UW Medicine UNIVERSITY OF WASHINGTON MEDICAL CENTER

Transoral Robotic Surgery (TORS)

What to expect

This handout explains transoral robotic surgery, which is done to remove certain tumors from the tongue and throat.

What is transoral robotic surgery?

Transoral robotic surgery (TORS) is done to remove tumors from the back of your tongue and throat, when they are hard to reach through the mouth. Your surgeon uses a robot to access the tumor site.

How do I prepare?

The medical consult and anesthesiology teams may meet with you. This depends on your age and health history. We want to make sure your body is ready for *general anesthesia* (medicine that makes you sleep) and surgery.

Your surgical care team includes your surgeon, resident doctors, advanced practice providers (APPs), and nurses. These providers and your anesthesia team will tell you how to prepare for your surgery.

 Most patients are told not to eat or drink anything after midnight before the day of surgery.



You may meet with a medical consult team before your surgery.

- Your care team will tell you which medicines you can take and which ones to stop taking before surgery.
- A nurse will call you the day before your surgery to tell you:
 - What time to arrive and what time your surgery will start.
 - What time to stop eating and drinking. This depends on your surgery start time.

If your surgery is on a Monday, the nurse will call you the Friday before.

What happens during surgery?

 You may have a feeding tube placed through your nose to your stomach to make sure you are getting enough nutrition and fluids. • The surgery takes about 3 to 4 hours. If your surgeon needs to remove lymph nodes from your neck (a *neck dissection*), it may take longer. If you have any questions about this, please ask your care team.

What happens after surgery?

- After surgery, you will be moved from the recovery room to the intensive care unit (ICU). You will stay in the ICU for 1 night so we can watch you carefully.
- For your safety, please ask for help to get out of bed or move around.
- Your care team will say when it is OK for you to move to a room on a hospital unit. This will depend on how your recovery is going.
- Your care team will check you often to make sure that you are not having any bleeding or other problems.

How long does recovery take?

Recovery time depends on the type of surgery you had, whether your pain is under control, and whether your body is taking in enough nutrition and water. Plan to stay in the hospital for at least 3 days after your surgery.

When can I leave the hospital?

Your surgical care team will decide when you are ready for discharge. Discharge planning starts before you are ready to leave the hospital.

Your discharge planning team includes you and your family, your surgical care team, social worker, nurses, occupational therapist, physical therapist, speech and swallow therapist, and nutritionist. Together, you will decide the best place for you to go after discharge. Some patients may go home, with or without visiting nurses or homecare. Other patients may need to go to a rehabilitation or skilled nursing facility for a short time before they go home.

Diet

Good nutrition and lots of fluids help your recovery and healing. Your nurses will follow this schedule for your diet:

- **Clear liquids:** On **day 0** (the day of your surgery), you will start a clear liquid diet. A clear liquid is any liquid you can see through, such as broth, apple juice, or tea.
- **Full liquids:** On **day 1** (the day **after** your surgery), you will start a full liquid diet. Examples of full liquids are milkshakes and smoothies, and nutritional drinks such as Ensure and Boost. You will stay on full liquids for 2 days.
- **Soft foods:** You will try eating soft foods before you leave the hospital. After that, you will progress to a regular diet as you can handle it.

Pain Control

You will have throat pain after your surgery. Please note that **pain and risks of bleeding are higher from day 5 to day 10 after surgery**. Most patients report that their pain eases by about 2 weeks after surgery.

One of our goals during your recovery is to make sure your pain is under control. To help with this, you will receive both prescription (*opioid*) and non-prescription pain medicines.

Medicines

It will be easiest for you to take your medicines in liquid form. If any of your medicines are in pill form, check with your pharmacist to find out if it is OK to crush them. That way, you can swallow them more easily.

Self-care After Discharge

- **Neck incision**: If you have a neck incision, clean it gently with *normal saline* (salt solution) 2 times a day. Apply a layer of Aquaphor ointment after each cleaning. Reapply as needed to prevent the incision from drying out.
- Activity: For 2 weeks after discharge:
 - Avoid lifting anything that weighs more than 10 pounds (1 gallon of water weighs almost 9 pounds).
 - Do **not** do anything that increases your heart rate because that will increase your chances of bleeding.
 - Slowly increase your activity as it feels OK. If an activity causes pain, or you feel tired, stop and try it again at a later date.
- **Hydration**: Drink 6 to 8 glasses (8 oz. each) of water every day. Staying hydrated helps your recovery.
- **Constipation**: Use stool softeners to avoid constipation. You may stop taking these when your bowels return to normal, or if you get diarrhea. Drinking water and being active can help prevent constipation.

Follow-up

- Please stay in the Seattle area for 7 days after discharge, in case you need to see your surgeon or need other care at UWMC.
- If you have questions during your recovery, call us at 206.598.4022:
 - Weekdays from 8 a.m. to 5 p.m., press 2 and ask to talk to the nurse.
 - After hours and on holidays and weekends, press 5 to talk with a Community Care Line nurse.

Questions?

Your questions are important. Call your doctor or healthcare provider if you have questions or concerns.

Otolaryngology-Head and Neck Surgery Center

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