FIGHTING ORAL CANCER TOGETHER

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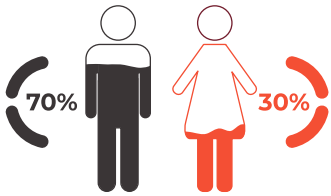
Understanding Oral Cancer—What You Need to Know

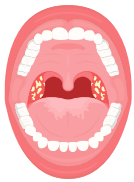
Oral cancer, also known as mouth cancer, develops in the tissues of the mouth, gums, lips, tongue, and the buccal mucosa (oral cavity). Most oral cancers begin in the flat cells (squamous cells) that cover the surface of the mouth, the tongue, and the lips.

Did You Know?

More than **75%**
of mouth cancers in the world occur in India.



Mouth cancer is the most common cancer among Indian men, but women are affected too.*



~60,000–70,000 NEW CASES**
are diagnosed in India every year, and even more go unreported.

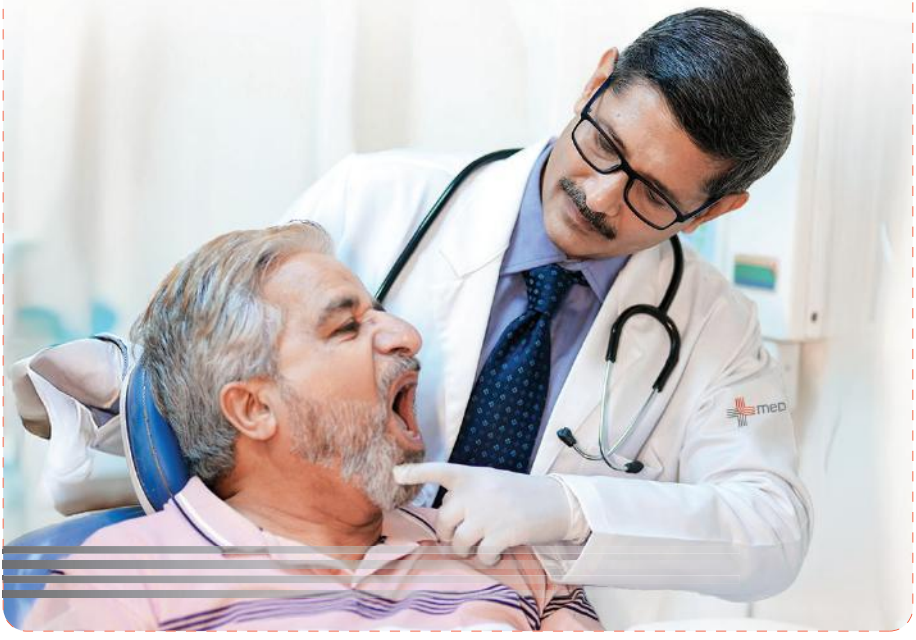
*GLOBOCAN 2020 (IARC, WHO) **National Cancer Registry Programme (ICMR)

Mouth cancer is detected late because early signs are painless and often ignored.

What are the Causes and Risk Factors?

- Smoking cigarettes, cigars or pipes makes you 6 times more likely to develop mouth cancer than non-smokers.
- Chewing tobacco / (gutka) increases the risk 50-fold for cancers of the cheeks, gums and inner lips.
- Heavy drinking raises mouth cancer odds roughly 6 times.
- HPV (Human Papillomavirus), a sexually transmitted virus, can infect the mouth and throat through oral sex. It is usually silent but can lead to cancer later in life.
- Oral pre-cancerous lesions, poor oral hygiene, sharp teeth or ill-fitting dentures also increase the risk of mouth cancer.

The good news: Mouth cancer is largely preventable. Avoiding tobacco and limiting alcohol dramatically cuts your risk, not just for mouth cancer, but for cancers of the lungs, larynx (voice box) and oesophagus, too.



What are the Early Signs of Oral Cancer?

Pain is NOT always an early sign of oral cancer, and most early cancers are painless and often ignored.

Remember the S.M.I.L.E Check

Red Flags To Look For

S Sores and ulcers that don't heal

M Mouth patches (white or red)

I Ill-fitting dentures

L Loose teeth

E Eating difficulty

The 2-Week Rule

Don't ignore the smallest sign. If any **patch, ulcer** or **sore** in the mouth lasts more than **14 days**, see a specialist.

