

Exercises and advice 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.

The nature of your surgery and position of your wound can affect your movement.

This can have consequences for your strength, flexibility and fitness.

The key things to think about are:

- Posture.
- General mobility rehabilitation (moving around).
- Neck, shoulder and jaw exercises.
- Exercises for the donor flap site (where tissue has been removed).

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.

Neck and shoulder exercises

- For the first few days whilst your drains are in, do not actively exercise your neck, shoulders or jaw – just move about gently and as normally as you can. This will allow your wound to settle and start to heal.
- Once any drains are out, exercises will help to improve movement and reduce swelling, pain and stiffness. Stretches can help to prevent a tight 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 recovery takes a little longer.

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 10 minutes is best.** Your physiotherapist will be able to advise you exactly what to do.

Please continue with your exercises, even after you have regained full movement and strength, until at least three months after 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.

Hold for 3 - 5 counts and return to the middle.

Then turn your head towards the other shoulder.

Repeat 5 - 10 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.

Hold for 3 - 5 counts.

Return to the middle then tilt to the other side.

Repeat 5 - 10 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 and consider holding the stretch for a few counts.

Repeat 5 - 10 times.



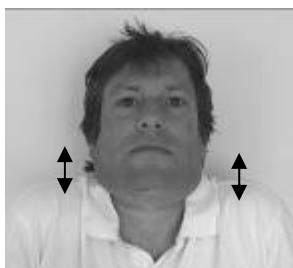
It may help to do this exercise looking in a mirror and aiming for symmetry:

4. a) Shoulder shrug

Slowly shrug your shoulders, trying to move them at the same time and with the same speed.

Repeat 5 - 10 times.

Aim for symmetry.



b) Shoulder roll

Roll your shoulders forwards and then backwards 5 - 10 times each.

5. Shoulder squeeze

Sit upright.

Squeeze your shoulder blades back and together.

Hold for 5 - 10 counts.

Relax and repeat 5 - 10 times.



Try to do the following exercises (6/7/8) 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/forearm out to the side. Bring it back in to the starting position. Repeat 5 times.



7. Forward arm raise

Raise your arm up in front, continuing up, over and above your head.

If it is difficult:

- a) put your hand on your shoulder and raise your elbow up, or
- b) use your other hand to help support your arm, or
- c) slide your hand up a wall, using the wall to support the weight of your arm, or
- d) do the exercises lying down on your back.



Lower down and repeat 5-10 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;

- a) put your hand on your shoulder and lift your elbow out to the side, or
- b) use a stick to help guide your arm up,
- c) stand facing the wall and slide your hand out to the side and up, or
- d) do the exercises lying down on your back.



Lower down and repeat 5-10 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. Practice this every day until your treatment is fully complete. 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. Your physiotherapist may give you additional exercises specifically for your jaw.

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 a flap. Where the flap was taken from is called the donor flap site. The donor flap site will need to be exercised to restore the movement you had before surgery.

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 front of your thigh (anterolateral or ALT).
- The fibula bone in the lower leg.

- The rim of your pelvis (deep circumflex ilium artery or DCIA flap).
- Part of your abdomen/tummy (transverse rectus Abdominus myocutaneous or TRAM).

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**.

You may well feel sore and stiff however this should ease with gentle movement.

Make sure you exercise **gently** and **slowly**, building up the number of repetitions to those recommended.

Aim to do your exercises about 30 minutes to one hour after taking any painkillers.

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

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.

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 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 / heavier 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.

Follow-up

You may be referred for ongoing physiotherapy when you leave hospital. This is to prevent future problems with neck, shoulder, jaw or flap donor site 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 details

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 **head and neck physiotherapists** via **020 7188 5110/5106** or hospital switchboard on **020 7188 7188** and ask for bleep **2136** or **0694**
- 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 (CHANT 9am-5pm).

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.guysandstthomas.nhs.uk/leaflets

Pharmacy Medicines Helpline

If you have any questions or concerns about your medicines, please speak to the staff caring for you or call our helpline.

t: 020 7188 8748 9am to 5pm, Monday to Friday

Your comments and concerns

For advice, support or to raise a concern, contact our Patient Advice and Liaison Service (PALS). To make a complaint, contact the complaints department.

t: 020 7188 8801 (PALS) **e:** pals@gstt.nhs.uk

t: 020 7188 3514 (complaints)

e: complaints2@gstt.nhs.uk

Language and accessible support services

If you need an interpreter or information about your care in a different language or format, please get in touch:

t: 020 7188 8815 **e:** languagesupport@gstt.nhs.uk

NHS 111

Offers medical help and advice from fully trained advisers supported by experienced nurses and paramedics.

Available over the phone 24 hours a day.

t: 111

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

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