

# Glossectomy

An information guide

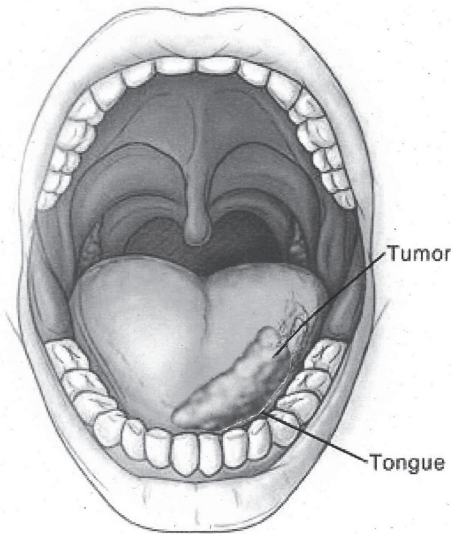


# Glossectomy

A **Total Glossectomy** refers to the surgical removal of all of the tongue. The area where your tongue is removed from is then replaced by skin / muscle (known as a 'flap') taken from another part of your body. Your surgeon will talk to you about the best place is to take a flap from in your individual case.

## The role of the tongue

The tongue is a large muscle in the mouth, and the base of the tongue at the back of the throat is attached to the muscles involved in swallowing. The tongue is important for speech, chewing, swallowing and taste which means these functions will be significantly affected following your surgery.



## **The role of the Speech and Language Therapist**

Your Speech and Language Therapist will be available to advise you on how your surgery will impact on your speech and swallowing.

### **Speech**

Immediately after your operation you will not be able to use your voice as you will have a breathing tube placed in your windpipe. This will usually only stay in for a few days and will be removed before you go home.

You may need to use writing to communicate in the days following your operation. If this is difficult for you the Speech and Language Therapist can provide picture material to support you.

In the longer term your speech will be permanently altered and will sound and feel different. The effect the operation has on speech can vary depending on the type of surgery and flap reconstruction needed.

You will still be able to use your voice to make sound and may be able to use compensatory techniques to produce recognisable words.

The Speech and Language Therapist will introduce exercises to help with your speech and may work with you to find a way to support your communication in other ways.

## Swallowing

Your swallowing will be permanently affected following surgery. It will not be safe for you to eat or drink normally and you will have a permanent feeding tube directly into your stomach which provides you with all your fluids and nutrition. This is called a Gastrostomy (RIG or PEG).

Once you are healed from your surgery the Speech and Language Therapist will introduce exercises to help with swallowing your saliva.

In the longer term the Speech and Language Therapist may refer you for an x-ray of your swallow (Videofluoroscopy) to assess the safety of your swallow and to determine whether you may be able to take small amounts of very thin fluids/foods through your mouth, alongside your feeding tube regime.

This is unpredictable and it is important to have realistic expectations about your swallow.

Following recovery from surgery you may require radiotherapy.

Your surgeon will discuss this with you. If radiotherapy is required, your Videofluoroscopy will be carried out once you are recovered from this treatment. Your Speech and Language Therapist will advise you about this.

### Contact details

Name

Telephone number

**Notes:**





**If English is not your first language and you need help, please contact the Interpretation and Translation Service**

Jeśli angielski nie jest twoim pierwszym językiem i potrzebujesz pomocy, skontaktuj się z działem tłumaczeń ustnych i pisemnych

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