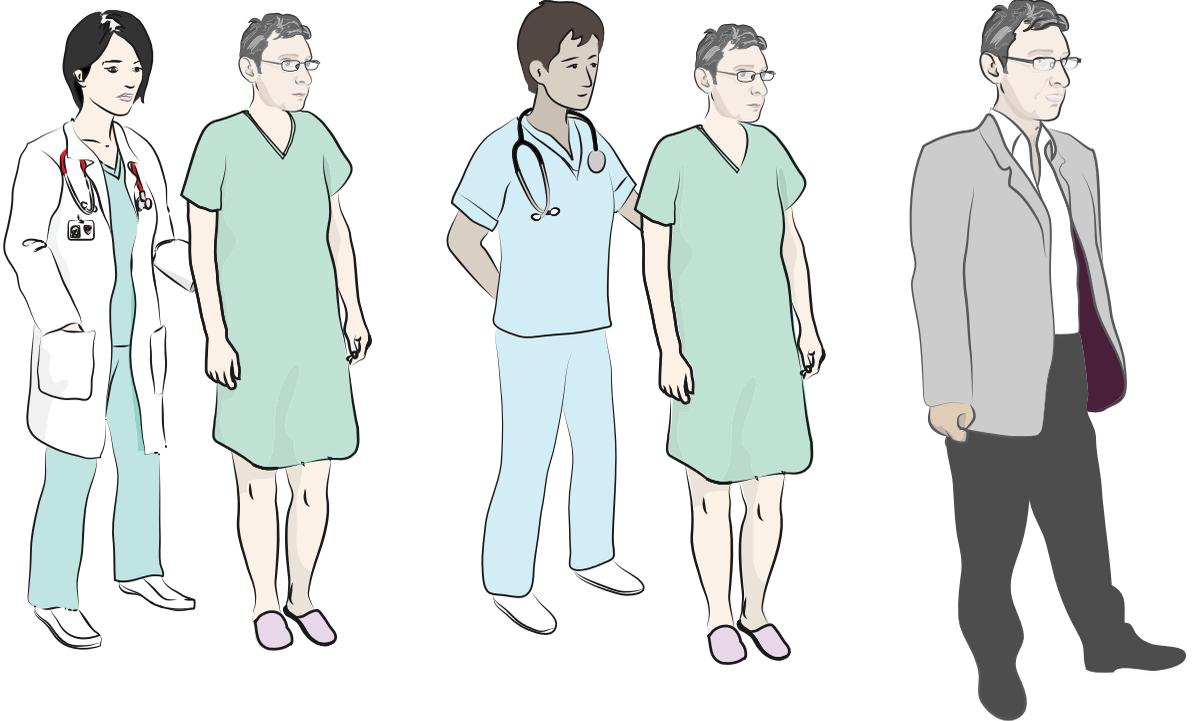


A Guide to

Head & Neck Surgery: Free Flap Reconstruction



Eastern
Health

This booklet is to help you understand and prepare for your surgery. Please bring it with you to your Pre-Admission Clinic appointment and on the day of your surgery.

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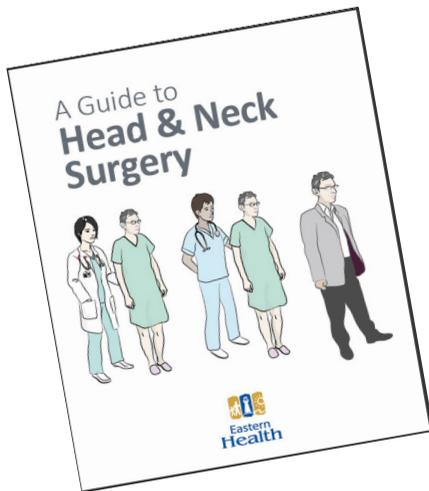
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What is a Care Pathway?



When you are admitted to the hospital for head and neck surgery, you will be part of a fast recovery program called a Clinical Care Pathway. The goal of this program is to help you recover quickly and safely. Your health care team worked together with patients to create this pathway.

This booklet will:

- Help you understand and prepare for your surgery
- Explain how you can play an active part in your recovery
- Help you set daily goals

Research shows that you will recover faster if you do the things explained in this booklet. There are instructions about your diet, physical activity, and controlling your pain. These things will help you to feel better faster and go home sooner.

