

Useful sources of information

Pharmacy medicines helpline

For information about any medicines that you have been prescribed at Guy's and St Thomas' hospitals, you can speak to the staff caring for you or call our helpline.
t: 020 7188 8748 9am to 5pm, Monday to Friday

Patient Advice and Liaison Service (PALS) – To make comments or raise concerns about the Trust's services, please contact PALS. Ask a member of staff to direct you to the PALS office or:
t: 020 7188 8801 at St Thomas' t: 020 7188 8803 at Guy's
e: pals@gstt.nhs.uk

Knowledge & Information Centre (KIC) – For more information about health conditions, support groups and local services, or to search the internet and send emails, please visit the KIC on the Ground Floor, North Wing, St Thomas' Hospital.
t: 020 7188 3416

Language support services – If you need an interpreter or information about your care in a different language or format, please get in touch using the following contact details.
t: 020 7188 8815 fax: 020 7188 5953

NHS Direct – Offers health information and advice from specially trained nurses over the phone 24 hours a day.
t: 0845 4647 w: www.nhsdirect.nhs.uk

NHS Choices – Provides online information and guidance on all aspects of health and healthcare, to help you make choices about your health.
w: www.nhs.uk

Physiotherapy for patients recovering from head and neck surgery

This information sheet is for patients who have had surgery for conditions affecting their mouth, jaw, face and/or neck.

It tells you how physiotherapy can help you recover from your operation.

What is physiotherapy?

Physiotherapy is a treatment that you actively participate in, rather than something you just have done to you. It works best when you work together with your physiotherapists to help yourself recover. They will guide you with advice and information about what you can do to help yourself.

The role of the physiotherapist

The role of the physiotherapist is to assess your needs, identify any problems which can be helped by physiotherapy, and devise an individual treatment plan for you.

You will normally be assessed the day after your operation, and will be seen as required until you leave hospital, or until input from the physiotherapist is no longer needed.

Physiotherapy may consist of:

- Chest clearance techniques
- Postural advice
- General mobility rehabilitation (moving around)
- Neck, shoulder and jaw exercises
- Donor flap site (where tissue has been removed) exercises.

Your physiotherapist will be able to give you more information. If there is anything you are unsure about, please do not hesitate to ask.

Follow-up

You will be referred for ongoing physiotherapy when you leave hospital. This is to prevent future problems with neck and shoulder movement and pain. The amount of physiotherapy you receive will depend on your individual needs. If at any point a problem reappears or you develop a new problem, please speak with your health professional.

Contact us

If you have any questions or concerns about physiotherapy following head and neck surgery, please contact:

- the Guy's outpatient physiotherapy department on 020 7188 5099 and ask for the **head and neck outpatient physiotherapist**
- the **Blundell Ward physiotherapist** on 020 7188 5110, or
- or, if you are known to the Community Head and Neck Team (CHANT), call the **CHANT physiotherapists** on 020 3049 2350.

Please leave a message if your call is not answered and someone will call you back. Opening hours are 8.30am to 4.45pm, Monday to Friday.

Notes

If you notice any change in the appearance of your skin, for example it becomes redder, painful or starts to ooze, then stop the massage and speak to your physiotherapist.

Returning to normal activities

Provided there are no problems with your wound healing, try to return to normal activities (such as washing and dressing yourself) while in hospital.

You can start to do some light domestic chores as soon as you go home. Try to build up to longer tasks gradually.

For the first six weeks after your operation, try to avoid heavy activities such as hanging out wet washing, and lifting anything heavier than a full kettle, for example shopping bags or children.

If you drive, ask your consultant when it is okay to return to driving. The main considerations for driving are:

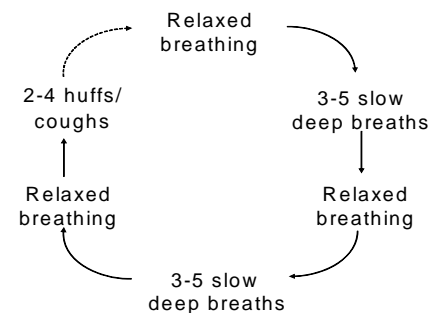
- The effects of any painkillers you may be taking. For example, do they make you feel drowsy?
- Can you turn your head to look in blind spots without pain or stiffness?
- Can you comfortably tolerate holding your arms up to the steering wheel for the necessary length of time?
- If you have had a flap from a part of your leg, could you comfortably hop on that leg? This will be an indicator of your ability to operate the brake or clutch to do an emergency stop.

