

# Oropharyngeal squamous cell carcinoma

## Surgical treatment option

Information for patients



You have been diagnosed with a cancer that has started in a part of the throat called the oropharynx, (the part of the throat directly behind the mouth) and that there is likely spread of the cancer to lymph nodes (sometimes called lymph glands) in the neck.

We are offering you treatment and our intention is to try to cure you of the cancer, but please bear in mind that it is not always possible to do this with every patient.

## You have a choice of treatments:

1. Surgery +/- radiotherapy +/- chemotherapy

2. Non-surgical treatment (radiotherapy alone or chemoradiotherapy)

This leaflet describes the option of **surgery with post-operative radiotherapy**. It is a more recent approach for oropharyngeal cancers and is believed to have an equally high cure rate.

In making your decision it is important to understand that **the main difference is treatment related side effects rather than chance of cure.**

Please consider the information in both leaflets carefully, but be reassured that you will be able to discuss your thoughts and feelings with the Clinical Nurse Specialist and Allied Health Professional Team before any treatment is planned / decided upon.

## Surgery

The surgical option will typically involve 2-3 nights' stay in hospital. Firstly, we use a laser/robotic instrument to remove the tumour from your throat. This is done through your mouth. Once we are happy that the tumour has been removed some additional tissue is also removed around the margins of the wound area to ensure that there is no cancer left behind. All the tissue that is removed is sent to the pathology lab for assessment.

Secondly, we remove the lymph nodes from the neck on the same side as the tumour in the throat. This is done through an incision that starts under your ear, curves downward and forward to finish near where your collar bone and sternum join together. Once the lymph nodes are removed a small plastic tube, called a drain, is placed to drain away any fluid that might collect after the operation.

You will remain in hospital until the drain can be removed and you are eating and drinking safely.

Usually two weeks following surgery you will be seen in clinic or contacted by the clinical team with the results of the surgery. We will discuss these with you and confirm the next steps in your care.

Most patients will need radiotherapy afterwards, and some patients may require chemotherapy. In some patients with early staged disease, no further treatment may be required if the tumour has been adequately removed and the final pathology report shows favourable features.

Radiotherapy usually will consist of 30-33 treatments over six to six and a half weeks depending on the pathology results. These, typically are outpatient visits.

If the cancer has aggressive features then you may be offered chemotherapy with the radiotherapy (please see written information regarding Radiotherapy and Chemotherapy).

In some patients, a second operation may occasionally be required to enable complete removal of residual cancer cells if this was felt to be beneficial for their overall care.

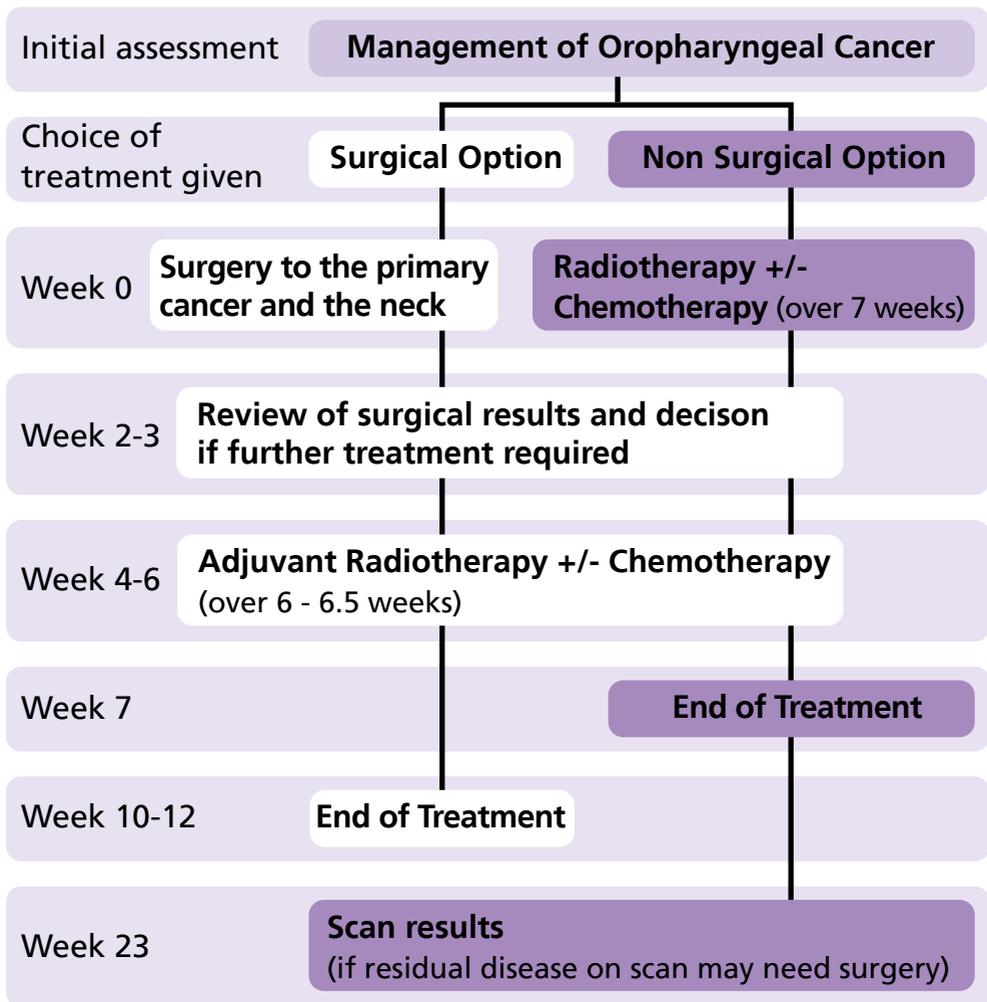
Having surgery first would, in most cases, mean slightly less radiotherapy and the possibility of avoiding chemotherapy altogether.