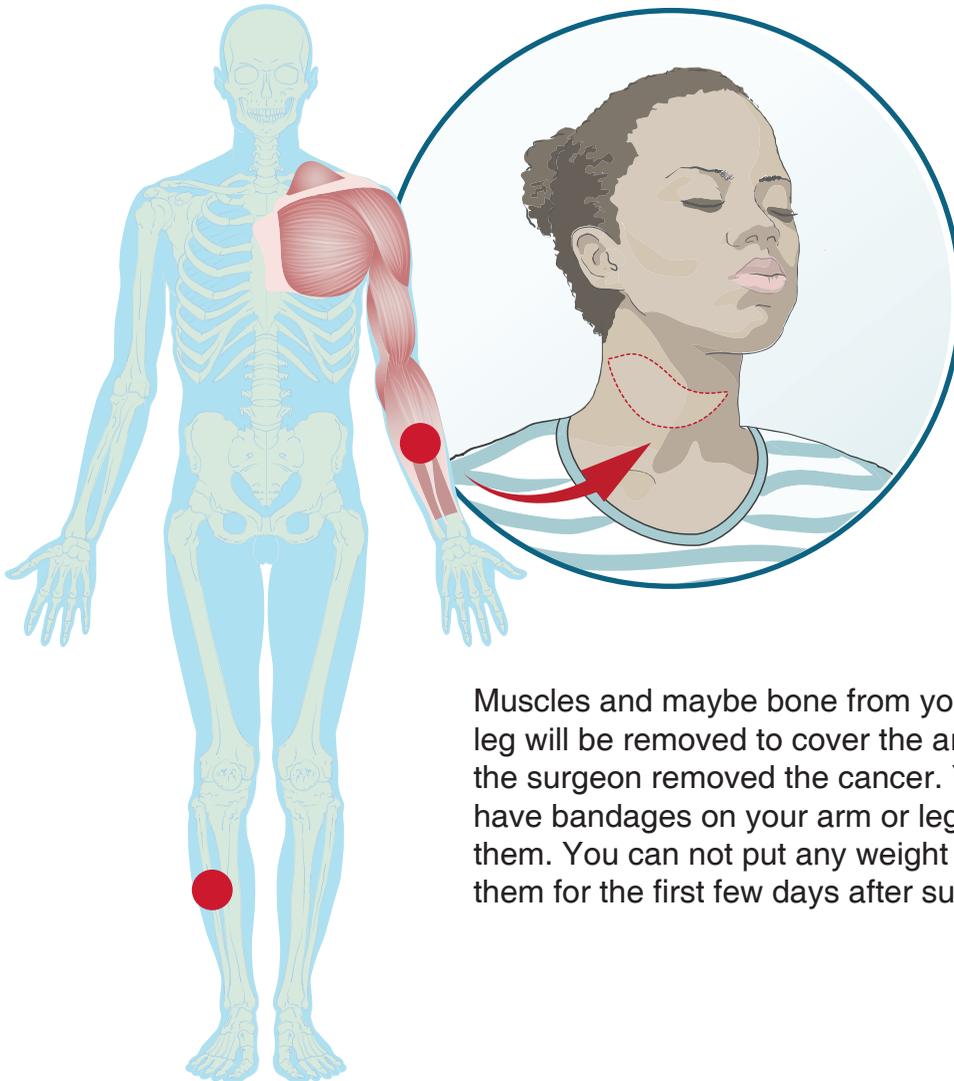
Please bring this booklet with you to your Pre-Admission Clinic appointment and on the day of surgery. Use it as a guide during your hospital stay. Hospital staff may refer to it as you recover and review it with you when you go home.

Having surgery can be stressful for patients and their families. The good news is that you are not alone. We will support you each step of the way. Please ask us if you have questions about your care.

Your Eastern Health Surgery Team

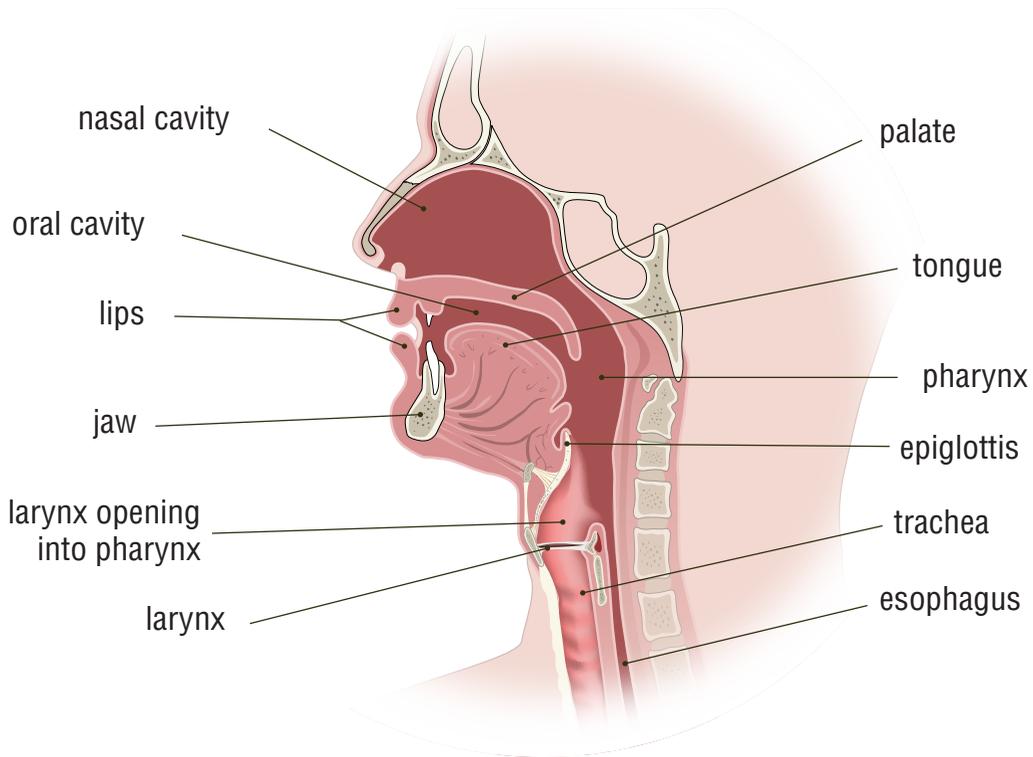
What is Free Flap Surgery?

