

Quality of Life with Oral and Maxillofacial Oncology Surgeries

Ajit D Joshi*

GMCH Chandrapur, M.S., India

***Corresponding Author:** Ajit D Joshi, GMCH Chandrapur, M.S., India**Received:** October 01, 2019; **Published:** October 01, 2019

Every living individual have its own life cycle. The potential of living being is significantly prejudiced with the quality of life (QoL). Oral and maxillofacial cancer is greatly influencing the QoL, including alteration of social and professional life of an individual, affecting the patient's and family's social associations, instigation isolation and a loss of general intellectual, social, emotional or physical functions [1]. Head and Neck oncology surgeries deal with the correction of loss of anatomical form and function of maxilla-mandible, tongue, oral mucosa, facial muscles-skin and neck structures etc. The anatomical and functional restoration is a huge challenge for surgeons and equally significant. These contests have the major role in the personal identity of the patient and their well-being.

Recently, Yue J., *et al.* (2018), have concluded that the reconstruction of surgical wounds had a beneficial effect on the treatment of squamous cell carcinomas (SCC) and improved the QoL of patients with oral SCC [2]. Considering these findings, professionals need to enhance their surgical outcome with the advancements and modification of surgical skills and importantly educating the patients and relatives.

Though, surgical outcomes have been improved with recent advances in the surgical techniques, new instrumentations and progressive drug therapies. There is still some scope for the QoL, as these aspects is seeming mislaid in the management of oral cancer patients. Here we need to follow some authors' contributions as an excellent example to improve QoL pertaining to the options of reconstruction of oral cavity. As, A. Ferri., *et al.* (2019) have suggested that even considering the quality of residual life, their study supports the indication for free-flap reconstruction of head and neck defects in the elderly, approving its efficiency in this population [3]. However, radial forearm flap (FRFF) had the advantage of oral functions, such as mastication, speech and swallowing, over the anterolateral thigh flap (ALTF) for reconstruction of defect of half of the tongue. These results may provide useful information for surgeons to select a appropriate free flap for tongue reconstruction [4]. Also, using fibula flap to repair the mandible defect can restore the patient's jaw function and improve the QoL of the patients [5].

These literatures are really encouraging that with the availability of numerous advanced surgical options, the anatomical form and functional results can be achieved, that can greatly improve

the QoL of the patients. While, we have to look after the other factors which can compromise the well being of an individual. As, inferior results were related to global health status, social contact, mouth opening, weight and appetite loss, physical, role, emotional, and social functioning, fatigue, speech problems, social eating, and economic difficulties. Adverse health related QoL (HRQoL) was found in parotid carcinoma (PC) in comparison to parotid adenoma (PA) patients. Older age, radical parotidectomy, neck dissection, radiotherapy, T3/T4 stage, pN+, high-grade tumours, and recurrence had a noteworthy influence on HRQoL in PC patients [6].

Therefore, the practical, physical, socio-economical, emotional, professional as well as psychological support is most important for such individuals. The perioperative period is the key to acquaint with such measures to encourage acceptance for the changes in all the aspects of life. Psychological support is better introduced prior to cancer treatment. As it is often difficult to recover from declines in additional head- and neck-specific concerns effective subscale, approaches that promote compensation in other areas must be explored. Surgeons should become methodically familiar with patients' QoL changes over time and provide holistic treatments that honour patients' autonomy [7]. A lot is to be achieved to increase the wellness in health of such oral cancer patients' life to save them efficiently with the upliftment of QoL. Preoperative and postoperative preparations of surgical strategy by tumour board committee and introduction of psychologist to support the emotional factor with a good dietician is a must need of time.

Bibliography

1. Torres-Carranza E., *et al.* "Assessment of quality of life in oral cancer". *Medicina Oral Patologia Oral y Cirugia Bucal* 13.11 (2008): E735-41.
2. Yue J., *et al.* "Long-term quality of life measured by the University of Washington QoL questionnaire (version 4) in patients with oral cancer treated with or without reconstruction with a microvascular free flap". *British Journal of Oral and Maxillofacial Surgery* 56 (2018): 475-481.
3. A Ferri., *et al.* "Free flap head and neck reconstruction in the elderly: what is the impact on quality of life?" *Acta Otorhinolaryngologica Italica* 39 (2019): 145-149.

4. Zhang PP, *et al.* "Free radial forearm flap and anterolateral thigh flap for reconstruction of hemiglossectomy defects: A comparison of quality of life". *Journal of Cranio-Maxillofacial Surgery* 46 (2018): 2157-2163.
5. Gao N., *et al.* "Assessment of the quality of life of mandible defect after reconstruction with fibula flap". *Zhonghua Kou Qiang Yi Xue Za Zhi* 53 (2018): 408-412.
6. Stodulski D., *et al.* "Health-related quality of life of parotid carcinoma patients-a comparative study with parotid adenoma patients and assessment of the influence of demographic, treatment, and pathological factors". *International Journal of Oral and Maxillofacial Surgery* 48 (219): 163-172.
7. Aoki T., *et al.* "Longitudinal changes in the quality of life of oral cancer patients during the perioperative period". *International Journal of Clinical Oncology* 23 (2018): 1038-1045.

Volume 3 Issue 11 November 2019

© All rights are reserved by Ajit D Joshi.