If you need a large print, audio or translated copy of the document, please contact us on 020 3447 9755. We will try our best to meet your needs.

Contents

1 Introduction
2 What is a craniofacial resection?
3 What does craniofacial resection mean?
4 Are there any alternatives to this surgery?
5 What can I expect before the operation?
6 Asking for your consent
7 What happens during a craniofacial?
8 Will the operation affect the way I look?
9 Problems that may happen straight away
10 Problems that may happen later
11 Problems that are rare, but serious
12 What should I expect after a craniofacial resection?
13 Follow-up
14 Contact numbers
15 Where can I get further information?
16 How to find us
1 Introduction
This booklet has been designed to help you understand your forthcoming treatment and contains answers to many frequently asked questions.

If you have any questions that the booklet does not answer, or would like further explanation, please ask one of the Team.

2 What is a craniofacial resection?
This is a procedure to remove a mass from behind the nose.

3 What does craniofacial resection mean?
It is the name given to a group of operations that take place within the skull (cranio) and the middle of the face (facial). “Resection” means “removing”.

4 Are there any alternatives to this surgery?
There may be other treatments for your cancer but your medical team will be suggesting this one as thought to be the most appropriate for you. Your medical team will be happy to discuss the reasons for recommending this operation and any other concerns you may have.

5 What can I expect before the operation?
At your preoperative appointment the doctors will discuss the surgery with you. Following meeting with the doctors pre assessment appointments will also be carried out. These will involve seeing the doctor, anaesthetist, pre admission nurse, clinical nurse specialist, speech and language therapist and dietitian. Routine tests for example, bloods, chest X-rays and ECG’s may also be performed. This also gives you an opportunity to ask any questions you may have. At your pre-assessment appointment you will be told by the nurse or anaesthetist when to stop eating and drinking so you can fast before your operation.
6 Asking for your consent

By law we must ask for your consent and when you come for the operation we will ask you to sign a consent form. This confirms that you agree to have the operation and understand what it involves. Staff will explain all the risks, benefits and alternatives before they ask you to sign a consent form. If you are unsure about any aspect of the treatment proposed, please do not hesitate to speak with a senior member of staff again.

7 What happens during a craniofacial?

An incision (a cut) is made either alongside the nose to the forehead, or from one ear over the head to the other ear. This skin flap is lifted back to expose the area and the mass removed (resected).

The space left by removing the mass is repaired with skin and tissue grafts and packed with gauze. These grafts are taken from the top of your leg (upper thigh). The pack helps to keep the graft in place. A small pack is also sometimes placed within the nose.

The skin is then secured with stitches or clips. You will need to be in Intensive Care post-operatively, and will need to lie flat for a few days in bed. This is to help the area operated on to heal.

Any pack in the nose will be removed the day after surgery by the nursing staff, however, the pack inside the head will need to be removed in theatre. This will usually be about 14 days following your operation, under a short general anaesthetic.

There will a large padded dressing on your thigh from where the grafts have been taken, called the “donor site” (split skin graft). The outer bandage is left on for at least 24-48 hours to provide protection to the stitches and drain that will help any further blood to come out. The drain and sutures will be removed fairly quickly following the operation.
After about 14 days it is advisable to sit in a warm bath for 20 minutes to soak off the dressing. You will notice that the area looks like a large graze. Once the wound has dried to the air, apply E45 cream to keep the wound moist and supple.

Avoid pressure on this area (heavy bed covers, pyjamas, and trousers) to avoid discomfort. A pair of shorts maybe better for you to prevent clothing rubbing on the wound.

There will be a skin discolouration at the site; this will gradually lighten over months

8 Will the operation affect the way I look?
The operation will leave you with a scar in the midline forehead coming down to the side of the nose. The scar fades over time, gradually becoming less visible. If the scarring is of concern to you, please ask the clinical nurse specialists or nursing staff for camouflage services.

You can get advice and help from organisations such as Changing Faces, and Let’s Face It, who specialise in helping people to adapt with their altered appearance.

9 Problems that may happen straight away
Haematoma – a collection of blood or fluid beneath the skin.
Infection – this is rare as you will receive antibiotics as a matter of routine following your operation.
Nausea – this is because of the pack and will be managed by medication. If it does not settle during the post operative period you may need to see a dietitian.
10 Problems that may happen later

**Recurrence of the mass** – You will have regular appointments and scans, plus short general anaesthetics to monitor the area.

**Seizures** – These are very rare as you will receive a small dose of medicine that prevents fits before the operation and for some weeks following. While you are on this medicine you will not be able to drive.

**Depression** – It is not unusual for people to feel a ‘little low’ after a big operation. Please let us know if this is the case.

**Loss of smell** – Unfortunately, the removal of the mass always affects the way you appreciate flavour. However, you will still be able to tell the difference between sweet, sour, salty and bitter tastes.

**Crusting** – Mucus that we all produce in the nose may dry in the hole left following removal of the mass and form crusts. This can be prevented with regular washing of the nose with salty water.

11 Problems that are rare, but serious

**Double vision** – This may either be for a short while after the surgery or may continue and need additional surgery.

**Leakage of clear / straw coloured fluid from the nose** – CSF (cerebrospinal fluid) surrounds the brain and may leak out from the repair. If this happens you will need further surgery to prevent meningitis.
12 What should I expect after a craniofacial resection?
When you leave hospital you may still feel weak and tired. Gradually increase the amount you do at home, but remember it may take several weeks before you feel back to normal.

- Avoid strenuous activity and heavy lifting until your surgeon tells you it is okay.
- You should not drive or operate machinery until your surgeon tells you.
- To avoid the risk of infection avoid smoky areas and crowded places. Also stay away from people you know have coughs or colds.
- Do not pick or blow your nose and avoid sneezing if possible.

If you have heavy bleeding or a straw coloured discharge from your nose, this may be serious and patients. Please go to your local or UCLH A/E immediately.

13 Follow-up
You will be reviewed regularly by the team after you leave hospital. Your first appointment should be two weeks from when you leave.

14 Contact numbers
If you have any questions please contact the appropriate healthcare professional secretary on 020 3447 9755. Your message will be taken and passed onto the appropriate department.

Address: Head and Neck Cancer Centre
          UCLH
          1st Floor East
          250 Euston Road
          London
          NW1 2PG

Email: headandneckcentre@uclh.nhs.uk
15 Where can I get further information?

**Changing faces**
Website: www.changingfaces.org.uk
Telephone: 0845 4500 275

**Let’s Face It**
Website: www.lets-face-it.org.uk
Telephone: 01843 833724

**Macmillan Cancer Support**
Address: 89 Albert Embankment, London, SE1 7UQ
Telephone: 0808 808 2020 9am-9pm, (Mon-Fri)

Trained advisers can answer questions about living with cancer and provide practical and emotional support.

Email: cancerline@macmillan.org.uk
Telephone: 0808 800 1234 9am-8pm
Monday to Friday

Cancer information nurse specialists can answer questions about cancer types, treatment and what to expect following a diagnosis.

**Macmillan Cancer Support**
Website: www.macmillan.org.uk

Features information about living with cancer, Macmillan’s services and online communities in which people affected by cancer can share experiences and support.

**Detailed information about cancer types and treatment.**
Website: www.cancerbacup.org.uk

Information is also available for free, 9am-9pm Monday to Friday for other languages, call 0808 800 1234 and ask for an interpreter.
16 How to find us
We are based at University College Hospital

No car parking is available at the hospital. Street parking is very limited and restricted to a maximum of two hours.

Please note the University College Hospital lies outside but very close to the Central London Congestion Charging Zone.