

Patient information

Trans–Oral Laser Resection of the Oral Cavity

Head and Neck Department - Aintree Hospital

You have been asked by your consultant to undergo a trans – oral laser resection of your oral cavity (mouth).

This leaflet has been written to answer any questions you, or those who care for you, may have about the surgery.

It was prompted by a recent patient survey which showed that 11% of patients thought that they hadn't received sufficient information prior to surgery.

What is a laser?

A laser is a high intensity light focused into a powerful beam which can be used for very precise surgical cutting through tissue.

It will be used to remove the lesion in your mouth.

How is laser surgery performed?

Laser surgery uses a high-energy laser to cut and simultaneously stop bleeding of the soft tissues within the mouth. It can be used with a microscope to improve the view of tissues that are to be excised.

Laser light is then aimed precisely to destroy/remove the lesion. Laser surgery can be repeated if necessary for cancer treatment.

You may receive laser surgery as a day case for small lesions or you may be asked to stay in hospital for a longer period. Your consultant will discuss this with you.

When removing larger lesions it is sometimes necessary to place a tracheostomy tube in your wind pipe during surgery to make sure you can safely breathe after surgery.

This is not always necessary and your consultant will discuss this with you if they feel it is needed before the operation.

This is usually temporary and we will aim for it to be removed before you are discharged from hospital.

What are the risks?

As with all medical procedures there are risks involved with the laser.

The doctor who has requested for you to have the surgery will have considered these risks and compared them to the benefit of having the procedure carried out.

The risks associated with a Trans Oral Laser resection are as follows:

Injury to teeth, lip, gum or tongue - if you have dental caps, they can sometimes become dislodged or loosened.

Please make sure to mention it to the anaesthetist and surgeon on assessment.

The area that has been treated may be sore and swollen after the procedure. Simple analgesics as well as local anaesthetic rinses are very effective at alleviating this pain.

- Most people can eat and drink after surgery, but with some difficulty. A recent survey showed that 82% of patients described having an issue with eating in the first week post operation.
- Occasionally you will be assessed by the Speech and Language Therapist who will decide if it is safe for you to start eating and drinking.
- A recent patient survey showed that eating was a 'main problem' for 70% of patients in their recovery.
- In a recent patient survey, 32% considered swallowing to be a 'main problem'. This can lead to some difficulty with your ability to eat and drink.
- Very rarely, we may keep you in after your procedure and pass a nasogastric (NG) tube through your nose into your stomach. We could then feed you whilst your mouth wound healed.
- 84% of patients who have lesions removed from on or near their tongue may experience numbness in the first week.
- This usually subsides early on. A recent survey showed that 70% have no persisting problems beyond eight weeks.
- An element of numbness can however be permanent (three % of patients considered their numbness to be unresolved).
- Patients rarely experience bleeding after the laser treatment. In a recent patient survey, only five % considered it a 'main problem'. You may be kept in overnight as a precaution.

If you do experience bleeding you will be given some gauze to pack the wound. If this does not help you may need to call the ward, your GP, or attend A&E.

- You will not need any antibiotics unless the wound site becomes infected.
- Laser burns – The area is protected whilst the procedure takes place. If Laser burns occur, they will heal naturally over a couple of weeks.
- Further treatment – you may need additional treatment after your surgery. This will be decided by the Consultant and your pathology results from your first operation.
- It can mean going back for further laser treatment to get a better clearance of the tumour or post-operative Radiotherapy.

Table 1 : A table illustrating a 2014-2016 survey response to a question regarding which symptoms they considered to be a 'main problem'.

Symptom	%
Eating	71
Pain	42
Numbness	37
Speech	34
Swallowing	32
Mouth/Tongue swelling	18
Appearance	18
Shoulder/Neck	16
Bleeding	5

Table 2 : A table illustrating a 2014-2016 survey response regarding the recovery duration post laser resection.

Recovery Duration	%
A few days	5
1-2 weeks	18
2-4 weeks	42
4-8 weeks	5
> 8 weeks	24
Unresolved	3

Risks of a general anaesthetic

A general anaesthetic can cause side effects and complications. Side effects are common but are usually short lived, they include:

- Nausea.
- Confusion.
- Pain.

The risks of anaesthetic and surgery are lower for those undergoing minor surgery, if you have any concerns, please discuss them with the Anaesthetist before your surgery.

What should I expect after my surgery

You will be nursed on a ward after the procedure, the nurse will check your pulse, temperature, blood pressure and breathing regularly.

After your surgery you may be advised to not have anything to eat or drink. The nursing staff will advise you on whether you can.

Anaesthetics can make some people feel sick. Please inform the nursing staff if you feel sick and they can give you medication to help the nausea.

If you feel dizzy, please do not try walk around the ward by yourself. Please inform a member of staff who will assist you.

You will be advised to rest your voice for 72 hours after your operation, although it may be difficult, try using pen and paper or use facial expressions to express yourself.

Driving

You should **not** drive for 24 hours after a general anaesthetic.

Discharge Advice

You will be allowed to go home when the medical team have assessed you and feel it is safe for you to be discharged.

The team will need to assess your home circumstances before you are discharged to make sure you have enough support.

If you have any dressings you will be referred to the community team to continue your care.

It will either be a District Nurse or you will have to attend a Treatment Centre. The nurse will inform you on discharge.

If you go home on the day of your operation you will need a responsible adult to stay with you overnight and you must have access to a working telephone, just in case you are unwell after the procedure.

The nursing staff will advise you about painkillers before you are discharged, if you have any at home, please inform the nurse.

Getting back to normal

It may be normal to feel tired more than usual for a few days following the anaesthetic.

It is important that you eat and drink as usual. If you experience any problems, you could try food that is softer in consistency and take plenty of fluids.

If the problem continues, please contact the ward for advice.

If you work, it may be best to take time off until you feel fully recovered and able to go to work.

You can self-certify for the first seven days, after this you will need a medical certificate that can be obtained from your GP.

An Outpatient appointment will be arranged for you to be seen by the Consultant after you have been discharged from the ward to be given the results/plans for any further treatment you may need.

If you do not receive one, please contact the Ward.

Feedback

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

Further information

Local Advice

**Clinical Nurse Specialist Head and Neck,
Aintree University Hospitals NHS Foundation Trust, Lower Lane,
Liverpool. L9 7AL.**

**0151 529 5256 Direct line/answer phone
Monday – Friday 8am – 4pm.
Email: headandneckcns@liverpoolft.nhs.uk**

**The Head and Neck information support service is a telephone helpline
run by the Clinical Nurse Specialists at Aintree.**

**Ward 28
Tel 0151 529 5238**

**Head and Neck Cancer Patient and Carer Support Group:
Patients and carers meet regularly to chat, share experiences and
support each other.**

**For further information contact the Clinical Nurse Specialists for details
of future meeting and events.
Tel No: 0151 529 5256**

Useful Websites:

**www.livheadandneck.co.uk
www.macmillan.org.uk**

**Author: Head and Neck Department
Review date: September 2026**

All Trust approved information is available on request in alternative formats, including other languages, easy read, large print, audio, Braille, moon and electronically.

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