



# Trans Oral Robotic assisted Surgery (TORS) for head and neck cancer patients

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## 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 (TORS) in East Kent Hospitals. It will explain:

- what Trans Oral Robotic assisted Surgery is
- what the benefits, alternatives, and risks are
- what will happen before and after surgery, and
- what to do if you have any concerns.

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 further surgery would involve a cut and scars. Your surgeon will discuss this with you.

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, 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 have I been recommended for this procedure?

This procedure is a way of removing your tumour. The machine can access areas (such as the back of your tongue) that are hard to reach with traditional surgical methods.

## What are the benefits of this treatment?

The benefits of using the robot are listed below.

- Your surgeon can perform difficult movements (such as removing tumours) without breaking-up the tumour itself.
- You should recover quicker and have less pain after surgery.
- You will have a better outcome after the operation compared to normal treatment, including being able to swallow.
- You will have no surgical cuts, and so no scars.



Staff using the machine to perform trans oral surgery

## Will I have to stay in hospital?

Yes. You will need to stay in the hospital after your procedure. The stay is usually for 1 to 2 nights, but it 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 1 to 2 nights.

When your surgeon talks to you about your surgery, they will discuss how long they expect you to be in hospital for.

## Are there any alternatives? What happens if I refuse the treatment?

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 may 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.

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

- The hospital will contact you with a date for your operation.
- An appointment will be made for you at the hospital's Pre-assessment Clinic. At this appointment you will have:
  - routine bloods tests
  - an ECG (heart tracing), and
  - an assessment of your fitness for surgery.
- If you smoke, you must try to give up before your operation. Smoking can affect healing after your surgery and make any further cancer treatment less effective. For information on free support to quit smoking, visit One You Kent.
  - **One You Kent** (<https://www.kentcht.nhs.uk/service/one-you-kent/>) (Kent Community Health)  
Telephone: 03001 231 220  
Email ([kentchft.oneyoukent@nhs.net](mailto:kentchft.oneyoukent@nhs.net))
- You may also have an appointment with one of our speech therapists to check your swallowing.

## How can I prepare for my surgery?

While you wait for your surgery date, you can start preparing for your operation. Research shows that fitter patients, who are able to improve their health and activity levels before surgery, recover more quickly. Taking an active role in planning and preparing for your operation will help you:

- feel in control
- leave hospital sooner, and
- get back to normal more quickly.

To help with this, you may be contacted by a member of the One You Kent (OYK) team. OYK work in the community, and help patients improve their general health. This includes help and advice on:

- Stopping smoking
- Losing weight
- Getting more exercise

More information can be found on the following web sites.

- One You Kent (<https://www.kentcht.nhs.uk/service/one-you-kent/>) (Kent Community Health)
- Fitter Better Sooner Toolkit (<https://www.cpoc.org.uk/patients/fitter-better-sooner-toolkit>) (Royal College of Anaesthetists)

## 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.

A member of ward staff will greet you and introduce you to your named nurse, surgeon, and anaesthetist. They will discuss what will happen 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.

### **Why do I need to sign a consent form?**

All patients must give permission before they receive any type of medical treatment, test, or examination. Consent is usually given when you sign the consent form before your treatment, but we may ask you to give it verbally.

- You must give your consent voluntarily.
- The hospital must give you all the information you need to make a decision about your treatment. This is so you can give us informed consent. If you have not been given this information, or you have but you still have questions, please speak to a member of staff.
- You must be capable of giving consent. This means that you understand the information given to you and can make an informed decision.

When we ask you to give consent, please use this time to ask any questions you may still have. For more information, please go to the NHS Consent for Treatment web page (<https://www.nhs.uk/conditions/consent-to-treatment/>). Remember, you can withdraw your consent for treatment at any time.

### **Who will perform my surgery?**

An ENT head and neck consultant surgeon will perform your surgery. They have had specialist training to be able to offer this surgery.

### **Will I have an anaesthetic?**

Yes. You will have surgery under general anaesthetic, so you are asleep for the procedure.

### **Will I need other procedures?**

- You may have a **feeding tube** inserted from your nose to your stomach during your surgery. The tube will give you nutrition whilst you build-up your oral eating and drinking. This will be removed before you go home.
- Very occasionally, a patient may need a **temporary opening in their windpipe (tracheostomy)**. The opening protects 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 this procedure?**

Yes. All surgery has possible risks. Your surgeon should discuss these with you before you sign your consent form. They include the following.

- The operation involves using an electronic instrument as a cutting tool to remove the tumour and surrounding tissue. Immediately after your operation you may not feel much pain, as 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.

- Sometimes the area can **bleed after surgery**. We will closely watch you whilst you are in the hospital. The team will tell you what to do if you start bleeding at home.
- **Speech and swallowing difficulties** are likely to happen, as the treatment involves surgery to part of your mouth or throat. Depending on 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 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, but depends on where your tumour is. It is usually temporary but can continue for a number of weeks. If this becomes a long-term problem, discuss your options with your consultant.

### How will I feel after my procedure?

- You may feel **some pain or discomfort** after your surgery. You will be given painkillers while in hospital and also 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.
- You may find it **difficult to eat and drink** for a while after your operation, whilst your tissue is healing. You may need a temporary feeding tube passed through your nose and into your stomach if you have:
  - difficulty swallowing after surgery because of pain
  - swelling from the procedure, or
  - you are coughing when eating.

Liquid feed will be given through this tube. Our dietitian will make sure the feed meets your nutritional needs.

A speech and language therapist will check your swallowing once the swelling and discomfort have gone down. They will talk with you about what food and drink it will be safest and easiest for you to manage. You can start to eat and drink whilst the feeding tube is still 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 recovery.

- **Swelling and discomfort may affect your speech**, depending on which parts of your mouth and throat were 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 surgery to your larynx (voice box), rest your voice for a short period 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?

When you can return to work varies between patients. You can return to work when you feel able. Most patients will need at least 2 weeks off work. Please ask your doctor for advice.

### When and how will I get my results?

You will have a hospital appointment around 2 to 3 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 if I feel unwell at home?

When you return home, go to your nearest Emergency Department if you have any:

- bleeding, or
- difficulty breathing.

If possible, go to the Emergency Department at William Harvey Hospital in Ashford.

If you are in pain, please speak to your GP.

### Contact details

- **Head and Neck (ENT) Consultant Secretaries**  
Kent and Canterbury Hospital, Canterbury  
Telephone: 01227 766877
- **Macmillan Head and Neck Clinical Nurse Specialist**  
Cancer Care Line: 01227 868666

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

**Please let us know:**

- If you have any accessibility needs; this includes needing a hearing loop or wanting someone to come with you to your appointment.
- If you need an interpreter.
- If you need this information in another format (such as Braille, audio, large print or Easy Read).

**You can let us know this by:**

- Visiting the Trust web site (<https://www.ekhuft.nhs.uk/ais>).
- Calling the number at the top of your appointment letter.
- Adding this information to the Patient Portal (<https://pp.ekhuft.nhs.uk/login>).
- Telling a member of staff at your next appointment.

**Any complaints, comments, concerns or compliments**, please speak to a member of your healthcare team. Or contact the Patient Advice and Liaison Service on 01227 783145 or email ([ekh-tr.pals@nhs.net](mailto:ekh-tr.pals@nhs.net)).

**Patients should not bring 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 has been handed into Trust staff for safe-keeping.

**Further patient information leaflets** are available via the East Kent Hospitals' web site (<https://www.ekhuft.nhs.uk/patient-information>).

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