If you currently use tobacco, or have used it in the past, an oral screening once a year is advisable.

How is Oral Cancer Diagnosed?

Diagnosing oral cancer begins with a thorough examination of your mouth and neck by a head and neck cancer specialist. If something suspicious is found, a biopsy is done—this means taking a very small sample of tissue from the area for testing in the lab.

Myth

Getting a biopsy spreads cancer.

Fact

A biopsy confirms the diagnosis, so treatment can begin.

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To Understand How Far the Cancer Has Spread, Your Doctor May Recommend One Or More Imaging Tests:

Ultrasound – Helps assess nearby lymph nodes

CT scan – Shows the tumour's size, shape and position

MRI – Offers detailed images of the tumour site

PET-CT scan – The most advanced scan for checking whether cancer has spread anywhere else in the body, especially useful for more advanced cases

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Oral Cancer Treatment at Medanta

The Tumour Board Approach

Medanta Cancer Institute follows an integrated, multidisciplinary approach involving:

- ENT and Head & Neck Surgeons
- Radiation Oncologists
- Medical Oncologists
- Dental Practitioners
- Nutritionists
- Rehabilitation and Restorative Specialists

This ensures:

- Personalised, coordinated treatment
- Faster decisions
- Attention to speech, functionality and long-term wellness

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Treatment Modalities

Surgery – a common treatment to remove the tumour. Sometimes, lymph nodes and surrounding tissues may also be removed.

Carbon Dioxide Laser Resection – a minimally invasive technique for smaller lesions. It causes less scarring and pain, and enables faster recovery.

Robotic Surgery – Transoral Robotic Surgery (TORS) is offered for selected benign and malignant tumours of the mouth and throat. This virtually scarless, minimally invasive procedure is performed using the state-of-the-art da Vinci Surgical System.

Chemotherapy – uses anti-cancer drugs to kill cancer cells. It is called systemic therapy because it travels through the bloodstream and can affect cancer cells throughout the body.

Radiation Therapy – (also called radiotherapy) is a local treatment that affects cells only in the targeted area. It may be used before surgery to shrink the tumour, or after surgery to destroy any remaining cancer cells.

Mouth cancer can progress quickly. When detected early:

- Treatment is easier
- Surgery is less extensive
- Chances of cure are better
- Speech and swallowing are preserved well

Early detection protects more than health.
It protects your oral functions. Your face. Your livelihood.

Department of Head and Neck Surgery, Medanta Cancer Institute

Expertise You Can Trust

Established in 2011, the Department of Head and Neck Surgery at Medanta is one of the most highly qualified teams in India, specialising in cancers of the mouth, throat, and voice box (larynx), along with the surgical management of thyroid, parotid gland, nose, paranasal sinuses, skull base, and other tumours of the head and neck region. Reconstructive expertise, transoral robotic surgery (TORS), and nerve-preserving protocols are integrated into our approach, ensuring that even the most challenging tumours are addressed with clarity and care.

PROCEDURES & SERVICES

- Composite resection for oral cavity cancers (including jawbone)
- Glossectomy (partial or total)
- Neck dissection
- Mandibular and maxillary reconstruction using fibula or radial forearm free flaps with CAD-CAM-based planning
- Transoral Robotic Surgery (TORS) for selected oropharyngeal and base of tongue tumours
- Total and partial laryngectomy with voice rehabilitation techniques
- Parotidectomy and salivary gland surgery with facial nerve preservation
- Surgical management of thyroid and parathyroid tumours with intraoperative nerve monitoring
- Endoscopic skull base surgery for tumours of the nasal cavity and sinuses
- Surgery for recurrent or previously irradiated head and neck cancers

Surgery for head and neck cancers involves not just removing the tumour, but also preserving speech, swallowing, facial identity, and quality of life.

