

Tongue Base or Tonsil Cancer Treatment

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Patient information

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Macmillan
Cancer Support

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Tongue Base or Tonsil Cancer

What is it?

This leaflet is about 'squamous cell carcinoma' which is one type of cancer that affects the tongue base (back of tongue) and tonsil – sometime together called throat cancer.

This area is known as the oropharynx in medical terms.

Where is this area?

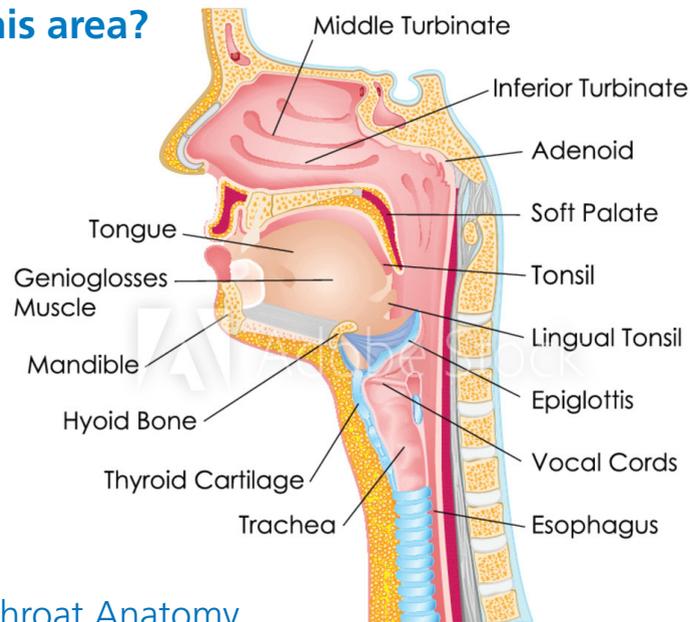


Diagram of Throat Anatomy

Treating Tongue Base or Tonsil Cancer

Treatment options can include:

- Surgery
- Radiotherapy (with or without chemotherapy)
- Combination of surgery and radiotherapy (with or without chemotherapy)

Not everyone is able to have all of the treatments. This depends on how the cancer looks on the scans, biopsies and how fit you are as a patient.

1. Non-surgical treatment

Radiotherapy (strong focused x-ray treatment) is a way of dissolving the cancer in the tongue or tonsil and neck glands.

Usually a 6 week course, this is 30 treatments, Monday to Friday.

In order to give radiotherapy you must be in the same position each day on the treatment couch, in order to do this you will have a plastic mask made that will fit tightly over your head and shoulders. You will still be able to see and breathe through holes in the mask.

The treatment machine will move around and deliver the radiotherapy but you will not see or feel the treatment during this time.

Each treatment takes about 20 minutes, but you will be in the department around an hour each day.

Over time the side effects of the radiotherapy treatment build up.

Side effects can include:

- Tiredness
- Skin reactions / soreness

- Mouth and throat soreness
- Taste changes
- Thick and sticky saliva
- Swallowing difficulties

Nutrition

To help you keep strong and stop you losing weight we recommend a feeding tube into your stomach (a PEG tube). You will meet the gastroenterology team and PEG nurse who will explain this procedure in more detail with you. This is an overnight procedure and you will be shown how to care for this tube prior to going home by a specialist nurse. You will be given a special liquid diet and this will be delivered to your home from a company called Nutricia. Your PEG tube will only be removed once it has been decided with the team that your swallowing has recovered and your weight is stable.

Dental

You may also need some or all of your teeth removed (depending on how healthy they are). Dental extractions are to help prevent long term problems with the jaw bone.

Usually these extractions are performed before you start your radiotherapy.

Your dentist may be involved in this treatment and you may need to find a dentist to arrange denture construction. We recommend not wearing any dentures for at least 6 months after radiotherapy.

Chemotherapy

Chemotherapy is used to help the radiotherapy work better in those who are fit and under the age of 70. Chemotherapy has been shown to improve the cure rate by as much as 8% for some people.

The chemotherapy works by making the tissues more sensitive to the radiotherapy, this also means the side effects increase.

Chemotherapy is given through a drip in the arm once a week throughout the six weeks.

You will be in the department for the whole day having this drip.

Chemotherapy can make you feel sickly, but anti-sickness drugs are given.

It can affect your blood and you could become anaemic needing a blood transfusion.

The most serious side effect, is a drop in the white blood cells which fight infection. You will be given clear instructions of what to look out for and a 24 hour helpline number to call for advice and help. It is important that you follow the instructions given as infections after chemotherapy can be life-threatening if ignored.

You will be reviewed weekly to support you with your side effects from treatment.

Around 6 weeks after finishing treatment you will return to the Ear, Nose and Throat (ENT) department / Oral and Maxillofacial (OMFS) department for your follow up appointment.

