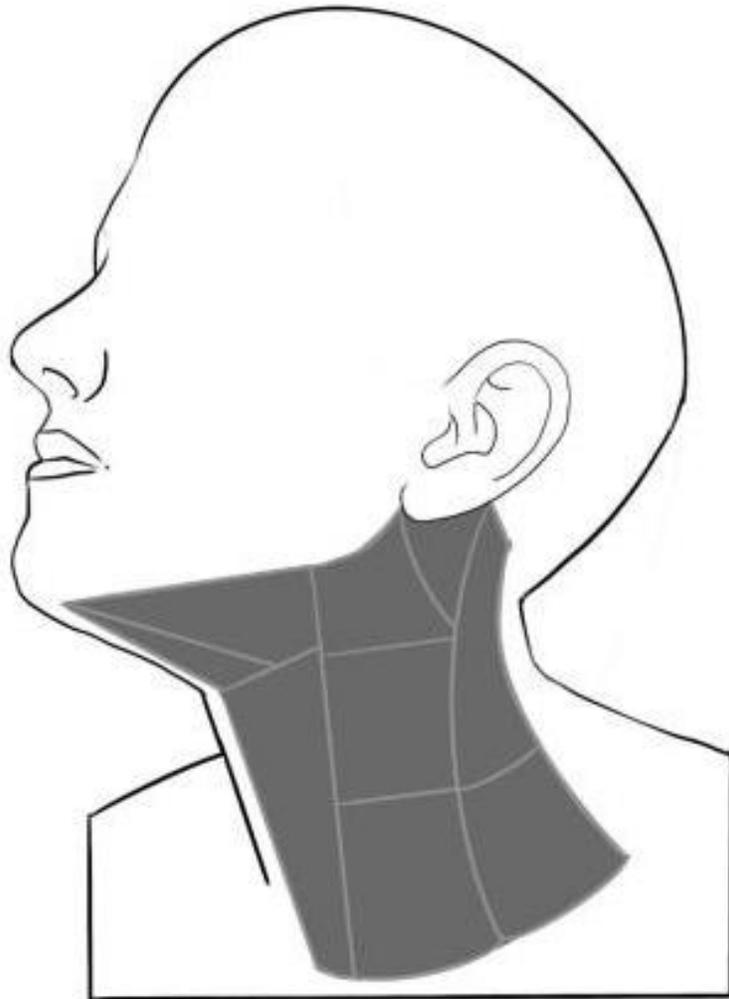




## Department of Physiotherapy

### REHABILITATION BEFORE AND AFTER HEAD AND NECK SURGERY

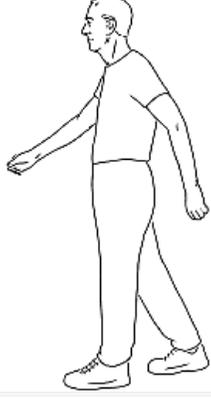
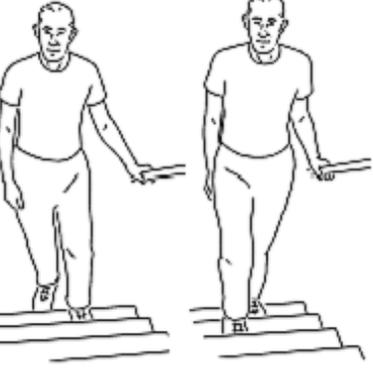
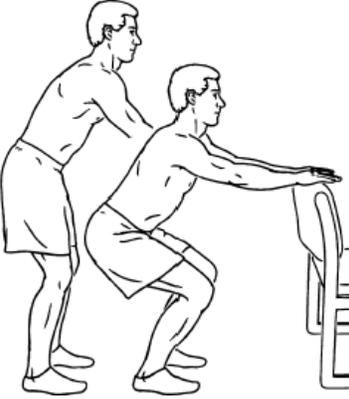
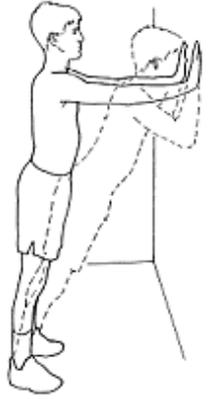
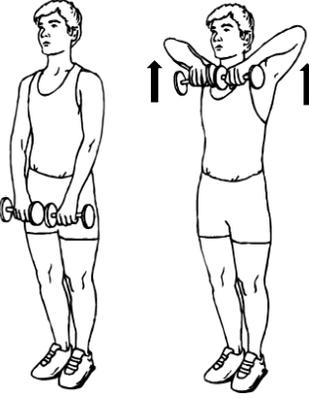