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YOUR CARE TEAM AT MEDANTA, GURUGRAM

Medical Oncology

Dr. Ashok Kumar Vaid
Chairman
Cancer Institute

Dr. Satya Pal Kataria
Vice Chairman
Medical & Haemato Oncology

Dr. Kunjahari Medhi
Vice Chairman
Medical & Haemato Oncology

Dr. Amit Bhargava
Director
Medical & Haemato Oncology

Radiation Oncology

Dr. Tejinder Kataria
Chairperson
Radiation Oncology

Dr. Shyam Singh Bisht
Director
Radiation Oncology

Dr. Susovan Banerjee
Director
Radiation Oncology

Dr. Deepak Gupta
Associate Director
Radiation Oncology

Dr. Kushal Narang
Associate Director
Radiation Oncology

Head-Neck Surgery

Dr. Deepak Sarin
Chairman
Head & Neck Onco Surgery

Dr. Kanika Rana
Senior Consultant
Head & Neck Onco Surgery

Dr. Swati Nair
Associate Consultant
Head & Neck Onco Surgery

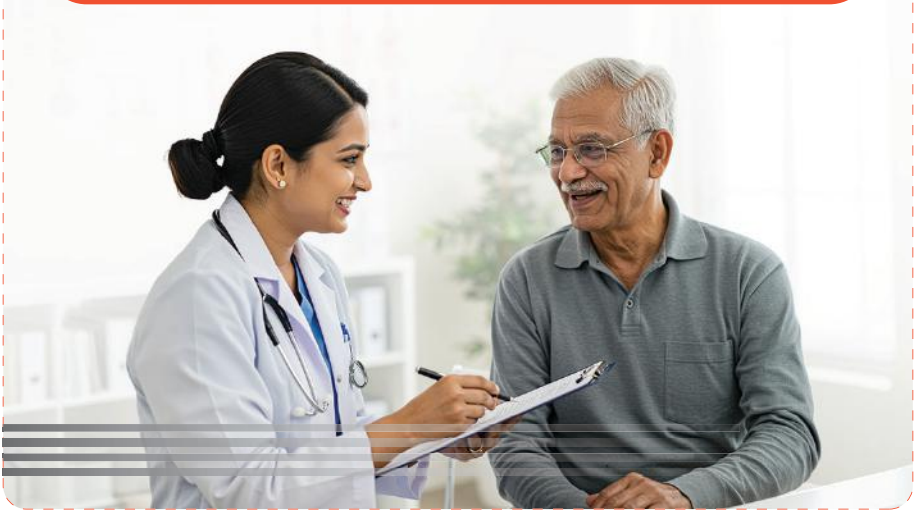
Commonly Asked Questions

What are the side-effects of treatment?

Treating oral cancer can take a toll—not just physically, but emotionally and nutritionally too. However, most of these are manageable with proper care.

Common side-effects and their management

- Mouth sores and dryness can make eating and speaking difficult. Use prescribed oral rinses, sip water frequently, avoid spicy or rough foods, and consider saliva substitutes or sugar-free lozenges.
- Changes in taste and appetite are common. Try varying food textures and temperatures, eat small frequent meals, and include nutritional supplements if recommended by your dietician.
- Difficulty swallowing may occur due to inflammation or surgery. Soft, moist foods can help, along with therapist-guided swallowing techniques and dietary support.
- Fatigue is a frequent side effect, even with adequate rest. Light physical activity, proper hydration, nutritious meals, and good sleep hygiene can help.
- Skin reactions from radiation, such as redness or peeling, should be managed using only prescribed creams. Keep the area clean, avoid sun exposure, and avoid tight clothing.
- Emotional and psychological distress is natural during treatment. Talking to an oncopsychologist or joining a support group can provide relief and support.



Is there a risk of disfigurement after surgery?

Yes, in some cases, but modern reconstructive surgery can minimise this risk significantly. A detailed plan—including removal and reconstruction options is always discussed with the patient beforehand. In the past 15–20 years, major advances in reconstruction using computer-aided 3D planning, 3D printing, and microvascular free flaps have transformed post-surgical outcomes. In advanced cases requiring extensive resections, complex reconstructions using microvascular free flaps can restore the tongue, jaw, cheeks, and more.

Does oral cancer treatment impact speech and swallowing?

The extent of treatment (surgery, radiotherapy, etc.) usually decides the impact on post-treatment speech and swallowing ability. If difficulties arise, our Speech and Swallowing Pathology Team works closely with patients on:

- Muscle-strengthening exercises
- Head posture corrections
- Compensatory strategies
- Safe-swallow techniques
- Diet modifications

What to eat and avoid during treatment?

