

# Eating, drinking and speech after surgery for mouth cancer

## Speech and Language Therapy

Information for patients

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### Introduction

You and your doctor have decided that you need an operation because of your cancer. Operations for cancer in the mouth and throat are likely to cause problems with eating, drinking and speech. How long these problems last, and how severe they are will vary depending upon: the specific type of surgery; where the tumour is and its size; and other treatments such as radiotherapy.

This leaflet will give you some information about eating, drinking and speech following surgery and answer some of your questions.

Surgery for cancer of the mouth is very complex and each person's experience will be different. We hope that the information in this leaflet will answer most of the common questions but do not hesitate to ask if you have other questions.

### Who will be advising me about eating, drinking and speech?

The speech and language therapist (SLT) and dietitian will be involved in your care on the ward and rehabilitation after surgery. The following sections explain their roles and what you can expect from them.

#### The SLT:

- assesses your swallowing and speech function
- provides support both before and after surgery
- provides rehabilitation as required
- provides ongoing rehabilitation in the form of personalised exercises and strategies to help you with eating, drinking and speaking.

Rehabilitation is usually carried out in a specialised SLT clinic within the maxillofacial outpatient department at Leicester Royal Infirmary.

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## Dietitian

### The dietitian will:

- assess nutritional needs and ability to manage a varied diet
- help you to maintain a healthy weight
- identify problems and advise on appropriate dietary changes.

This may be in the form of advice about food, supplement drinks or through the use of feeding tubes. If you need a tube feed at home, a team of dietitians called the Home Enteral Nutrition Service (HENs) will provide training, support and visit you at home.

Our priority is to ensure that you meet your nutritional needs, which will in turn promote good healing and recovery. We therefore aim for you to maintain a stable weight.

## Pre-surgery assessment clinic

You will be assessed in a clinic by the SLT and dietitian before your surgery to establish your swallowing, speech and nutritional status.

This will be an opportunity to have a detailed discussion with you about your individual case and to address your issues or concerns. The appointment will last approximately one hour and may involve measuring your height and weight and assessing your swallowing and speech. Please feel free to bring a friend or relative with you for support.

## Swallowing after surgery

Successful swallowing involves adequate mouth opening and lip function. The ability to chew and move the food around the mouth with your tongue is essential to enable safe swallowing to occur. Safe swallowing ensures that food and drink enter the stomach, and not the lungs where it could cause problems.

Immediately after an operation the priority is healing, so you are not initially allowed to take any food or drink by mouth. During this time it will be necessary to feed you through a tube put in at the time of your operation. See below for details of the different types of tubes.

Once the wounds have healed (which can vary from a few days to several months if healing is delayed), the SLT will assess you on the ward to see which type of foods and liquids are safe to swallow. You will then build up your food and drink intake by mouth. This normally starts with water, then all fluids, followed by smooth foods, then foods that are easy to chew and finally normal, textured foods.

The length of time you take and how much you will finally be able to eat varies and depends on many factors including: the type of surgery; any complications you have had; your motivation and compliance with rehabilitation. Much of this rehabilitation will take place as an outpatient.

## Types of feeding tubes

- **Nasogastric** - a thin, yellow tube inserted during or after your operation through your nose, down your throat and into your stomach. It is held in place with a piece of tape on your cheek or nose and is only used if you need feeding for less than two weeks. The tube can feel slightly uncomfortable at the back of your throat, but it is not painful and can be easily removed once you are allowed to eat and drink.
- **Gastrostomy (PEG tube)** – this tube used if you require feeding for a longer period of time. This tube is inserted before your operation directly into the stomach and exits through your abdomen wall. The tube is used for liquid feed, water and medications and will still be in place when you leave hospital.
- **Radiologically-Inserted Gastrostomy (RIG)** – this tube is placed directly into the stomach in situations when a PEG is not possible. This is most often when mouth opening is limited or there is an increased risk due to high alcohol intake. These tubes are placed before or after surgery and remains in place on discharge from the ward.
- **Surgical jejunostomy** - this tube is inserted into your small bowel and is used for feeding when it is necessary to bypass the stomach. It will be placed during surgery and is likely to remain in place after discharge from the ward.

In every case, the dietitian will discuss the type of feeding tube most appropriate for you before your surgery. They will also answer any questions you may have. If you are going home with a tube, the ward staff and dietitian will make sure you know how to look after it and that you are referred to the community dietitians for regular follow-up. You will also be provided with all feed and equipment required before you go home. Homemade blended foods or other liquids, such as alcohol, must not be passed down a feeding tube.

## Speech after surgery

In ordinary speech, all the parts of your mouth and throat are intact and work together efficiently. Sound, produced by the vocal cords in your throat, is shaped into speech by the movements of the lips, tongue and palate (roof of your mouth). Any changes made to your mouth or throat by surgery will change the way your speech sounds.

The extent to which your speech will change depends on the extent of the surgery and other treatments and the mobility and strength that can be regained afterwards.

**Although the voice usually changes following surgery, most patients are able to make themselves understood.**

## Speech and swallowing assessment

Assessment of your speech and swallowing will occur both before and after surgery. This will include speech clarity, examining your mouth and throat, and an observation of you eating, drinking and swallowing. We may also need to observe you swallowing under X-ray conditions. This assessment will provide a baseline and help decide if you need rehabilitation.

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## Treatment

The SLT will begin treatment when you have healed well enough to tolerate exercises. The specific exercises will depend on the type of surgery you have had.

As your ability to eat progresses, you will be given advice on the types of food to try. The nutritional adequacy of your diet will be assessed and nutritional supplements and / or feed will be altered as necessary.

While speech and swallowing will never be exactly as it was before surgery, speech therapy can help to speed up and maximise the progress you make.

## Contact details

If you have any further questions, please feel free to contact us:

**Dietitian:** ..... 0116 258 5400

**SLT: Sarah Harris:** Office number 0116 258 5363

Mobile number 07789 878 087

Claire Sussenbach: Mobile number 07900 714 472

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔  
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