All free flap surgeries are different. It depends on where the diseased part is and what needs to be removed. Your surgeon and the team will explain the surgery to you. These surgeries can be up to 12 hours and can cause life long changes.



Muscles and maybe bone from your arm or leg will be removed to cover the area where the surgeon removed the cancer. You will have bandages on your arm or leg to protect them. You can not put any weight through them for the first few days after surgery.

What is Free Flap Surgery?



Mouth:

The mouth has a hard palate (bone) and soft palate (muscle). When you swallow, the soft palate (muscle) stops food from going into the nasal cavity.

Tongue:

The tongue is made of muscle and is attached to the floor of the mouth. It is important for speech, taste, chewing and swallowing.

Larynx:

The larynx is made of muscle and cartilage. It is important for breathing, speaking and swallowing.

Trachea:

This is your breathing tube. It connects to your lungs.

Esophagus:

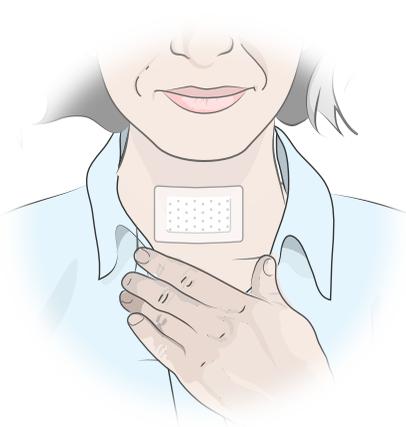
This is your eating tube. Food passes through here to get to the stomach.

Lymph nodes:

The lymph nodes remove bacteria and viruses. These are all around your body. They can move small cancer cells to other parts of the body. Sometimes these need to be removed during surgery.

What is a Tracheostomy?

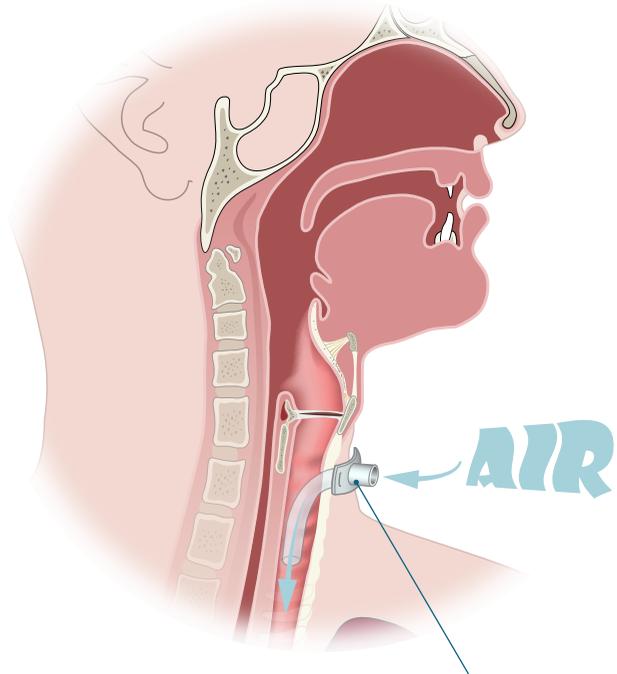
Tracheostomy is a surgery to make a hole in your breathing tube (trachea). The tracheostomy tube or “trach” sits in your breathing tube keeping the hole open. You will now breathe through the hole instead of your nose and mouth. Having a trach can change your swallowing, voice and breathing. At first, you will not be able to speak while the trach is in place.



Some people need a trach for a short time after surgery. If you only need it for a short time, it will be removed in 5 - 7 days after surgery. Then a bandage will cover the hole in your neck. The hole will close over on its own.

Some people need a trach permanently. If you need a trach to go home, you and your family will be taught how to care for it.

Special valves can attach to the permanent trach to help you speak.



Tracheostomy
("Trach")

What is a Feeding Tube?

You will have a plastic feeding tube in your nose called a nasogastric (NG) tube. This tube is placed in your stomach during surgery. You cannot eat or drink through your mouth while the NG tube is in place but you will get food through the tube for the first 5-7 days after surgery. You can keep your mouth wet with moist swabs.

The surgeon will decide when you are ready to eat again. You will start with a liquid diet and slowly move to a soft food diet. The NG tube will be removed when you are able to eat and drink well. The Dietitian or Speech Language Pathologist will visit you in hospital if you have any trouble swallowing after surgery.



Preparing For Your Surgery

Be active

Exercise helps your body be as fit as possible and keep your weight under control. If you are already active, keep up the good work. If you are not, start adding activity into your day. Exercise does not need to be hard to make a difference. A 15-minute walk is better than no exercise at all.



Stop smoking

If you smoke, try to stop before your surgery to reduce your risk for lung problems. Even quitting a few weeks before surgery can make a big difference in your recovery. Your doctor can help you stop smoking by prescribing medication. See **page 30** to learn more.