Please refer to information on the DVLA website www.dvla.gov.uk. If you want to return to driving, it may be worth trying it out in a quiet area with family/friends first, before going out in traffic.

Chest clearance techniques

Everybody's lungs produce phlegm as part of their natural clearing system. After a general anaesthetic, this clearing system slows down and phlegm can build up. Long operations can also reduce the amount of air that can get into your lungs. Both of these things can cause problems.

Your physiotherapist will work with you to help reverse these changes. This may involve some chest clearance and breathing exercises. Your physiotherapist will show you how to do these effectively.

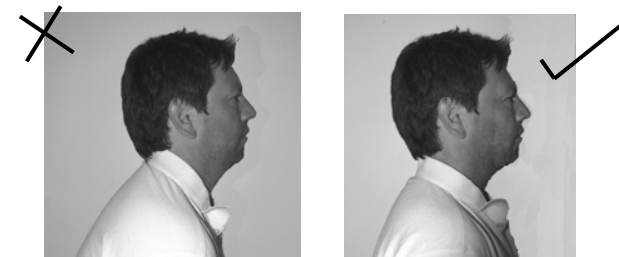


You should try a cough every hour. It will not do any damage to your wound and will help prevent a chest infection.

You may be advised to support your wound (for example by placing your hand over your dressings while you cough).

Posture

Be aware of your posture. Try not to 'slump' or round your shoulders. Try to sit and stand upright, with your head up and shoulders and upper back pulled back and down. When sitting, it may help to put a pillow under your arm.



General mobility rehabilitation

- In the first few days after your operation, it is important that you get up out of bed and start moving around. Walking helps your lungs to re-expand and encourages good circulation.
- Generally, the day after your operation you will be helped to get out of bed and sit in a chair. There are exceptions to this with certain types of surgery.
- Gradually increase the distances you are able to walk until you are fully mobile again. Aim to walk at least the length of the ward three to four times per day, if you can.
- Before going home from hospital, you may need a 'stair assessment' to make sure that you are safe and confident getting up and down stairs when you go home.

Neck and shoulder exercises

- For the first few days, don't move your neck, shoulders or jaw very much. This will allow your wound to settle and start to heal. Pain, swelling, clips/sutures or surgical drains may make movement more difficult to start with.
- Once any drains are out, exercises will help to improve movement, and reduce swelling, pain and stiffness. Stretches can help to encourage a flexible scar.
- During surgery, the nerves in the area may be stretched, bruised or cut. If this has happened, the nerves may not send messages to the muscles as well. This can lead to reduced movement, particularly in the face and shoulders, and can mean it takes a little longer to recover.

How often should I do these exercises?

It is always best to do 'little and often', rather than lots of exercises at one time. Exercising two to three times a day for five to ten minutes is best. Your physiotherapist will be able to advise you exactly what to do.

Other things you can do to help yourself

Keep active – Try to keep as active as you can, for example go for regular walks. This can help maintain a level of fitness to see you through your treatment period. If you feel tired, try doing a little and often, rather than a lot in one go – listen to your body.

Good nutrition – Good nutrition (eating healthily) is vital for your wound to heal. This will help you get back to your normal activities. Please follow the advice from your dietitian and any swallowing advice from the speech and language therapists.

Avoid smoking – This will help your wound to heal and can help to avoid other problems, such as your cancer returning. Please ask your health professional if you would like support to help quit smoking.

Scar massage – Massaging the scar can help to improve the size and appearance of your scar and the range of movement at your neck. Massage should only be started once the wound is fully healed (when there are no scabs or open areas) and you have finished any radiotherapy.

How do I massage?