This handout is put together to empower you on what you can do for yourself before and after the surgery. We aim to help you get back on your feet and be discharged in a timely manner.

## Physiotherapy Before Surgery

You may see a Physiotherapist before the surgery. Your physiotherapist will educate you on some exercises you can do to better prepare your mind and body for the surgery.

### Exercises before surgery

<input type="checkbox"/> <b>Walking daily</b> 	<input type="checkbox"/> <b>Stairs climbing</b> 	<input type="checkbox"/> <b>Chair squats</b> 
<p>At least ½ hour</p>	<p>At least 2 flights</p>	<p>10-15 times 2-3 sets</p>
<input type="checkbox"/> <b>Wall push-ups</b> 	<input type="checkbox"/> <b>Upright row</b> 	<input type="checkbox"/> <b>Shoulder press</b> 
<p>10-15 times 2-3 sets</p>	<p>10-15 times 2-3 sets</p>	<p>10-15 times 2-3 sets</p>

*Exercises can be modified to change the level of difficulty*

## **What to Expect After Surgery?**

### **Lines and drains**

A tube or drain may be placed under the skin. This removes excess fluid away from the operation site and minimise bruising and swelling. The wound is usually stitched or stapled for up to 21 days. A tube may be placed in your bladder to monitor your urine flow.

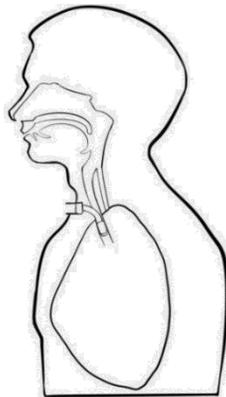
### **Wound healing**

Rate of wound healing differs from patient to patient. Generally, keeping active and adopting a healthy lifestyle accelerates wound healing. Try to keep intensity of physical activity low for the first 6-8 weeks after surgery.

### **Post-surgical pain relief**

You may experience pain from the surgical site. Your doctor can offer you advice on pain medications. Try to optimize your pain control during the first week after surgery to allow you to move and breathe more comfortably.

### **Tracheostomy**



Some patients may have an additional breathing tube put in to help with breathing and clearance of secretions after surgery. For most patients it is only temporary and will be removed by your doctor.

### **Secretion management**

It is alright to breathe normally and cough out your phlegm through the mouth or tracheostomy. If phlegm becomes too thick or difficult to clear, nurses or physiotherapists can assist to remove it using a suction catheter.

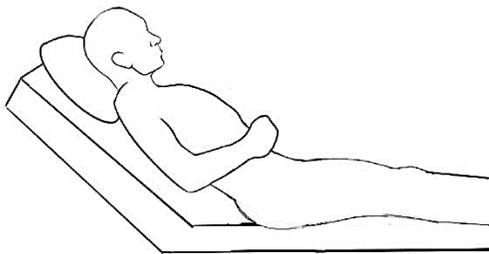
## Physiotherapy After Surgery

Surgery takes a toll on your body. Activities described in this handout are important to help you

- Prevent chest infections after surgery
- Maintain and improve on your bodily strength
- Maximise your ability to move
- If applicable: donor flap site exercises

Your Physiotherapist will teach you a range of exercises and techniques to improve your mobility. As advised by your physiotherapist and healthcare team, it is safe for you to attempt these exercises.

