

# Robotic surgery for head and neck cancer patients

## Information for patients from the Ear Nose and Throat (ENT) Head and Neck Cancer Team

This leaflet is for patients having Trans Oral Robotic assisted Surgery in East Kent Hospitals. The leaflet will aim to answer those questions most frequently asked by patients. This information is only a guide, please ask a member of your healthcare team if you need more information. We hope you and your family will find the information both reassuring and supportive.

### What is Trans Oral Robotic assisted Surgery (TORS)?

TORS is a new way of performing trans oral surgery. Trans oral means 'through the mouth'.

This type of surgery means that by using a machine (robot), we do not have to make any cuts or scars on the outside of the body. The surgery is performed through the mouth.

It may be that this is only one part of your surgery and that additional surgery would involve a cut and scars. This would be discussed with you by your surgeon.



The robot does not carry out any procedures on its own. The surgeon is sitting at a console near the patient and controls the robot. The surgeon is able to use robotic arms, which are connected to surgical instruments in the patient's mouth.

There is also a second surgeon/ surgical assistant sitting at the bedside helping with the procedure.



### **Why has this procedure been recommended?**

This procedure has been recommended as a way of removing your tumour, by accessing areas that are hard to reach with traditional surgical methods (such as the back of the tongue).

### **What are the benefits of this treatment?**

The advantages of using the robot are listed below.

- The surgeon is able to perform difficult movements, such as removing tumours without breaking up the tumour itself.
- The patient should recover quicker and have less pain after surgery.
- The patient will have a better outcome (such as their ability to swallow) after the operation compared to normal treatment.
- There will be no cuts or scars.

### **Will I have to stay in hospital?**

Yes. You will need to stay in the hospital after your procedure, usually for one to two nights but occasionally this can be for longer. We need to know that you can eat and drink enough to stay hydrated and nourished, and that your pain is under control with oral medications. If you are unable to do this, you will need to stay in hospital for longer than one to two nights.

Your surgeon will talk to you about how long you are expected to be in hospital when they talk to you about your surgery.

### **Are there any alternatives? What will happen if I refuse the treatment?**

Yes, you do not have to agree to undergo TORS. You can have surgery in the normal way without the robot. If you choose to do this, your care will not be affected. You will be given time to think about your decision and to discuss this with a member of the surgical team.

Depending on the type of tumour you have and where it is, radiotherapy with or without chemotherapy can be an alternative to surgery. We can arrange an appointment with you and the team to discuss this.

The team will discuss all the treatment choices available to you. Use this time to ask hospital staff any further questions or raise concerns. Please note you have the right to withdraw your consent for treatment at any time.

## What happens once I decide to have robotic surgery?

- You will be contacted by the hospital with a date for your operation.
- You will be asked to come to the pre-assessment clinic at the hospital. At this appointment you will have routine bloods tests, an ECG (heart tracing), and an assessment of your fitness for surgery will be made.
- If you smoke, you must try hard to give up before your operation. Smoking can affect healing after your surgery and make any additional treatment for your cancer less effective. For free support to quit smoking visit [www.oneyoukent.org.uk](http://www.oneyoukent.org.uk) or call One You Kent Smokefree on 0300 12 31 22 0 for more information.
- An appointment may also be made for you to speak to one of the hospital's speech therapists to check your swallowing.

## What will happen when I arrive at hospital on the day of my surgery?

You will come to Kent and Canterbury Hospital (K&C) on the morning of your operation (all East Kent Hospital's robotic surgeries are done at K&C).

On admission you will be greeted by a member of ward staff and introduced to your named nurse, surgeon, and anaesthetist. They will discuss with you the care you will receive whilst you are in hospital and ask you to sign a consent form agreeing to your procedure. Please feel free to ask any questions at this stage. You can withdraw consent for treatment at any time.

## Who will perform my surgery?

The surgery will be performed by one of the ENT head and neck consultant surgeons. They have received additional specialist training to be able to offer this surgery.

## Will I have an anaesthetic?

Yes. The surgery is carried out under a general anaesthetic (you are asleep for the procedure).

## Will additional procedures be needed?

A feeding tube may be inserted from your nose to your stomach during your surgery, to give you nutrition whilst you build up your oral eating and drinking, This will be removed before you go home.

Very occasionally a temporary opening in your windpipe (tracheostomy) is needed to protect your airway whilst you recover from surgery. This would mean you wake up with a plastic tube in your neck, which you will be breathing through. This should be removed before you go home. If you need this procedure, your surgeon will discuss this with you before your surgery.

## Are there any risks to having the procedure?

Yes. All surgery has possible risks. These should be discussed with you by your surgeon before you sign the consent form. They include the following.

- **Pain:** this operation involves using an electronic instrument as a cutting tool to remove the tumour and tissue surrounding it. Immediately after your operation you may not feel much pain because the tool seals off your nerve endings. The nerves will start to work again over the next 24 to 48 hours and feeling will slowly return. You may start to feel some pain as this happens.

