

# Trans-Oral Robotic Surgery (TORS)

Information for patients



Leeds Cancer  
Centre

This leaflet has been written by the Head and Neck Cancer Team at Leeds Teaching Hospitals NHS Trust.

It aims to give you information you may need on your planned trans-oral robotic surgery and what to expect after surgery.

*In this leaflet there is information on:*

- What is TORS?
- The day of surgery
- After the operation
- Swallowing, eating and drinking
- Voice and speech
- Going home
- After discharge
- Contacts

## What is TORS?

Trans oral robotic surgery is a sophisticated way of performing surgery, such as removing tumours, through the mouth. The robot is controlled by the surgeon sitting at a console near to the patient. The surgeon is able to control the robotic arms which are connected to small surgical instruments placed inside the patient's mouth and throat. The robot allows the surgeon to have magnified view of the area being operated on and the movements of the instruments are very accurate allowing removal of a precise amount of tumour and tissue surrounding it.

Some patients also have surgery to remove lymph nodes from the neck at the same time, this is called a 'neck dissection' (you will be given additional information on this if required).

## The day of surgery

You will be given detailed information on how to prepare for the day of surgery. In general, you will be asked to come to an admissions ward at Leeds General Infirmary a few hours before your scheduled operation.

Before your operation you will be seen by the anaesthetist who will explain what is involved in getting you off to sleep for the procedure. You will also see the surgeon prior to your operation; they will be able to answer any last minute questions you may have.

The nurses on the ward will help you get ready for your operation.

## After the operation

After your operation you will be transferred back to the ENT ward L23. You may need to stay in hospital for several days after your operation.

There are potential complications with any operation and whilst these may not happen to you, it is important you are aware of them. Any of these complications could increase your hospital stay.

### Pain

After the operation you may experience some pain in your throat. You will be started on a number of different pain medications to make you comfortable.

The hospital pain team will be monitoring your care alongside the ward staff and will increase your pain relief as necessary.

### Bleeding

Some patients can notice bleeding after surgery. This is uncommon but can occur once you have been discharged home. Very rarely if the bleeding is severe your surgeon may need to take you back into the operating theatre to stop it. If this is a small bleed, we suggest having a gentle ice cold gargle or sucking an ice cube. If the bleeding gets worse or does not settle please seek medical advice or attend the emergency department.

### Infection

You will be given mouth washes and antibiotics after surgery. It is very important to keep your throat well hydrated to reduce the risks of bleeding and infection.

## Constipation

Pain medication can cause constipation. You will be given medication to help with this during your hospital stay and on discharge home, it is important to take this medication as recommended.

## Swallowing difficulties, eating and drinking

Your swallow may be affected after the operation and need to be assessed by the Speech and Language Therapist (SL T). Difficulties can include food or drink going the wrong way (into your airway), feeling like it is getting stuck in your throat and/or being too painful to swallow. The SLT will provide you with swallow exercises to start your rehabilitation whilst on the ward.

Your SL T will discuss modifying food and drink to make it easier to swallow; it may be that you need a period of not having any food or drinks until you heal, in this situation a feeding tube would be needed for nutrition and hydration.

The feeding tube is called a nasogastric tube (NGT) and is a long thin tube made from soft plastic. It is placed into your nose and passed down your food pipe (oesophagus) into the stomach. Your dietitian can provide you with a separate information booklet about the NGT. Drinks and food are then gradually re-introduced and the feeding tube removed.

It may take several days to increase the amount of food and drink you can take by mouth and so it may be necessary to go home with the NGT in place and continue to be fed via the NGT until you can eat and drink enough by mouth. If this is the case, you will be shown how to care for the tube so you

can manage this on your own or with the help of family. A dietician will assess you to ensure you are well nourished.

## Voice and speech

Your voice may sound hoarse and weak after the operation; we would expect this to improve over the coming days/weeks. It may also be mildly uncomfortable or painful to speak for longer periods of time; you will be given pain relief to help with this. Your Speech and Language Therapist will provide you with advice and exercises, if required, to look after your voice.

## Going home

### *You will be ready for home when:*

- You have good pain control
- You are eating and drinking
- Any surgical drains have been removed

### *Before leaving the hospital you will be given:*

- Discharge advice by the ward nurses.
- New medications (for pain and constipation) are provided by the hospital. These can be continued by your GP if needed.
- A discharge information letter to give to your GP with details of the surgery, discharge medications and any other instructions. This letter is also sent electronically.

## After discharge

You will receive an appointment 2- 3 weeks after your operation, to discuss the results of the operation (pathology) and decide whether you need any additional treatment such as radiotherapy.

Please take your medication regularly and do not stop or reduce it without any advice. Your clinical nurse specialist (CNS) will contact you a week after your operation to assess this.

If you have any problems. such as increased pain or your swallow becomes more difficult please phone one of the numbers on this leaflet for advice.

## Contacts

**Ward L23: 0113 392 7423**

**Clinical nurse specialists (CNS): 0113 206 8616**

**Speech and language Therapy (SL T): 0113 206 7816**

**Dietitians: 0113 206 8133**



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