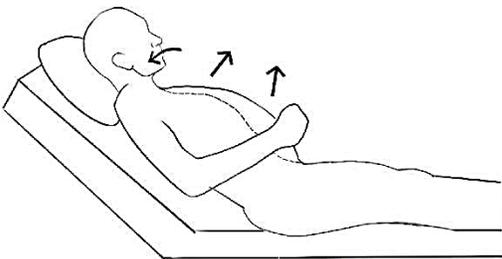
### **Breathing exercises**



Do deep breathing exercises, 10 times every waking hour. This should start once you are awake from surgery. If you have any phlegm, please cough it out.

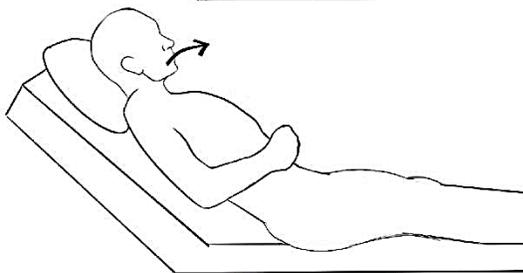
#### Normal breathing

- Breathe in normally through your nose, and let your stomach rise gently.
- Breathe out in a relaxed manner, do not force the air out.



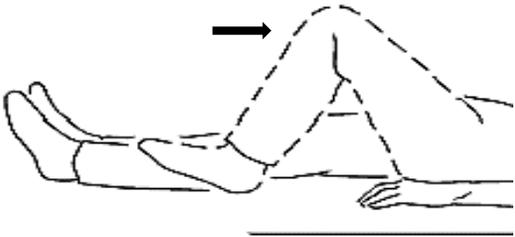
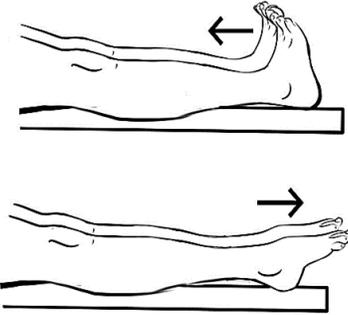
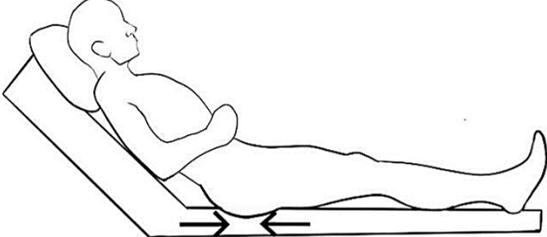
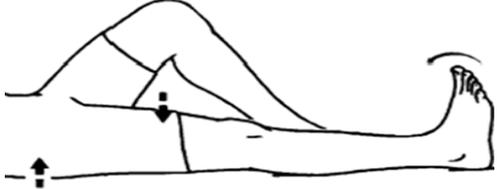
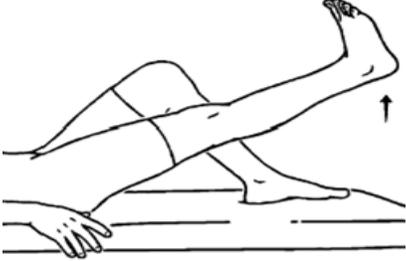
#### Deep breathing

- Take slow and deep breaths in, over 3-5 counts to open up your chest, avoid raising your shoulders.
- Gently breathe out.



