

## THE JOURNAL OF THE IRISH HEAD AND NECK SOCIETY

**Title:** Avoiding Enteral Gastrostomy Feeding in Locally Advanced Tongue Cancer with Free Flap Reconstruction – Three Year Experience of a Head and Neck Unit

**Body:** Introduction

Nutritional status is a major concern for head and neck cancer patients from diagnosis to survivorship. HNC and its treatment impair oral intake by compromising anatomical structures. After tumour ablation with free-flap reconstruction and adjuvant chemo-radiation, prolonged enteral feeding via gastrostomy is often required, though predicting this need is complex.

Aims and Objectives

To assess oral intake following resection and free flap reconstruction of advanced tongue tumours. The primary outcome was gastrostomy dependence at six months post-treatment. The secondary outcome was oral intake, measured by the Functional Oral Intake Scale (FOIS).

Methodology

This observational cohort study retrospectively reviewed a three-year prospectively maintained database. Patients undergoing surgery and free flap reconstruction for tongue SCC were included. Patient demographics, disease and treatment-related factors, and oral intake at baseline and six months were analyzed.

Results

Eighteen patients were included, 67% with pT4 disease. Reconstruction involved radial forearm (44%), anterolateral thigh (44%), and fibular flaps (11%). At six months, eight patients (50%) required gastrostomy. Two subtotal glossectomy cases (20%) avoided gastrostomy. The mean FOIS was 4.3 (SD 2.1).

Conclusion

Impaired nutrition affects survival in oral cancer. Half of patients required gastrostomy, highlighting the complexity of predicting enteral feeding needs in this cohort.

**Authors:** Brian Maloney 1, Cian Henry 1, Yvonne Lydon 1, Abbi McCarron 1, John Edward O'Connell 1,2

**Affiliations:** 1 National Maxillofacial Unit, St. James's Hospital, Dublin, Ireland. 2 Trinity St. James's Cancer Institute