

## Transoral Robotic Surgery (TORS) Postoperative Care Head and Neck Surgical Oncology

### Home Care

#### Hand Hygiene

When you are discharged home after surgery it is vitally important to utilize good hand hygiene when caring for your incisions. This will help prevent infection.

#### What is involved in surgery?

Transoral Robotic Surgery (TORS) is a minimally invasive type of surgery that is used to remove tumors from the throat. The tumors will likely be in your oropharynx (tonsils and the base of the tongue) or larynx (voice box). This surgery is performed through the mouth. Retractors are placed to keep the mouth open and small robotic system instruments are then placed through your mouth to work in the throat. The small robotic instruments can then be used to cut the tumor out of the throat. While the primary tumor in your throat is removed with the robot through your mouth, you may still have an incision in your neck to remove lymph nodes (neck dissection).

#### Nutrition after surgery

You will most likely be able to eat a liquid or soft diet after surgery, but there is a small change that you may require a nasogastric (e.g. Dobhoff) feeding tube to help supplement your nutrition needs while you recover your swallowing function after surgery. A Dobhoff feeding tube is inserted through the nose and into the stomach during surgery. It is temporary and is usually removed by about 1 week after surgery. Each patient's plan for recovery is individualized based on their needs and recovery of their swallowing after surgery. If you need a Dobhoff feeding tube, you will receive Dobhoff tube education while you are in the hospital. A Speech language pathologist will work with you on your swallowing while you are recovering. If you are discharged home with a Dobhoff tube you will receive a patient education packet with instructions on the care of your tube.

#### Medication

Take pain medication as directed by your pharmacist or doctor. You will likely need some narcotic pain medication postoperatively. You may take Tylenol around the clock (i.e. every 6 hours). Avoid NSAID medications (Ibuprofen, Aspirin, Toradol) until cleared by your surgeon. If you are also taking a narcotic that contains Tylenol you must make sure not to take more than 4 grams of Tylenol daily. Please **do not** drink alcohol. **Do not** drive if you are taking prescription narcotic medication. If you are having increased pain, please let your surgical team know. Our goal is for you to have good pain control after your surgery and during recovery. While our goal is to reduce your pain, we may not be able to eliminate all pain. If your pain medications are not effective in treating your pain please contact the Head and Neck clinic team.

If you are discharged home with a Dobhoff tube, you may need to have your medications and/or your new prescriptions in liquid form. This will make it easier to take your medications if they need to be administered in the tube. Some medications can be crushed and administered through your tube but before you are discharged home you will be given instruction on how this works.

- You will get a prescription for pain medicine before you are discharged from the hospital.
- You may also get a prescription for antibiotics to take at home.

## What to expect after surgery?

- You may require 2-3 days in the hospital after surgery.
- You may have pain or difficulty opening your mouth after surgery. Your mouth and throat will be very sore after surgery. You will have pain medication available to help with pain and discomfort.
- You may notice your tongue feels numb for several days to even weeks following surgery.
- A speech language pathologist will visit you and show you how to do your swallowing exercises and go over your recommended diet. Even if you cannot swallow solid foods, please try to drink fluids to maintain your hydration.
- If you have a feeding tube in place, the dietician will visit you and show you how to use the feeding tube.
- Your pathology results from the surgery usually take about 5 to 7 days. Your Head and Neck surgical team will call you to discuss results or will go over them at your post-operative clinic visit.
- During your recovery time, you will need a diet of soft foods or liquids once you are able to eat by mouth. The dietitian will go over with you what kinds of foods you can supplement with. Some examples are:
  - Ensure
  - Mashed potatoes
  - Macaroni and cheese
  - Yogurt
  - Pudding

## Mouth Care

Your mouth care regimen after surgery is critical to help promote healing and prevent a buildup of bacteria in the tissue or wound in the mouth. A crust (scab) will form over your wound in the back of your throat. This may look like a white or yellow film on your surgical site. This may also cause you to have bad breath. It is important to rinse your mouth after meals with water. It is also important to brush your teeth at least once per day. Be careful using the toothbrush in your mouth on the side of surgery, especially if your tonsil was removed as part of the cancer surgery.

## Special Instructions

Some issues may come up that are normal for your type of surgery.

- Nutrition and hydration is important for wound healing after surgery so make sure to get adequate amounts of calories, protein, and fluid in your diet
- Call your doctor immediately if you're having any of the following symptoms:
  1. Trouble with swallowing, breathing or opening your mouth
  2. Increasing pain with opening your mouth
  3. Bleeding at the surgery site or coughing up blood
  4. Temperature of 101° F (38.3°C) or higher

## Follow-up Care

You will have a post-operative visit with your surgeon about 2 weeks after your surgery for a throat and incision check. You will be given a follow up date and time before you are discharged from the hospital. If you are discharged home with non-dissolvable sutures, staples or drains, you may follow up in clinic with a nurse prior to your post-operative visit.

## Emergency Center

In case of any emergency, call 911 or go to the nearest emergency center. *For non-emergencies during business hours, call our triage line at 904-202-7300 option 3.*

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Reviewed 5/1/2020