## Bed exercises

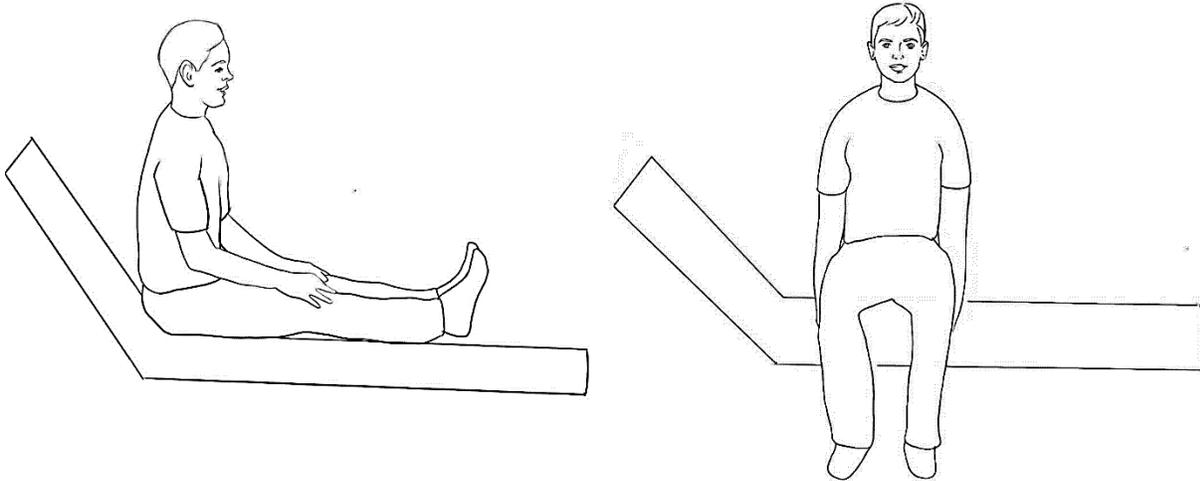
There are also other exercises you can do to help with your leg circulation after surgery to prevent blood clots. If you are not allowed to get out of bed because of restrictions placed by your surgeon, you can also do these exercises to maintain your muscle strength. As a general guide, you can perform these exercises 10 times every waking hour.

<input type="checkbox"/> <b>Heel slides*</b>	<input type="checkbox"/> <b>Ankle pumps</b>
	
<input type="checkbox"/> <b>Static glutes</b>	
	
<input type="checkbox"/> <b>Static quadriceps</b>	<input type="checkbox"/> <b>Straight leg raise</b>
	

*\*If you have a lower limb flap donor site, check with your physiotherapist before doing this exercise.*

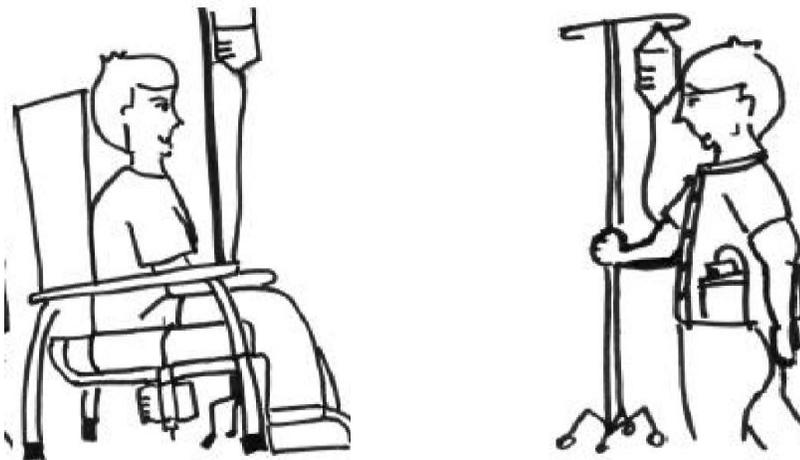
## Getting out of bed

You are advised to prop yourself up in a long sitting position before turning your body to sit over on the edge of the bed. This can help to ensure minimal neck turning when getting out of bed.