Good nutrition helps you heal faster, tolerate treatment better, and regain strength. Our clinical nutritionist may recommend high-protein, high-calorie soft diets along with nutritional supplements and feeding tube support (if required). We will also help you with strategies for taste loss, ulcers, dry mouth or chewing difficulties.

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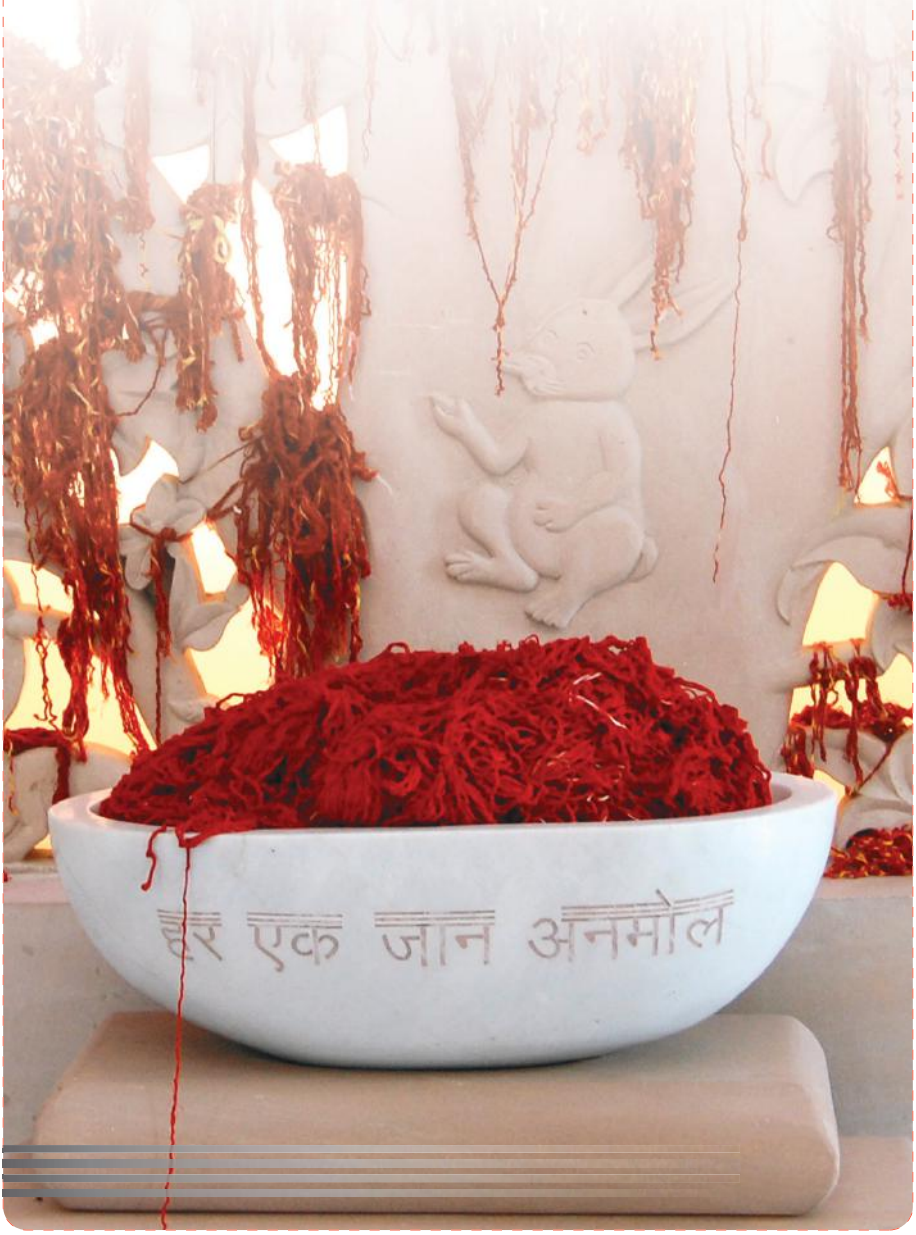
REAL STORIES.
REAL RECOVERIES.