- Use a non-perfumed moisturising cream, such as aqueous cream.
- Gently press on your scar, moving it and the surrounding tissue with your fingers.
- Make small circles, moving the skin over the tissue underneath, rather than rubbing on the surface of the skin.
- Massage for about ten minutes, two to three times a day.

If this gap becomes less than three fingers wide, it may indicate that extra therapy may be helpful. Please speak to your health professional if you notice this is happening.

Donor flap site exercises

An area of tissue or bone may have been used to reconstruct the inside of your mouth where tissue was removed – this is called the flap.

Common flap sites include the front of the chest (pectoralis major), part of the forearm (radial forearm free flap or RFFF), the shoulder blade (scapula), the rim of your pelvis (deep circumflex ilium artery or DCIA flap), part of your abdomen/tummy (transverse rectus abdominus myocutaneous or TRAM), the front of your thigh (anterolateral or ALT), and the fibula bone in the lower leg.

The area where the flap was removed from is called the donor flap site. The donor flap site will need to be exercised to restore the movements you had before surgery.

Your physiotherapist will give you an extra exercise sheet, specific to the type of surgery you have had.

How will I know if I have done too much?

You should feel a stretch when exercising – not pain. If you over-exercise, you may well feel sore and stiff the following day.

To avoid this, make sure you exercise **gently** and **slowly**. Aim to do your exercises about 30 minutes to an hour after taking any painkillers.

Please tell your health professional if your wound changes colour, becomes swollen or starts to ooze.

Please continue with your exercises, even after you have regained full movement and strength, until you have finished your full treatment programme (including any radiotherapy).

Which exercises should I be doing?

1. Head turns

Turn your head to look over one shoulder until you feel the beginning of a stretch. Return to the middle. Then turn your head towards the other shoulder. Repeat five to ten times to each side, keeping your shoulders still.



2. Head tilt

Tilt your head to one side until you feel the beginning of a stretch. Return to the middle then tilt to the other side. Repeat five to ten times to each side, keeping your chin pointing forwards and your shoulders still.



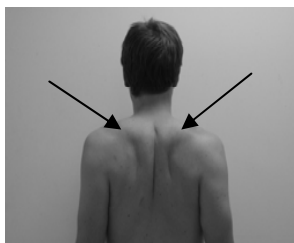
3. Look up/look down

Gently bend your head forward, lowering your chin towards your chest. Return to the middle and then gently raise your chin, tilting your head back, to look up. Only go as far as you are comfortable – you should just feel the beginning of a stretch to start with. Once your wound is fully healed you can stretch a bit more. Repeat five to ten times.



4. Shoulder shrug and roll

Slowly shrug your shoulders, trying to move them at the same speed and timing. Repeat five to ten times. Then roll them forwards/backwards five to ten times. It may help to do this in front of a mirror.



5. Shoulder squeeze

Squeeze your shoulder blades together and hold for five to ten seconds.

For the next three exercises (six, seven and eight), try to do these sitting or standing up. If they are very uncomfortable, try them lying down.

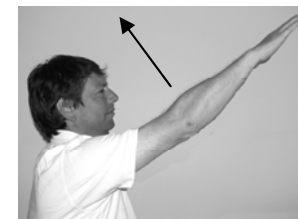
6. Taking hand out to the side

Keeping your elbow tucked into your waist, take your hand out to the side. Bring it back in and repeat five times.



7. Forward arm raise

Raise your arm up in front, then continue over and above your head. Use your other hand to help support your arm if it is difficult, or you could slide your hand up a wall, using the wall to support the weight of your arm. Lower down and repeat five to ten times.



8. Side arm raise

Leading with your thumb, raise your arm out to the side and up alongside your head. If it is difficult, slide your hand up a wall or put your hand on your shoulder and lift your elbow out to the side. Lower down and repeat five to ten times.



Jaw exercises

Sometimes, jaw opening can become restricted after surgery. This can lead to problems being able to open your mouth enough to eat, speak, clean your mouth or be examined.



Be aware of how much your mouth can open – a good test of this is to see how many fingers you can stack between your front teeth or gums. Practise this every day until your treatment is fully complete.