Restrict alcohol

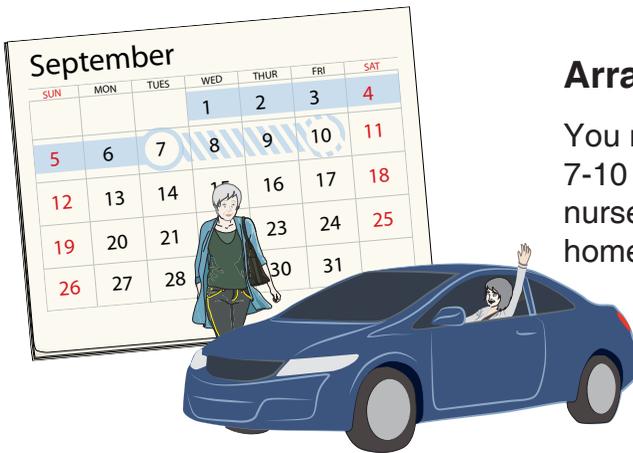
Decrease the amount of alcohol you drink leading up to your surgery. Do not drink any alcohol for 24 hours before your surgery. Alcohol can interact with the medications you will receive in hospital. Please tell us if you need help decreasing your alcohol use before your surgery.



Preparing For Your Surgery

Plan ahead

You may need help with meals, laundry, bathing or cleaning when you go home from the hospital. Stock your fridge and freezer with food that is easy to reheat. Make plans with your family and friends so you will have the help you need.



Arrange transportation:

You may go home from the hospital 7-10 days after your surgery. Tell your nurse if you have concerns about going home. Remember to arrange a ride.

Diet:

Eat foods that have protein in them before surgery. Try chicken, fish, eggs, peanut butter and milk products.

If you find it difficult to eat 3 meals a day, try smaller meals more often. Try a protein drink like Ensure or Boost if you cannot eat enough food.

Following this advice will help prepare the body for surgery and help you heal better after surgery.



Pre-Admission Clinic Visit

When you visit the Pre-Admission Clinic, you may:

- Have blood tests
- Have an ECG (electrocardiogram)
- Have a chest x-ray
- Discuss with the nurse if you have any concerns about going home after surgery
- Meet with the anesthesiologist (the pain doctor) who will ask you questions about your health and review your medications. The anesthesiologist will talk to you about the medications that will make you go to sleep for surgery. If you have medical problems, you may be referred to another doctor (a specialist) before surgery.



Some medications need to be stopped before surgery. Bring your medications in their original containers and the doctor will tell you which ones to stop. Be sure to discuss with your doctor if you take Aspirin, Pradax, Warfarin or any vitamins or herbal medications.

Instructions: Day Before Surgery

Call the O.R. Bookings Office between 1 - 2 pm at **777-5522** or **777-5853**. They will give you the surgery check-in time.

The time of surgery is not exact. It may happen earlier or later than planned.



If you get sick and cannot attend your surgery, please call your surgeon's office or the O.R. Bookings Office.

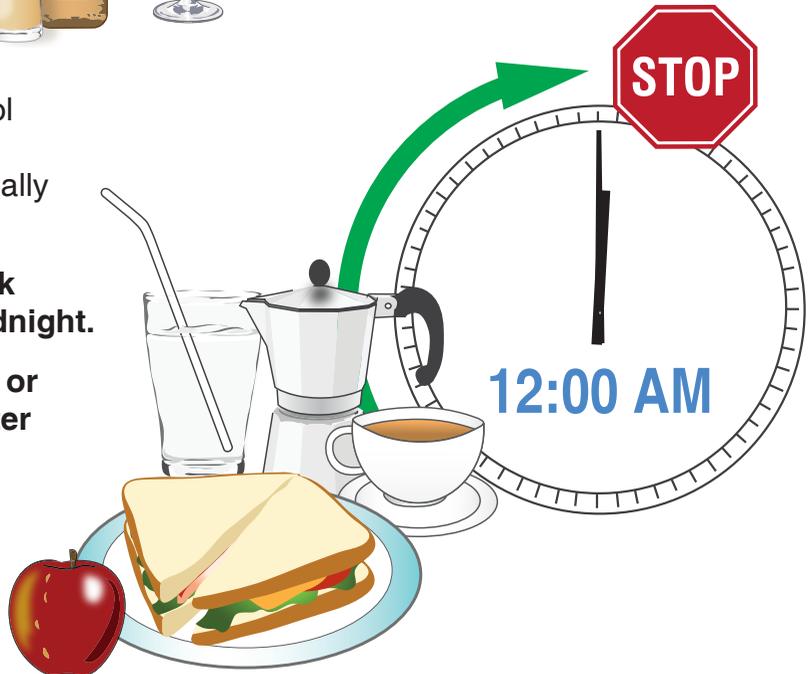
Diet

The staff in the Pre-Admission Clinic will explain what to eat and drink before your surgery.