To help keep you pain free, you will be given painkillers. We will closely watch you to keep on top of any pain you might have.

- **Bleeding:** sometimes the area can bleed after surgery but we will closely watch you whilst you are in the hospital. The team will advise you on what to do if you start bleeding after you are sent home.
- **Speech and swallowing difficulties** are likely to happen, as the treatment involves surgery to part of your mouth or throat. Depending on the extent of your surgery these can settle over a few days, but it can take a number of weeks. You may need to have a liquid or soft diet for a few days or possibly a few weeks after surgery. Most people will return to a normal diet. The speech and language therapists and dietitians will support you.
- **Tongue swelling and numbness** can happen straight after surgery. You will be given medications to help reduce the swelling. This will usually settle a couple of days after surgery.
- **Nasal regurgitation of liquid and food** through the nose can sometimes happen, depending on where your tumour is. This is usually temporary but can continue for a number of weeks. If this becomes a long term problem you can discuss your options with your consultant.

## How will I feel after my procedure?

- **Pain**  
You may feel some pain or discomfort after your surgery. You will be given painkillers while in hospital and will be given some to take home. It is not unusual for the pain to get worse for up to a week after your surgery, but this should stop again after a few days. This is due to the healing process and recovery of your nerves.
- **Eating and drinking**  
It may be difficult to eat and drink for a while after your operation, whilst your tissue is healing. If you have difficulty swallowing after surgery because of pain, swelling from the procedure, or coughing when eating, you may need to have a temporary feeding tube passed through your nose and into your stomach. This is called a nasogastric tube. You will be given a liquid feed through this tube, which will meet your nutritional needs, and be arranged by our dietitian.

Once the swelling and discomfort have gone down, the speech and language therapist will check your swallowing. They will talk with you about the consistency of food and drink that will be safest and easiest for you to manage. You can start to eat and take drinks whilst you still have the feeding tube in place. The tube will be removed when you are able to eat and drink enough to meet your nutritional needs. The tube is usually removed before you go home.

Getting enough food and drink is important for wound healing and your recovery.

- **My speech**

Your speech may be affected by swelling and discomfort, depending on which parts of your mouth and throat have been treated. This will gradually improve with time. The speech and language therapist may give you exercises to help with your speech and swallowing.

If you have any surgery to your larynx (voice box) we will recommend that you have a short period of voice rest to allow the area to heal. You may be advised not to talk for 48 hours and then to talk gently and quietly for 10 days, as the area heals.

### **When can I return to work?**

This varies between patients. You can return to work when you feel able. Most patients will need at least two weeks off work. Please ask your doctor for advice.

### **When and how will I receive my results?**

You will receive a hospital appointment around two to three weeks after your operation. At this appointment your surgeon will give you the results of your operation, and discuss any further treatment you may need.

### **What should I do if I feel unwell at home?**

If you are having any bleeding or difficulty in breathing when you return home, please go to your nearest Emergency Department, preferably the William Harvey Hospital in Ashford. For advice on what to do about any pain you are experiencing, please speak to your GP.

### **Further information**

- **Facing surgery for throat cancer?** da Vinci Surgery leaflet  
Web: [www.intuitive.com/en-us/-/media/Project/Intuitive-surgical/files/pdf/870540re-brochure-patient-tors-tri-fold-r3.pdf?la=en&hash=EACF357DF7D36775F5E6FD4EACE09287](http://www.intuitive.com/en-us/-/media/Project/Intuitive-surgical/files/pdf/870540re-brochure-patient-tors-tri-fold-r3.pdf?la=en&hash=EACF357DF7D36775F5E6FD4EACE09287)

### **Contact details**

- Head and Neck (ENT) Consultant Secretaries  
Kent and Canterbury Hospital  
Telephone: 01227 76 68 77
- Macmillan Head and Neck Clinical Nurse Specialist  
Cancer Care Line: 01227 86 86 66

**This leaflet has been produced with and for patients**

If you would like this information in **another language, audio, Braille, Easy Read, or large print** please ask a member of staff. You can ask someone to contact us on your behalf.

**Any complaints, comments, concerns, or compliments** please speak to your doctor or nurse, or contact the Patient Advice and Liaison Service (PALS) on 01227 78 31 45, or email [ekh-tr.pals@nhs.net](mailto:ekh-tr.pals@nhs.net)

**Patients should not bring in large sums of money or valuables into hospital.** Please note that East Kent Hospitals accepts no responsibility for the loss or damage to personal property, unless the property had been handed in to Trust staff for safe-keeping.

**Further patient leaflets** are available via the East Kent Hospitals web site [www.ekhufft.nhs.uk/patientinformation](http://www.ekhufft.nhs.uk/patientinformation)