## Risks/side effects of surgery

- Bleeding (this can on very rare occasions be significant and require further surgical intervention)
- Pain for at least a week after the operation
- Difficulty eating certain foods and may need to eat a liquid or soft diet for a short time afterwards.
- You may require high calorie drinks or be fed through a nasogastric tube
- Wound infection
- Damage to different nerves in the neck
- Possible numbness on the face of the neck/face/ear lobe, this should improve in time.
- Damage to nerves that move the shoulder, tongue and lower lip.
- The nerve to the lower lip is slightly weak afterwards but recovers with time. You will be given lip exercises by the Speech & Language Therapist.

- Shoulder can feel a bit stiff and sore. You will be given some exercises to complete by the Physiotherapist.
- Possible long-term side effect of soft tissue necrosis (death of cells due to lack of oxygen & blood supply) from the primary tumour resection site.

## Timeline



## References

1. Mehanna H, Evans M, Beasley M, et al. Oropharyngeal cancer: United Kingdom National Multidisciplinary Guidelines. *J Laryngol Otol.* 2016;130(S2):S90–S96. doi:10.1017/S0022215116000505.
2. Cancer of the upper aerodigestive tract: assessment and management in people aged 16 and over. NICE Guideline 36. Full guideline February 2016.
3. <https://www.cancerresearchuk.org/about-cancer/mouth-cancer> (accessed 29th May 2020).

## **Leeds Cancer Support**

Complementing care provided by your clinical team, offering access to information and a wide range of support, in a welcoming environment for all. We can be found in the information lounges in Bexley Wing and also in the purpose built Sir Robert Ogden Macmillan Centre.

### **Contact numbers for Leeds Cancer Support**

**Information Lounge Level -2 Radiotherapy Department**

Open from 8.00am - 6.00pm Tel: **(0113) 206 7603**

**Information Centre Level 1 Outpatients Department**

Open from 9.00am - 4.00pm. Tel: **(0113) 206 8816**

**Sir Robert Ogden Macmillan Centre**

Open from 10.00am - 4.00pm. Tel: **(0113) 206 6498**

*All the above services can be emailed on:*

**leedsth-tr.cancersupport@nhs.net**

## **Maggie's Centre**

A warm, welcoming place where you can meet people who are experiencing similar things to you. Next to the multi storey car park.

Open Monday to Friday 9.00 am - 5.00pm. Tel: **(0113) 427 8364**

**website: [www.maggiescentres.org](http://www.maggiescentres.org)**

## **Macmillan Cancer Support**

Freephone: **0808 808 0000** Open 8am to 8pm seven days a week.

A textphone service for deaf and hard of hearing people is also available. Textphone: **18001 0808 808 0000**

**website: [www.macmillan.org.uk](http://www.macmillan.org.uk)**



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