You will get examined in clinic and you may get a repeat PET CT scan at 12 weeks after your last radiotherapy treatment to help see how the cancer has responded. Some people need some surgery to remove glands in the neck that haven't fully gone away with the radiotherapy (see below about neck surgery). This is not needed in everyone but if you do need it, then it is thought to be part of the full treatment and not a failure of treatment.

2. Surgical treatment followed by radiotherapy

If your cancer is suitable for surgery this will be in two parts

- To treat any neck glands that may contain cancer
- To remove the cancer in the tongue or tonsil.
- Usually you will need a smaller dose of radiotherapy after the surgery to treat any microscopic cells (see below).

Neck surgery

The glands (lymph nodes) in the neck catch cancer cells from the tongue and tonsil and stop them spreading to the rest of the body. The neck glands that contain or might contain cancer in the neck need to be removed.

Surgery to remove the glands in the neck is called a neck dissection. This can take between 1 and a half and 4 hours. This can be done through a skin fold incision which is well hidden. There are nerves in the neck that need to be looked after when removing the glands. Your surgeon will do their best to leave these nerves undamaged but the consequences of damaging the nerves are:

- weak movement of the tongue
- weak angle of mouth
- altered taste on the tongue
- numb neck or ear skin
- weak and heavy shoulder

In preparation for the surgery to your tongue/tonsil you will have one of the neck arteries tied off to decrease the risk of bleeding-you don't need this artery and it is safe to have it tied.

Other risks of surgery include:

- infection
- fluid leak

You may have a drain put into the skin to take away any fluid or blood, when the drainage is minimal the doctors will decide to remove the drain. This is a simple procedure performed by the nurses on the ward.

When the drain is taken out you should be able to go home – this can vary from 1 to 5 nights in hospital.

You may have stitches, staples or wound glue to close the skin.

If you have wound glue then you still have stitches under the skin for strength, they simply dissolve.

You will be told to keep the wound glue dry for 1 week.

If you need any teeth removed, they are often removed at the time of your neck surgery and you may need painkillers as the gums heal.

Tongue or tonsil surgery

Surgery to remove a tongue base or tonsil cancer can be done via the laser or a robotic surgery. This involves removing the cancer and a small rim of normal tissue.

Surgery is all done through the mouth and takes between 1 and 3 hours.

There will be a raw, sore area where the surgery is performed. This soreness can affect your eating and drinking and it is common for patients to require a feeding tube up their nose (nasogastric tube) to ensure adequate nutrition and hydration until the raw area gets better. This may be a couple of days up to a few weeks.

The main risk is bleeding (which is why the artery in the neck will be tied off).

Once you are eating and drinking or able to manage the feeding tube yourself you will be able to go home and be seen in a couple of weeks with your results.

Additional treatment after surgery

The radiotherapy (with or without chemotherapy) varies depending on the results from your surgery. Radiotherapy is often given in a lower dose. If this is the case a PEG feeding tube may not be necessary, or the option of a feeding tube through your nose (nasogastric tube) may be discussed.

Sometimes, the features of your cancer mean that you may require the full chemo-radiotherapy treatment as described above. If this is the case you will need a PEG tube to get through this. The side effects are as written in the previous section.

You may or may not need a PET CT at 12 weeks after treatment- your doctor will tell you if it is needed. It is less likely to be helpful after surgery.

Trials

- You may be offered the option to enter into a clinical trial
- These trials are to help us to find out improved ways to treat head and neck cancers
- We only enter in trials that we feel are safe for you to be in
- If you choose not to be in a trial no-one will mind

Follow-up

You will be followed up in the cancer clinic for 5 years, initially every 4 to 6 weeks, then less often as the years go on. You will be examined every time and usually you will not need any scans. If you have any worries between appointments, you can see your GP or contact the specialist nurse and you may be brought in for an earlier appointment if needed. After 5 years, as long as you are not smoking or drinking excessively you will be discharged as cured from your cancer.

More information:

Please visit our website for more information or ask your Clinical Nurse Specialists.

www.southtees.nhs.uk/services/head-neck-cancer-north-east/

Comments, compliments, concerns or complaints

South Tees Hospitals NHS Foundation Trust is concerned about the quality of care you receive and strives to maintain high standards of health care.

However we do appreciate that there may be an occasion where you, or your family, feel dissatisfied with the standard of service you receive. Please do not hesitate to tell us about your concerns as this helps us to learn from your experience and to improve services for future patients.

Patient Advice and Liaison Service (PALS)

This service aims to advise and support patients, families and carers and help sort out problems quickly on your behalf.

This service is available, and based, at The James Cook University Hospital but also covers the Friarage Hospital in Northallerton, our community hospitals and community health services. Please ask a member of staff for further information.

If you require this information in a different format please contact Freephone 0800 0282451

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