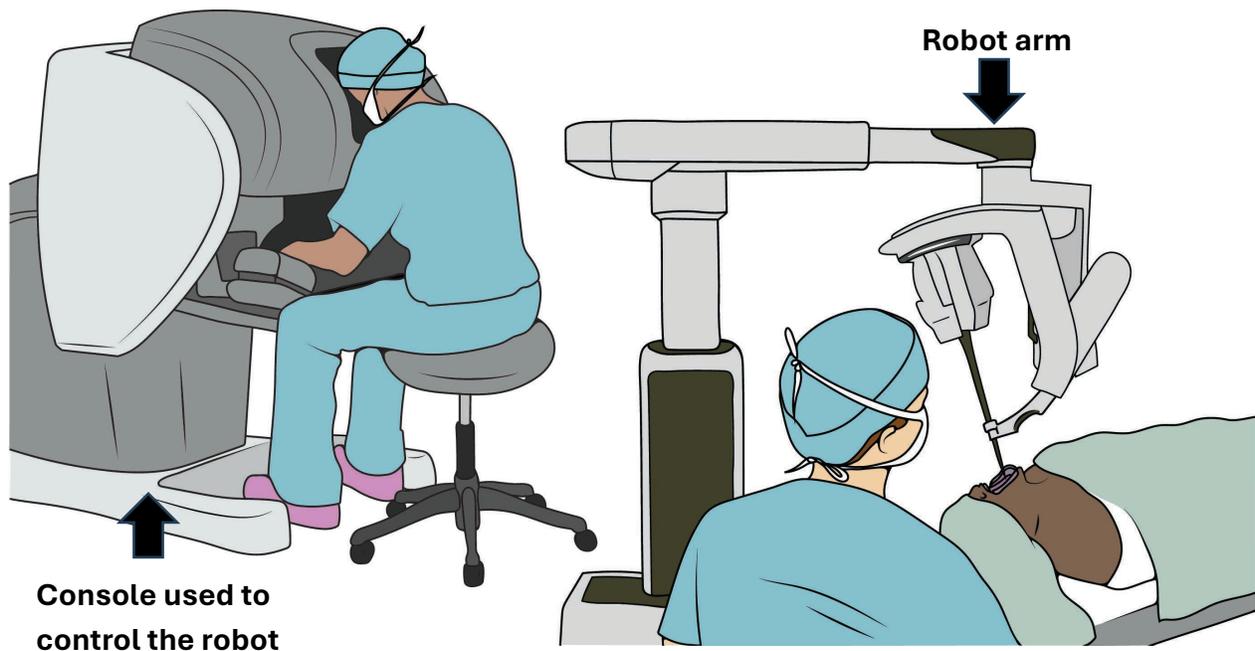


Transoral robotic surgery: What to expect

What is transoral robotic surgery?

Transoral robotic surgery, called TORS for short, is used for surgery in the throat and mouth. Surgeons with special training use a robot to access hard to reach areas. This type of surgery is more precise than traditional methods. It allows for faster recovery and less blood loss. At University Hospitals, TORS is done at the Cleveland Medical Center location. Most people stay in the hospital for a couple days after TORS surgery.

This image shows how TORS looks in the operating room. Your surgeon controls the robot arm from a console. The arm includes a camera and tools to perform the surgery. Other team members such as nurses and an anesthesiologist are also in the room.



How to prepare

- Ask a family member or friend to be your main caregiver after surgery. You will likely need some help for at least a few days after you get home.
- Make sure you have a working thermometer. You will need it to check your temperature if you are not feeling well.
- Let your surgeon's office know if your caregiver needs any forms filled out for FMLA (Family Medical Leave Act). If eligible through their work, FMLA allows a parent or spouse to take unpaid, job-protected leave from their job to care for you. The human resources department at your caregiver's job can provide more details about FMLA, what forms need to be done and how often.
- Read and follow any instructions from your surgeon's office and pre-admission testing about how to prepare for your surgery. Call your surgeon's office if you have questions.
- If you or your family are feeling stressed or having a hard time coping, please tell us. We can refer you to a staff member who can talk with you and try to help.

Speech pathology visits

Since your surgery may affect your ability to speak or swallow, you will meet with our Speech Pathology Team before and after surgery. Before surgery, the speech pathologist teaches you simple exercises and helpful tips that can make it easier to talk and swallow after surgery. After surgery, you see the speech pathologist at your follow-up visits. They show you more stretches and share advice to help your mouth and throat heal. They can also assist if you still have trouble talking or swallowing.

During surgery

You are given anesthesia medicine to make you fall asleep. The robotic arm is placed in your mouth. Your surgeon controls the robot from a console in the room. The robot includes a camera and instruments that your surgeon uses to perform your surgery.

Ask your surgery team how long it will take to perform your surgery. Most often, the surgery lasts for 1 to 3 hours. If you are having surgery for cancer, the tumor is examined by a doctor called a pathologist the same day as surgery.

If your surgeon needs to remove lymph nodes in your neck, the surgery will be longer. The lymph nodes are examined in the lab by a pathologist. The review process often takes several weeks and they share the findings in your pathology report.

In rare cases, your surgeon may need to place a temporary breathing tube called a tracheostomy (trach) tube in your neck during surgery. This is most often done if they have concerns about your breathing or bleeding after surgery. Your surgeon can talk with you before surgery about the possible need for a tracheostomy tube.

After surgery

Plan to recover from surgery on the nursing unit or intensive care unit (ICU). As you wake up from anesthesia, it's normal to feel groggy. If you had lymph nodes removed from your neck, you will have an incision and stitches in that area. You may also have a drain in your neck to help relieve pressure and fluid build-up near the wound.

Your surgeon and other team members check on your progress each day and watch for problems like bleeding or infection. Plan to be out of bed in a chair or walking around the nursing unit shortly after your surgery. To help avoid a fall, do not get up by yourself – always ask a staff member to help you.

Eating after surgery

Most often, patients can eat and drink right after surgery. You start with a liquid diet such as water, juice, and soup for the first day. Most people can eat softer foods such as eggs, mashed potatoes and oatmeal after that. While healing, you will need to eat softer foods for 2 weeks after surgery.

Since the surgery can affect your ability to swallow, a short-term feeding tube may be placed in the operating room. You may need to go home with the feeding tube and be taught how to take care of it. The goal is to remove the feeding tube as soon as it's no longer needed.

Pain control

Throat pain after TORS is normal and your health care team has many ways to help manage your pain. We try to limit the use of pain medicines called opioids or narcotics because they can cause many side effects, like nausea, throwing up and constipation. The goal is to control your pain enough so that you can breathe easily, cough, get out of bed and walk. As your pain improves, we shift from using IV medicines to pain pills. Most people say that their pain improves in about 2 weeks and we expect you to be healed by 4 weeks.

Recovery

It's normal for part of your face, tongue or neck to feel numb for weeks after surgery.

- Don't do any strenuous activity, heavy lifting, bending over, or exercise for 2 weeks.
- Don't strain yourself or lift more than 10 pounds until your surgeon says it is ok to do so.
- Don't do things that may increase your heart rate or blood pressure, as this may cause bleeding.
- See your hospital discharge papers for more details about your activity, diet and follow-up plan with your surgeon.



For about 2 to 3 weeks after this surgery, you have a higher chance of having bleeding problems.

- If you see a small amount of blood in your saliva (spit), call your surgeon's office right away.
- If you see bright red blood in your mouth, don't ignore it. Call 911 or go to the nearest hospital emergency room right away.

Questions?

Call your surgeon's office if you have any questions before or after surgery.