CANCER TONGUE
SURGERY IN TROPICS

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Head and neck cancers are the commonest cancers in India. Of these the maximum number are of the oral cavity and oropharyngeal cancers. Cancer of the tongue is one of the most challenging, most interesting, most intricate and difficult to treat specially from the view point of restoration of function of speech, swallowing and mastication. The patient desires normal appearance of the face and neck without alteration of the area of lip, chin. With the advances in anaesthesia, blood transfusion, nutritional therapy, proper understanding of tracheostomy, suction, gastric feeding by fine bore feeding tubes have helped in extensive ablative surgery. Early rehabilitation in the way of proper standing, sitting, walking with normal breathing and oral feeding by own-self is patient’s desire.

Over a fifty years of a period the facilities for treating patients in District hospital has greatly increased, i.e. intensive care, routine care, availability of blood transfusion and technical expertise of surgeon, anaesthesia etc. Specialised centres for heart care, neurological care, and others have facilitated oncological care in the District hospital as well. Hence standard operations for head and neck cancers are possible to a large extent. Certain standardised operations are possible in such district hospital for head and neck cancers. Toward these operations (major head and neck cancers) the necessary reconstructive procedures helps the patients to get functional results. In time to come almost all such procedures will be done at the district level hospitals, Punchayat Raj Systematic Study.

We hope that this book may prove of some help to surgeons working in peripheral District level hospitals, in deciding who to operate on, when to operate and what operation to do. We have tried to place special emphasis on the assessment, selection and postoperative care of these Indian patients in the Indian circumstances. There are number of books, monographs and atlases on head and neck surgery. However hardly any is aimed at surgeons working in District hospitals which are well equipped today for biochemistry, blood investigations and transfusion, anaesthesia, radiology, pathology and nursing services.

Home care training starts in the wards and guidance to the relatives is provided for tracheal suction and gastrointestinal feeding (fine bore tubes etc.). Preoperative and postoperative care for both nursing and social rehabilitation leading to normal speech, and mastication has been given to the relatives. No amount of legislation including excessive punishment of total dismemberment of lips, chick and nose by the mogul emperor, could stop the habit of the tobacco which was introduced by the Portuguese Sailors in India. Efforts have been made to get rid of tobacco and gutka habits by teachings of innovative transcendental meditation.

Over 50 years we have been associated in treating specially a cancer of the tongue. Clinical observation has led us to believe and come to the conclusion of offering cure by way of surgery the advance cancer of the tongue without any palpable neck node. Surgery is the only and the best treatment for cancer of the tongue cancer in such cases preoperative radiotherapy lowers the survival rates by 10 to 15%. Development of artificial tongue and proper training and use of herbal medicine as well has help to get the survival rate in such selected patients up to 20 years and more.

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