The day before your surgery:

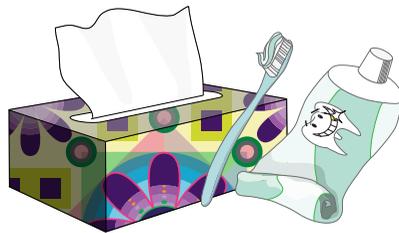
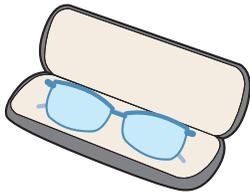


- Do not drink alcohol
- Eat and drink normally until midnight
- **Do not eat or drink anything after midnight.**
- **Do not chew gum or suck on candy after midnight.**



Things to Bring to the Hospital

- ❑ This booklet;
- ❑ MCP and hospital cards;
- ❑ Private insurance information, if you have any;
- ❑ Prescribed medications in their original containers and any over the counter medications your take;
- ❑ Bathrobe, slippers, pajamas, loose comfortable clothing;
- ❑ Toothbrush, toothpaste, mouthwash, comb, deodorant, soap, shaving supplies, tissues, and perhaps earplugs, (**Do not** bring any scented products);
- ❑ Glasses, contact lenses, hearing aids, dentures, and their containers labeled with your name because you will be asked to remove these before your surgery;
- ❑ Cane, crutches or walker labeled with your name.



Please do not bring anything of value, including credit cards and jewelry. The hospital is not responsible for lost or stolen items.

Surgery Day

On the morning of surgery, take a shower or bath. Do not shave the area of your surgery. Remove all make up, jewelry, nail polish, false teeth, contact lenses and glasses.

At the Hospital



Admitting area

Report to the Day Surgery Department at the time you were given. The admitting clerk will ask you what type of room you prefer. It is not always possible to have a private or semi-private room.

Pre-operative area

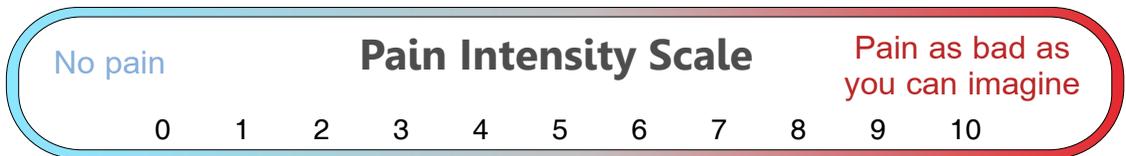
The nurse will take your blood pressure and complete a preoperative checklist with you. The nurse will give you medication in a needle and ask you to put on elastic stockings to prevent blood clots. Then you will change into a hospital gown.

Operating room

You will be brought to the operating room. You will meet your anesthesiologist (the pain doctor who will put you to sleep) and other members of your surgical team. You will be asleep and pain-free during your surgery.

Pain Control

Your nurse may ask you to describe your pain using a number between 0 and 10. 0 means no pain and 10 is the worst pain you can imagine. We want to keep your pain below 4. Please tell us if you have pain. We will help you.



It is important to control your pain because it will help you to:

- Take deep breaths
- Move more easily
- Eat better
- Sleep well
- Recover faster

Emotional pain

There will be an emotional aspect to surgery. Worrying and stress are normal when you are recovering. But please tell your nurse if you feel the stress is too much. There are social workers and psychologists in the hospital to help.

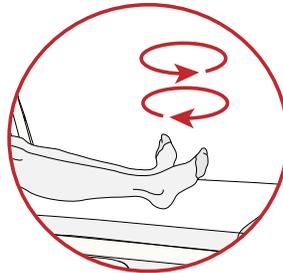


Exercises

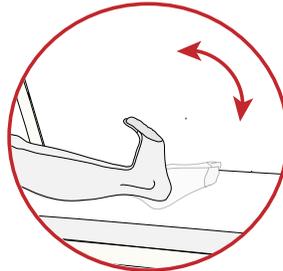
It is important to move around in bed to prevent pneumonia, blood clots and muscle weakness. Start these exercises when you wake up and continue them while you are in the hospital.

1. Leg exercises

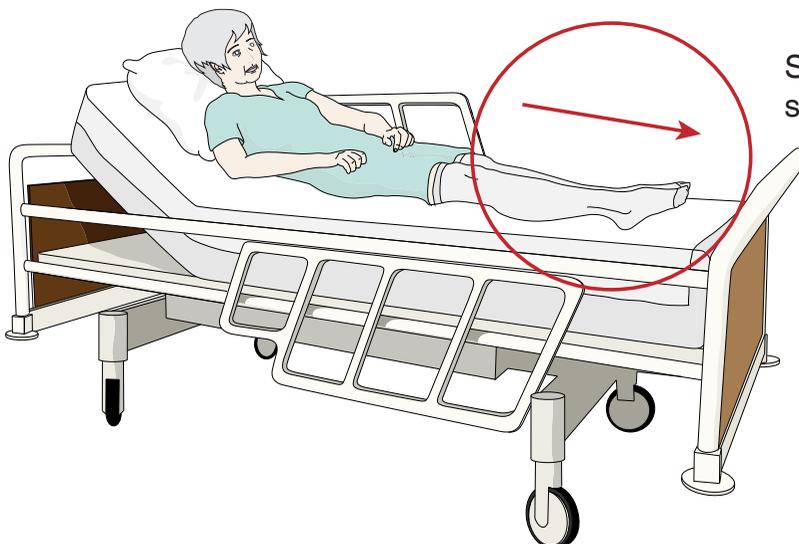
These exercises help your blood move around in your legs. Repeat each exercise 10 times. Do the full set of exercises every hour.