## Early mobilisation

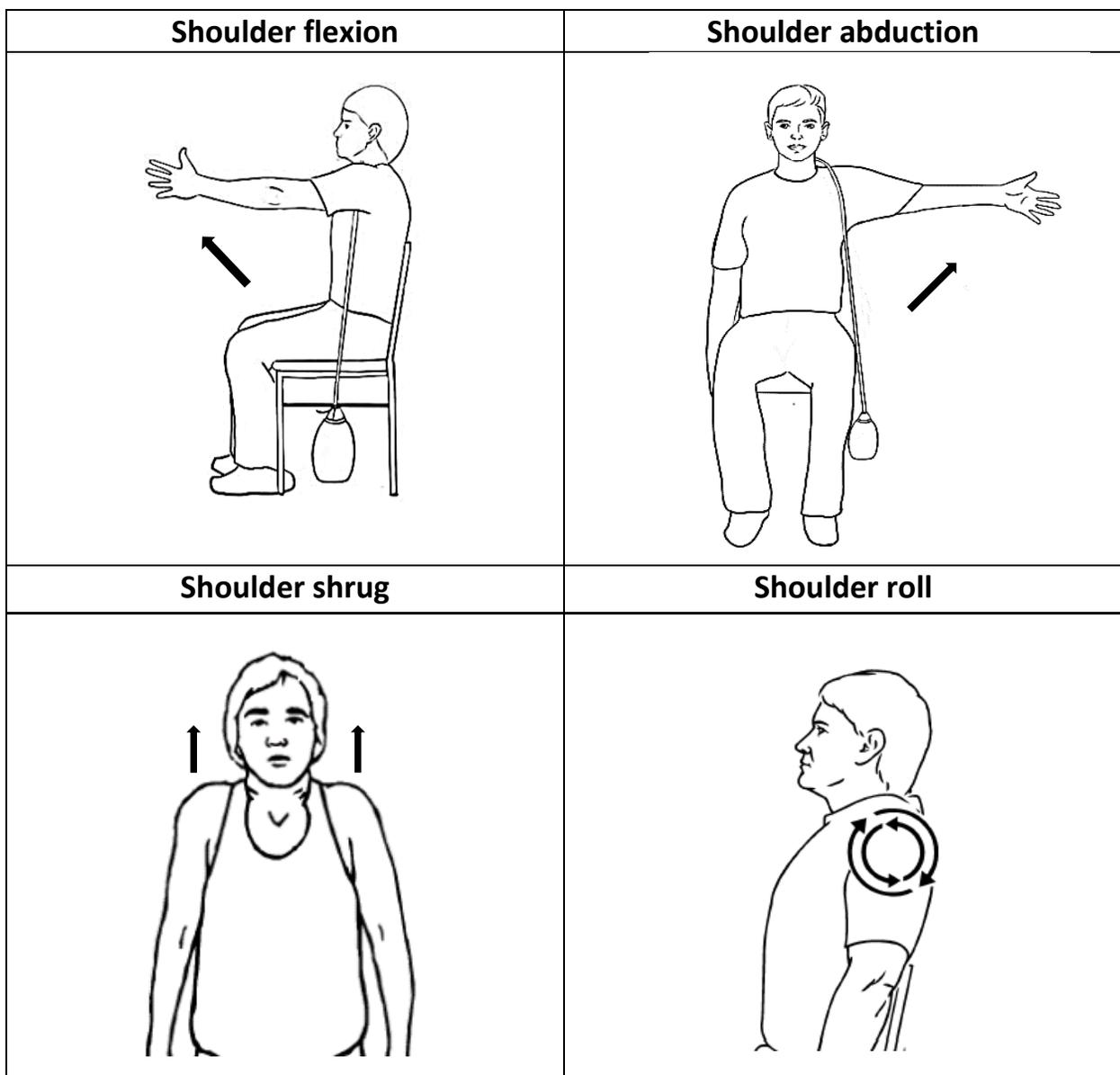
If allowed by your surgeon, walking is the best intervention to help your recovery after surgery. We aim to start walking on the first day after surgery. This is completely safe to perform after surgery. Assistance will be provided as required. If available, press the control for your pain relief before moving.

