

# Early feeding after free flap reconstruction for oral cancer

Grainne Brady<sup>1</sup>, Lauren Leigh-Doyle<sup>1</sup>, Francesco Riva<sup>2</sup>, Cyrus Kerawala<sup>2</sup>, Justin Roe<sup>1</sup>

1. Department of Speech, Voice and Swallowing, The Royal Marsden NHS Foundation Trust, Department of Surgery and Cancer, Imperial College London. 2. Head and Neck Unit, The Royal Marsden NHS Foundation Trust, London

## **Background:**

Following oral cancer resection with free flap reconstruction, patients can remain nil by mouth for up to 12 days.

## **Methods:**

A single site prospective review of an early feeding protocol in 50 consecutive patients who had free flap reconstructive surgery for oral cancer.

## **Results:**

The sample included 26 males and 24 females. Average age was 59.1 years (range: 24-88). Tumour sites included oral tongue (n=18), mandible (n=10), maxilla (n=9), floor of mouth (n=6), buccal mucosa (n=6) and retromolar trigone (n=1). Free flaps included anterolateral thigh (n=23), fibular (n=10), radial forearm (n=11) and medial sural artery (n=6). The majority (n=43) were treated for primary disease. The majority (88%) were able to tolerate oral intake by day 3 post-surgery. Intraoperative nasogastric tube (NGT) was placed in 76% (n=38). Median days to NGT removal was 4.5 (range 1-19). Median length of hospital stay was 11 days (range 3-51). Median Performance Status Scale Normalcy of Diet (PSS-NOD) score at point of hospital discharge was 40 (range 0-60). Flap failure was noted in one patient (2%).

## **Conclusion:**

Early post-operative feeding did not appear to cause any increased morbidity. A potential shorter hospital stay may encourage the adoption of an early post-operative oral feeding protocol.