Rotate your feet to the right and left.



Wiggle your toes and bend your feet up and down.



Stretch your legs out straight.

Exercises

Deep breathing and coughing exercises

After surgery, your breathing may be more shallow. The nurse or physiotherapist will review the following exercises to help your lungs expand and prevent lung problems:



1. Change your resting position regularly; change from lying on your back to sitting up or lying on your side.
2. Place your hands on the lower part of your chest. Take a slow long breath. As you breathe in, try to expand your chest against your hands.
- 3 Breathe slowly and deeply, exhale quickly through your mouth or trach (if you have one). This is called huffing. It helps clear any mucus that may build up in your throat and airways. **Huffing does not harm the surgical wound.**

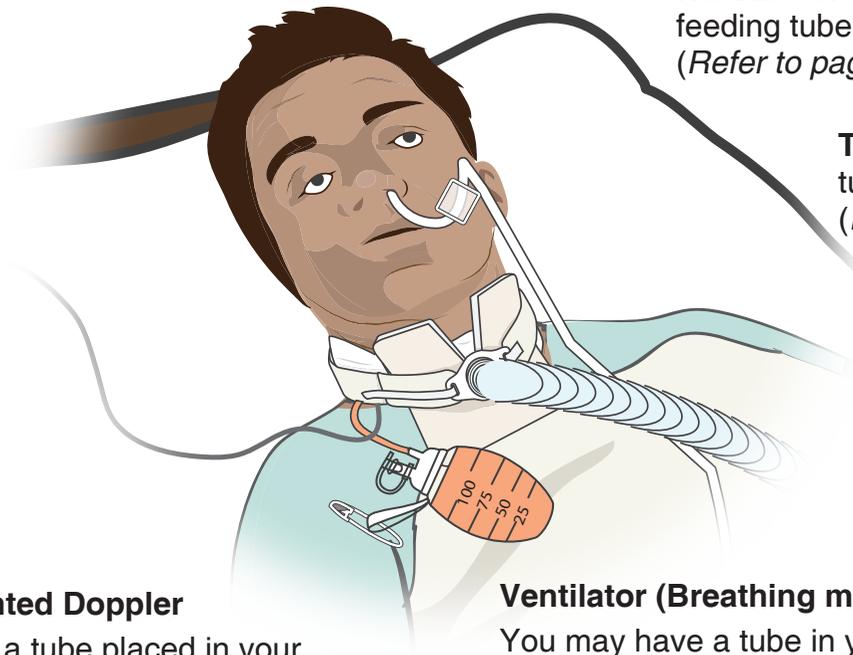
In the Intensive Care Unit (ICU)

For the first night after surgery, you may be kept asleep to help you heal. The nurse will check your wounds many times during the night. You will have a lot of swelling around your face and neck. You will be connected to lines, tubes and equipment for the first few days after your surgery. These will help you recover.

You may have the following:

NG tube or feeding tube
(Refer to page 8)

Tracheostomy tube or “trach”
(Refer to page 7)



Implanted Doppler

This is a tube placed in your neck during surgery. It is used to check the blood flow to the new muscle tissue. This machine can be loud.

Ventilator (Breathing machine)

You may have a tube in your mouth or connected to your tracheostomy tube that goes to your lungs. The ventilator will be connected to this tube. This machine will help you with your breathing. It can be loud sometimes.

Wound drainage tubes

You may have drains in your surgical wounds. These tubes remove old bloody drainage from under your skin. They are removed when there is little drainage.

Urinary catheter

You may have a tube in your bladder to remove your urine (your water). Even with this tube in place, you may still have the urge to pass your water.



Compression wraps

You may have compression wraps over your elastic stockings. These will fill up with air and help blood flow to your legs.

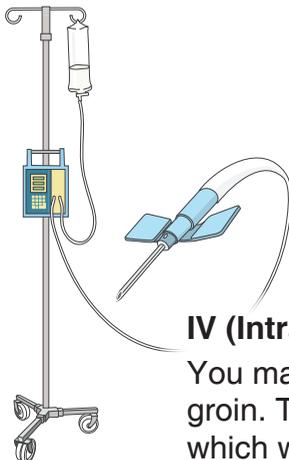
Cast on arm or leg

If the muscle and bone was taken from your arm or leg, you may have a cast to protect it.



Heart monitor

You may have small sticky patches on your chest. These will be connected to a machine called a heart monitor. This machine allows the surgical team to keep a constant watch on your heart beat.



IV (Intravenous)

You may have an IV in your arm, hand or groin. These tubes are connected to bags which will give you fluids and medication.

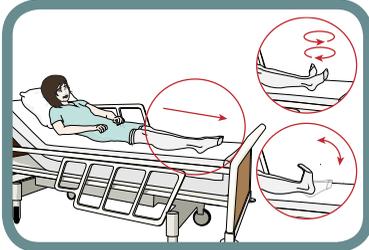
Goals for Day 1: Special Care Unit



You will be woken up in the ICU and the ventilator (breathing machine), will be turned off. You will start breathing on your own. If you are doing well, you will be transferred from the ICU to the Special Care Unit.

