The scar will be where the tumor was removed and a scar will also be visible from where the skin (and sometimes bone) was taken (donor site).
- The scar fades over time, gradually becoming less visible. If the scarring is of concern to you, you can get advice and help from organizations such as the oral cancer foundation (www.oralcancer.org). They specialize in helping people to adapt to their changed look.

Problems that may happen after surgery

Blood clot - It is a blockage (partial or complete) in the vessels

Infection - It is rare as you will receive antibiotics to prevent it.



Images of the head and neck, front view

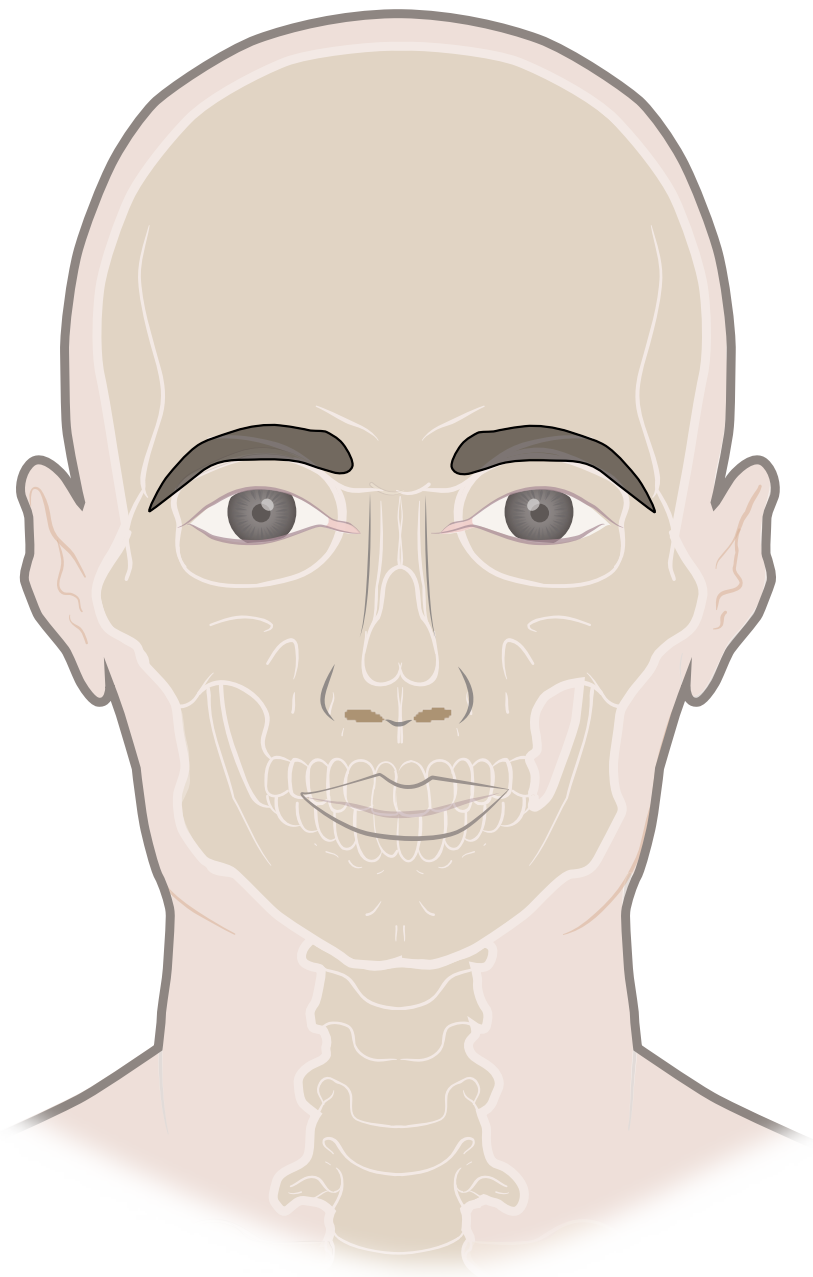


Image of the head and neck, side view

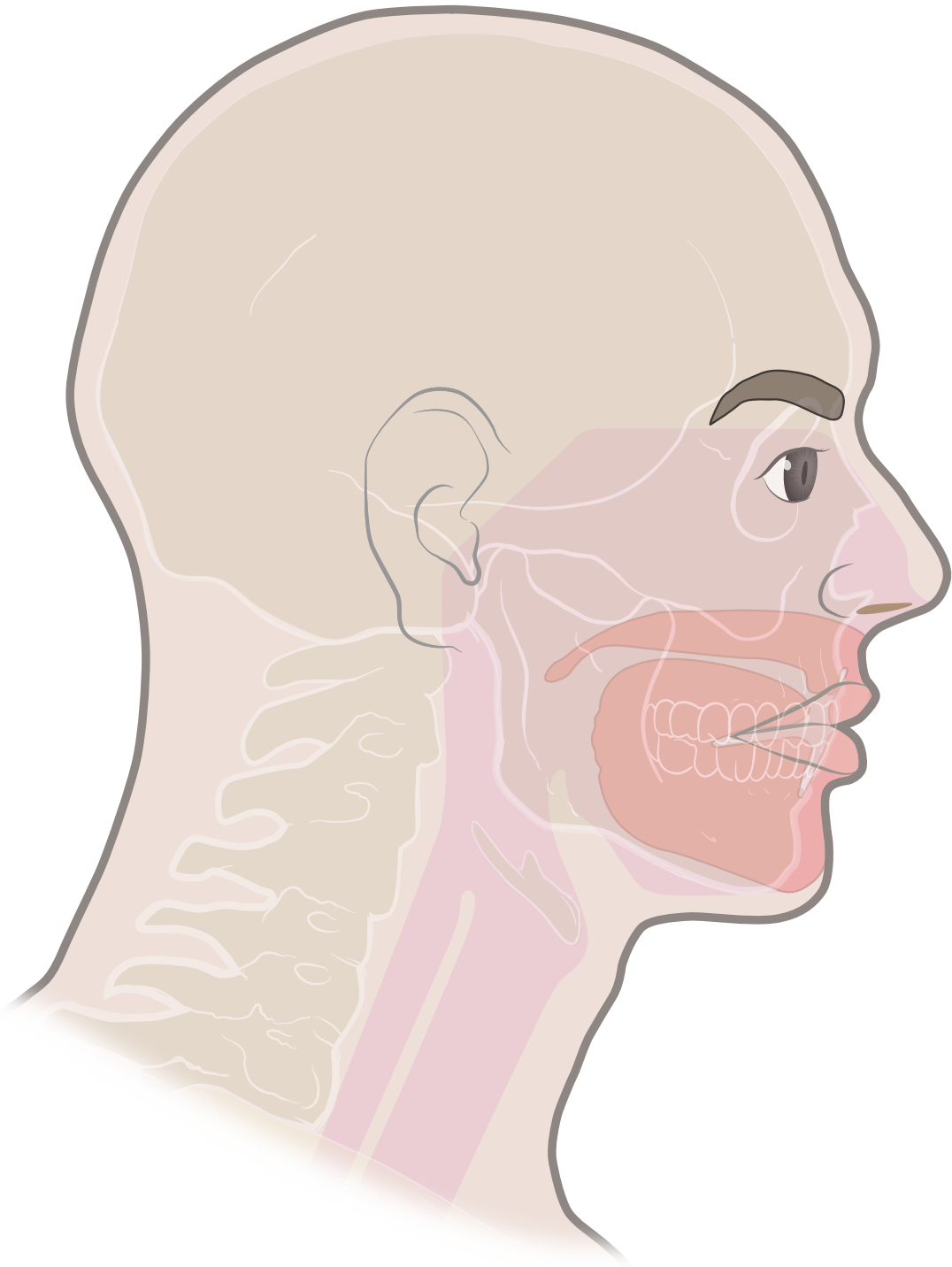
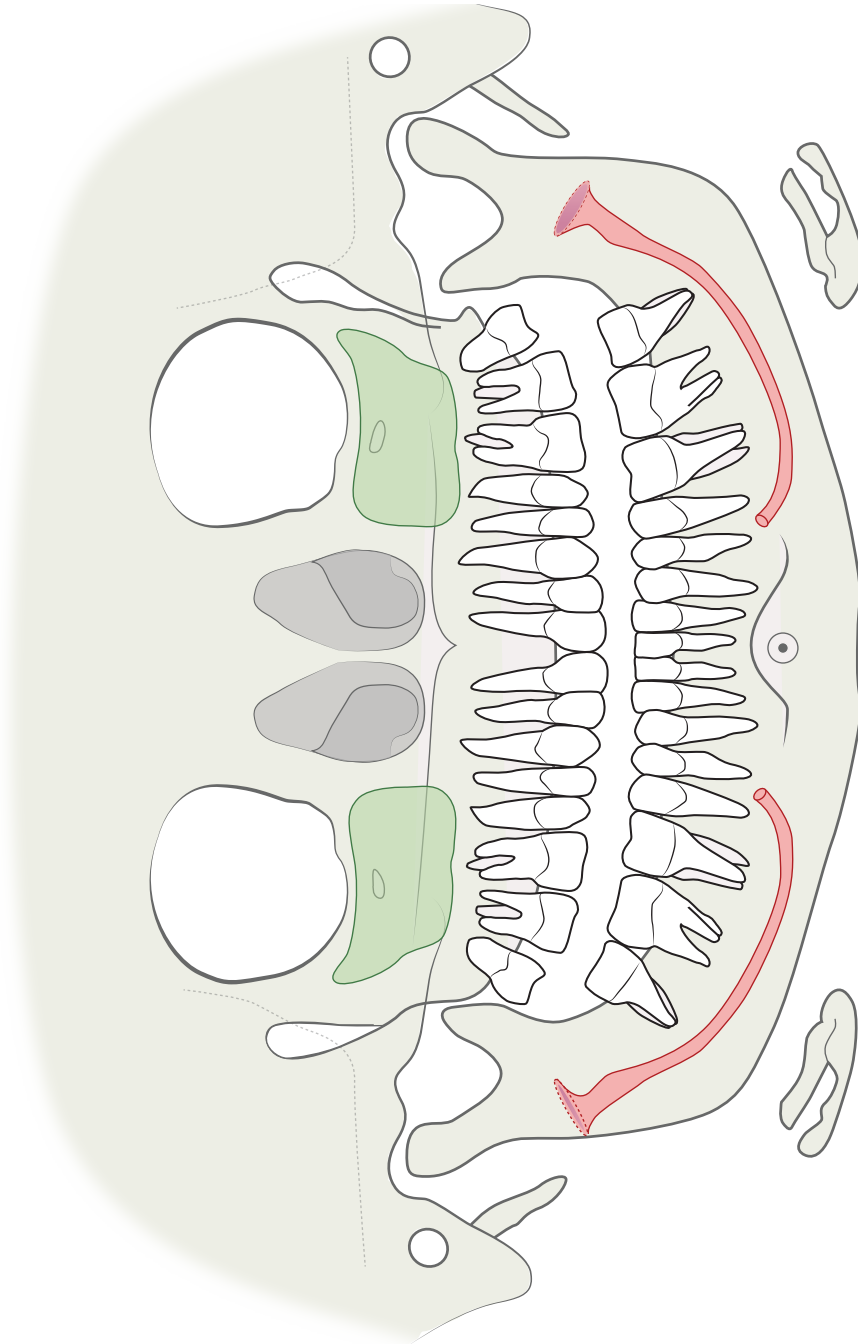
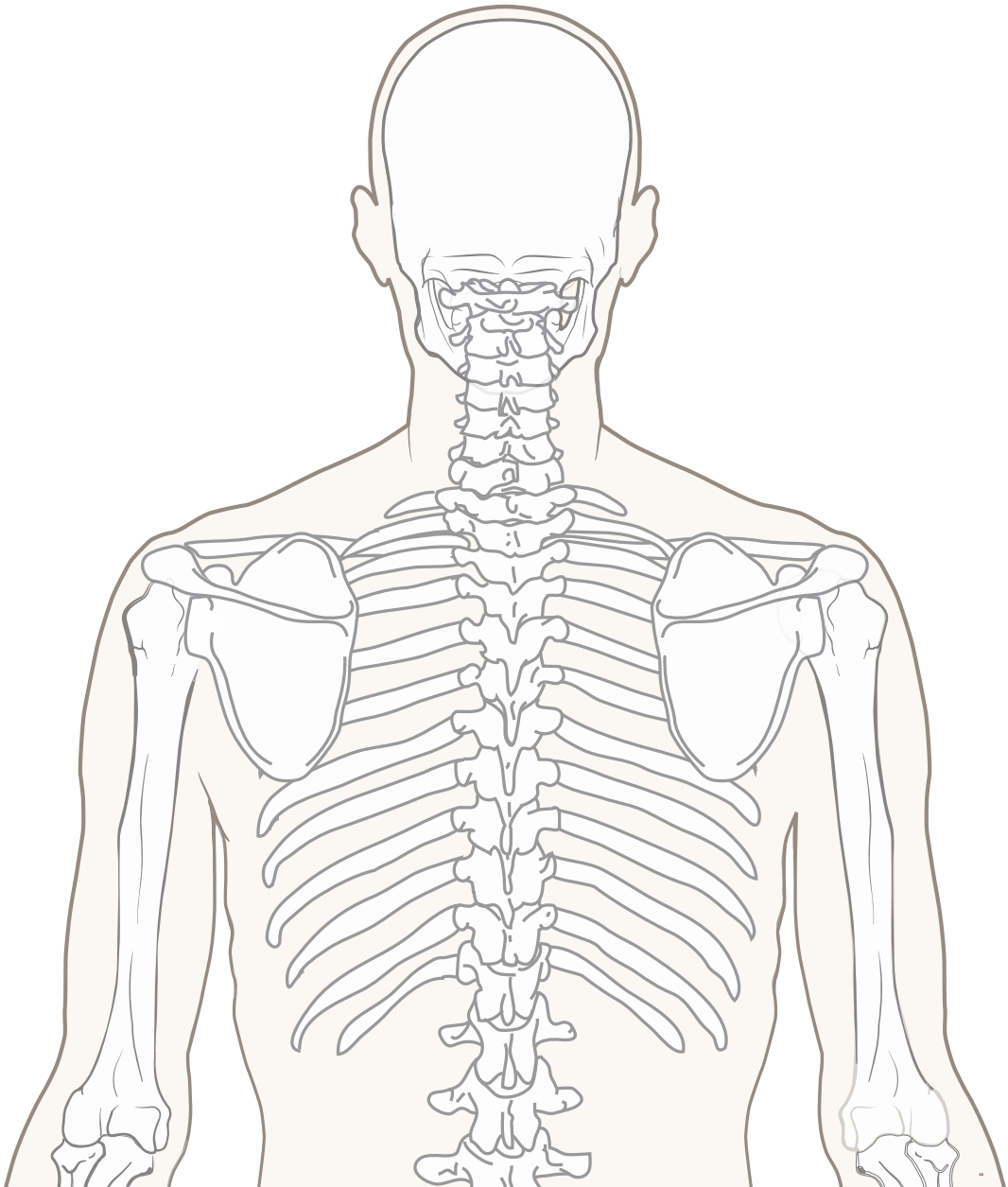


Image of panoramic dental X-ray



Images of the back



Images of legs and arms





Montreal General Hospital

1650 Cedar Ave. Montreal, QC H3G 1A4

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Surgical admission
services

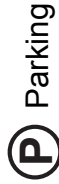
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Preoperative clinic

Legend



Entrances



Parking



B-3-131

Oral Surgery Clinic