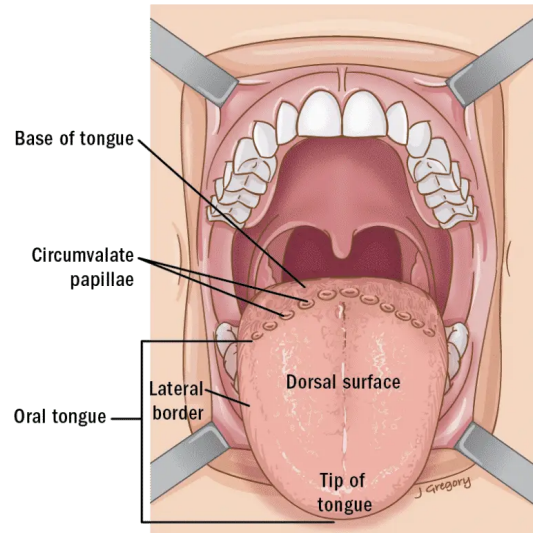




# Glossectomy

A glossectomy is a procedure to remove part or all of the oral tongue. Most often, surgeons may perform this operation to treat tongue cancer, but they may sometimes use it to treat cancer that has spread from other parts of the mouth.



## Types of Surgery

- **Partial Glossectomy:** removal of a small portion (less than half) of the tongue.
- **Hemiglossectomy:** removal of approximately half of the tongue.
- **Total Glossectomy:** removal of the entire tongue (including the base of the tongue).

Depending on how much of the tongue needs to be removed, a glossectomy may cause changes in speaking and swallowing. It is helpful to be informed of the possible outcomes so that you can manage your expectations going into the surgery.

## Pre-Surgery

You will receive specific instructions from your physician for how to appropriately prepare for the procedure, such as when to arrive and food/drink restrictions. On the day of your surgery, you will arrive at the hospital a few hours before your scheduled procedure. The nurses, anesthesiologist, and head and neck surgery teams will check in with you. If you have any last minute questions, this is a good time to ask them.



Please note that this information is intended for educational purposes. It does not replace consultation with your doctor, and it should not be interpreted as medical advice. We encourage you to speak to your health care provider if you have further questions or concerns regarding your medical care.

For more information scan this code or visit:

<https://thancguide.org/cancer-basics/treatments/surgery/ablative/glossectomy/>

## The Surgery

You will be put to sleep under general anesthesia. The surgeon may create a small incision at the front of your neck, through which they can insert a breathing tube to support you during and/or after the operation. A feeding tube may also be placed temporarily to aid in eating after surgery. If this is necessary, it will be reviewed extensively with you before surgery, and supportive services will be set up to help you afterward. Typically, feeding tubes are uncommon for a partial glossectomy.

The main goal of the operation is to remove the tumor and any other cancer the doctors believe to be nearby. When removing the tongue, the surgical approach may vary depending on the size and location of the portion that needs to be removed. Sometimes the surgery can be done through the mouth, while other times a more extensive approach is needed to reach the back part of the tongue. A robot or laser may be used to assist with the surgery.

Additionally, the surgery may involve your neck or other parts of your mouth if the cancer involves your lymph nodes or other nearby areas. To help determine the precise location of cancer and the extent of surgery, a pathologist may analyze your tissue under a microscope immediately after it is removed. This is known as frozen section analysis, and it occurs while the surgery takes place. Once the doctors believe they removed all of the cancer, they may reconstruct the tongue using other tissue, if necessary. The tissue used to reconstruct the tongue will vary depending on the extent of your resection. Local skin and tissue from the neck, mouth, and face can be used, while distant donor sites from the fibula and forearm may be needed if more tissue or bone is required for reconstruction. These reconstructions result in little to no deficits at the donor site, and your surgeon will carefully select the tissue that will most adequately restore the function of your tongue.

## Post-Surgery

Recovery will depend on the extent of the surgery. Once the head and neck surgery team is confident you are ready to be discharged, a discharge planning team will work with you and your caregivers to determine the best route forward. While you may be able to go straight home with or without visiting nurses, you may be advised to go to a rehabilitation center first if needed.



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