Breathing:

The nurse or physiotherapist will review your breathing exercises



Activities:

Do your leg exercises

Sit in a chair with help from the nurse



Pain:

Tell your nurse if your pain reaches 4 on the pain scale from 0 to 10

Eating and drinking:

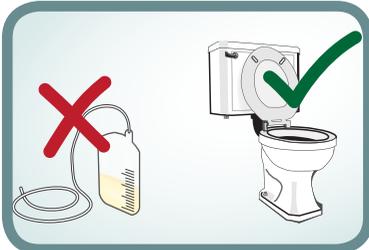
The feeding (NG) tube will be started to feed you



Tubes and lines:

The urinary catheter may be removed

You may still have the IV, wound drainage tubes, implanted Doppler, compression wraps, cast on your arm or leg, and the trach (if you have one) attached to oxygen tubes.



Goals for Day 2: Nursing Floor



Breathing:

Do your breathing exercises



Activities:

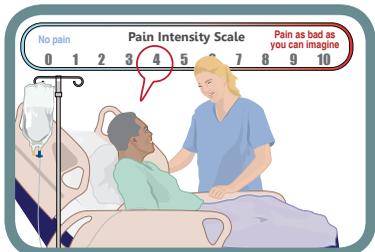
Do your leg exercises

Sit in a chair

Walk in the hallway, with help

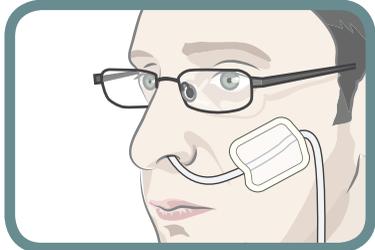
Participate in your daily washing

Use the washroom, with help



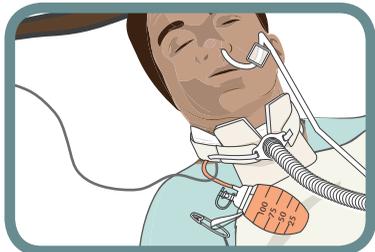
Pain:

Tell your nurse if your pain reaches 4 on the pain scale from 0 to 10



Eating and drinking:

The feeding (NG) tube will continue to feed you



Tubes and lines:

You may still have the wound drainage tubes, implanted Doppler, cast on your arm or leg, and the trach (if you have one) attached to oxygen tubes.

Goals for Days 3~5: Nursing Floor



Breathing:

Do your breathing exercises



Activities:

Do your leg exercises

Walk in the hallway **three times**, with help

Do your daily washing

Use the washroom, with help



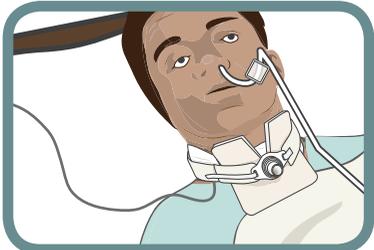
Pain:

Tell your nurse if your pain reaches 4 on the pain scale from 0 to 10



Eating and drinking:

The feeding (NG) tube will continue to feed you

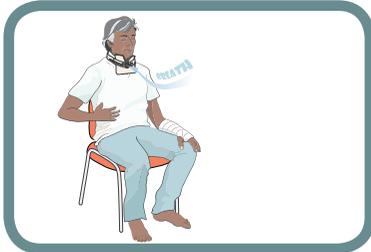


Tubes and lines:

Your wound drainage tubes will be removed if you have little drainage

You may still have the implanted Doppler, cast on your arm or leg and the trach (if you have one).

Goals for Days 6~10: Nursing Floor



Breathing:

Do your breathing exercises

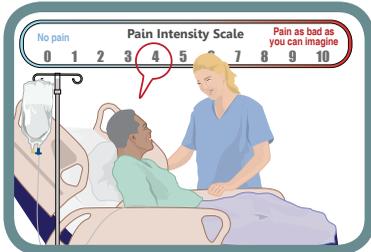


Activities:

Do your leg exercises

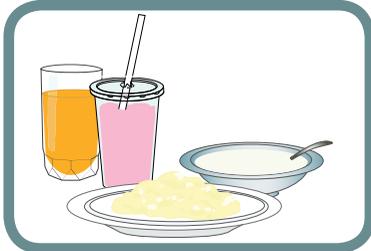
Walk in the hallway **four times**

Do your daily washing



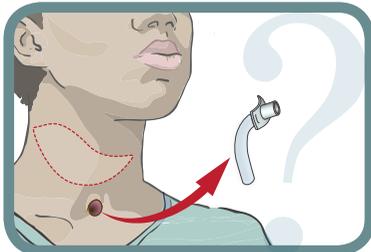
Pain:

Tell your nurse if your pain reaches 4 on the pain scale from 0 to 10



Eating and drinking:

You will start with a liquid diet and slowly move to a soft food diet



Tubes and lines:

If you have a trach and it is temporary, it will come out now. If you are going home with the trach, you will start learning how to care for it yourself.

The implanted Doppler will be removed.

Planning to go Home

Arrange for someone to pick you up before 11:00 am on the day that you are going home from the hospital.

Activities:

The physiotherapist will see you for neck and shoulder exercises to do at home. You may need to keep seeing a physiotherapist once you go home from the hospital. You may need a splint for your arm or a walking boot for your leg when you go home.

Tubes and lines:

If you are going home with a trach, you will know how to care for it yourself before you leave.