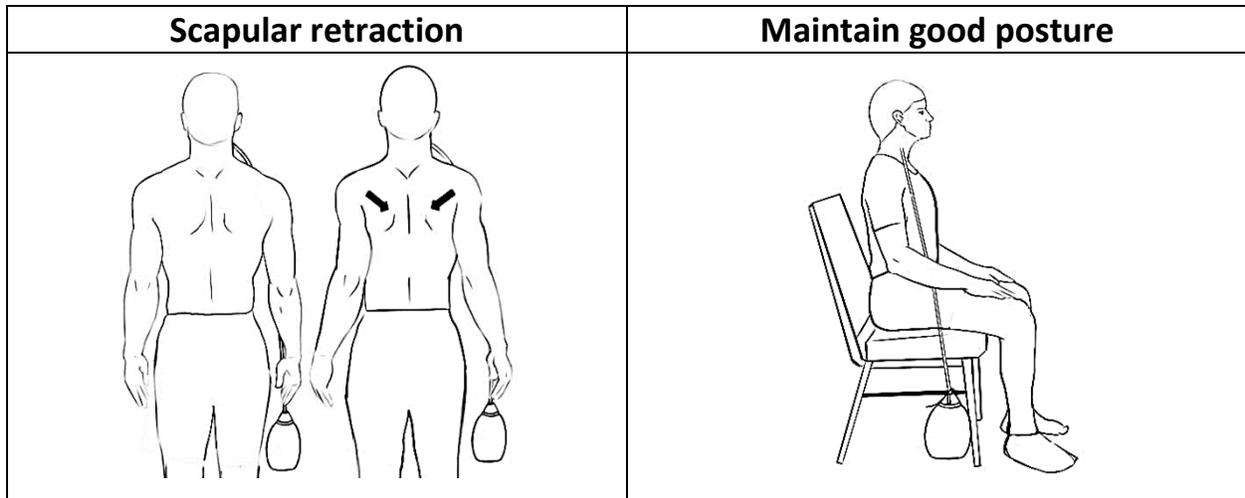


## Neck and shoulder exercises

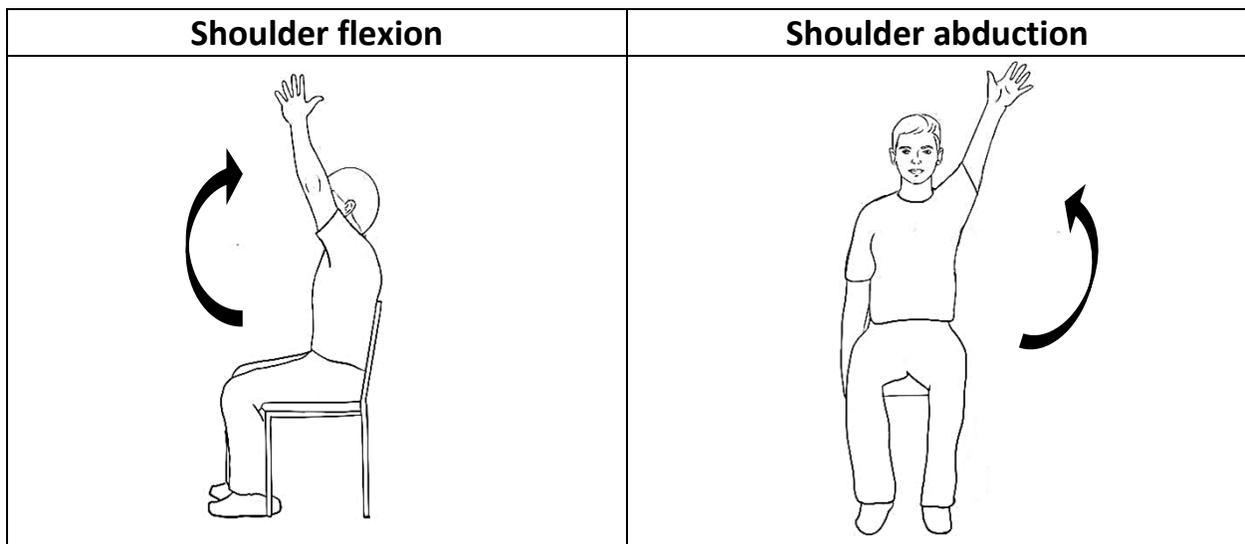
If there is no flap in place, you will be allowed to move your neck and shoulder as tolerated. When the wound is healed, stretches can help prevent tightening of the scar. You can expect reduced movement in the face, neck and the shoulders due to movement of tissue during the surgery. This should reduce with time if you perform your exercises.

**When drains are in**, do not actively exercise your neck and jaw, or raise your arms above shoulder level repeatedly.





**Once the drains are out**, you are expected to do more exercises to improve movement and reduce swelling & stiffness.



### Swelling Management

Some patients experience swelling in the face and/or neck after surgery. Should the swelling occur:

1. Moisturise skin to prevent skin dryness
2. Keep head and neck elevated when lying down
3. Monitor swelling

If swelling persists and worsens more than 2-3 weeks after surgery or radiation, please consult your doctor for a referral to a physiotherapist.