The nurse will arrange for any supplies you need.



Before you go home, your nurse will:

- Review your discharge instructions
- Answer your questions
- Give you an appointment to see your surgeon for a follow-up visit

A Community Health Nurse will contact you at home. If you need a visit, the nurse may ask you to go to a clinic. Home visits are not always made.

At Home

Follow these instructions to help you recover at home.

Pain

- You may have pain for a few weeks after surgery. Take the pain medication prescribed when you left the hospital.
- If you have severe pain that is not relieved by medication, go to the Emergency Room.

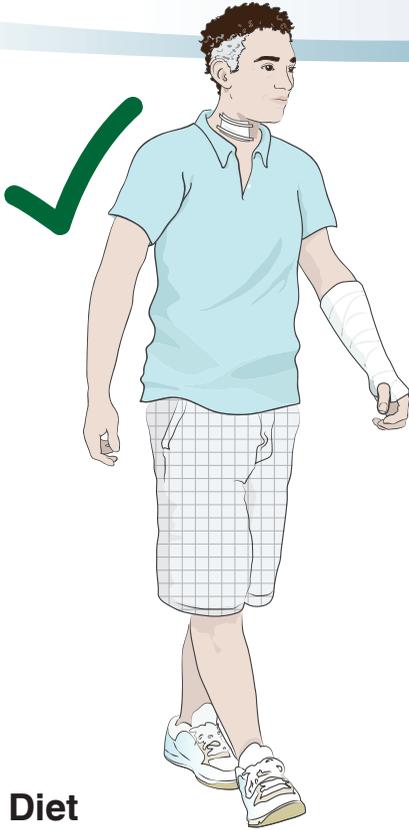


Wounds

- Your wounds may be slightly red and uncomfortable for 1-2 weeks after surgery.
- Let the water run softly over your wounds. Do not soak or scrub your wounds. Gently pat them dry with a clean towel.
- Visit your family doctor or call your surgeon's office if your wounds become warm, red, and hard, or if you see drainage coming from them.



At Home



Activities

- Walk short distances several times each day
- Do the neck and shoulder exercises the Physiotherapist taught you
- Your surgeon will tell you when you can drive and return to work
- Do not lift, push, or pull anything over 5 pounds until you see your surgeon. *(A bag of sugar is 5 pounds.)* Do not do any hard activity or exercise.



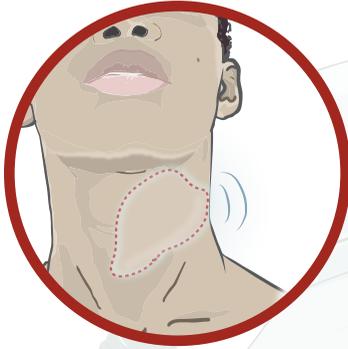
Diet

- If you had any trouble swallowing after surgery you may need to see a Dietitian or Speech Language Pathologist when you go home.
- Eat foods that have protein in them. Try chicken, fish, eggs, peanut butter, beans, and milk products. These help the body heal.
- Pain medication may cause constipation. To help your bowel stay regular:
 - Drink more liquids;
 - Eat more whole grains, fruits and vegetables;
 - Get regular exercise (a 15-minute walk when you are able);
 - take stool softeners if you doctor tells you to.

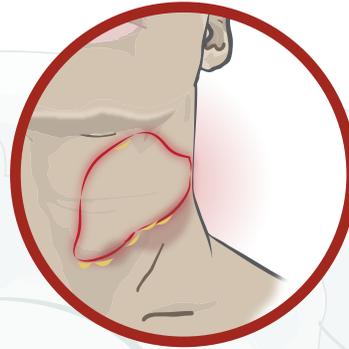


When to Call Your Doctor

Call your surgeon if:



You have swelling in your neck that continues to expand



Your wound is warm, red, or you see drainage coming from your it



You have a fever (greater than $38^{\circ}\text{C}/100.4^{\circ}\text{F}$)



You cannot swallow fluids or keep them down



You have pain that your pain medication does not help



If you cannot reach your doctor, go to the nearest Emergency Department.

Suggestions to Help You Stop Smoking

There are four phases of quitting:

1. Preparing to quit
2. Choosing a quit date
3. Coping with withdrawal
4. Fighting relapses



Strategies to help you quit:

- Stop smoking now and you will already be on your way to quitting.
- Take it one day at a time. Think of yourself as a non-smoker. Be proud of what you have already done.
- Ask your family and friends not to smoke around you.
- Ask a family member, or a friend, to stop smoking at the same time.
- Join a stop-smoking group and kick the habit with other people.
- Speak with your doctor about aids to help you quit, such as the nicotine patch.

Get more information from:

Newfoundland and Labrador Smokers' Helpline:
1-800-363-5864

This booklet was developed by patients, the Enhanced Recovery After Surgery (ERAS) Coordinator, Eastern Health, and the MUHC.

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We would also like to thank the MUHC Surgery Recovery Program for permission to adapt their model and content for this booklet.



Important

Information provided by this booklet is for educational purposes. It is not intended to replace the advice or instruction of a professional healthcare practitioner, or to substitute medical care. Contact a qualified healthcare practitioner if you have any questions concerning your care.

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