A Bright Future, Suddenly Interrupted

Mr. Suraj Saluja

Age - 27

Mr. Suraj Saluja was halfway through building his career when a stubborn mouth sore turned out to be oral cancer. The diagnosis triggered denial and panic, fuelled by the fear of facial disfigurement and an overwhelming anxiety about his face, identity, and future.

"*I couldn't imagine looking at myself in the mirror after surgery.*"

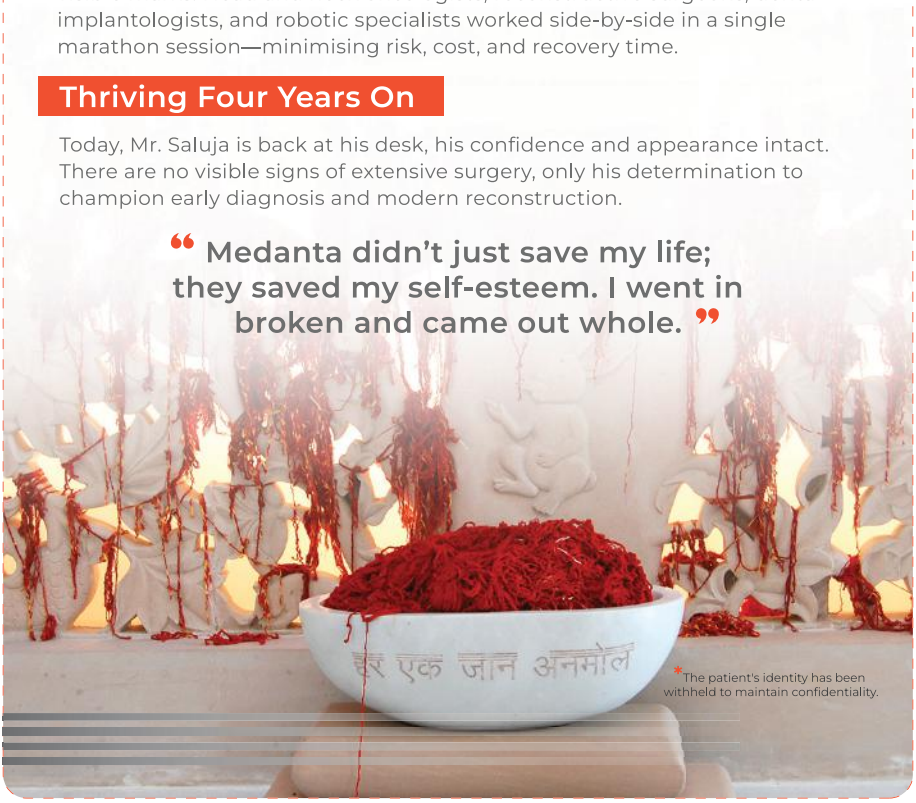
Rebuilding His Face and His Life

Using CAD-CAM 3D mapping, surgeons removed the tumour with cosmetic accuracy, reconstructed his upper jaw with a fibula graft, and placed dental implants—all in a single surgery. Scar-less robotic neck dissection ensured no visible marks. Head and neck oncologists, reconstructive surgeons, dental implantologists, and robotic specialists worked side-by-side in a single marathon session—minimising risk, cost, and recovery time.

Thriving Four Years On

Today, Mr. Saluja is back at his desk, his confidence and appearance intact. There are no visible signs of extensive surgery, only his determination to champion early diagnosis and modern reconstruction.

> "Medanta didn't just save my life; they saved my self-esteem. I went in broken and came out whole."



*The patient's identity has been withheld to maintain confidentiality.

A Lawyer Who Couldn't Afford to Lose His Voice

Mr. Anuj Malik

Age - 48

For practising lawyer Mr. Anuj Malik, speech wasn't just communication—it was his career. At 48, a diagnosis of advanced tongue cancer threatened to take that away. Diabetes made treatment more complex, leaving him uncertain about whether he would ever return to the courtroom.

"I was terrified that I might never be able to argue a case again."

Multi-Modal Care That Preserved His Identity

Surgeons removed 70–80% of Mr. Malik's tongue and cleared lymph nodes through bilateral neck dissections. Using an ALT free flap, tissue from his thigh was used to reconstruct the tongue. A tracheostomy and dental extraction were performed in the same sitting to ensure safe breathing. Endocrinologists managed his diabetes pre- and post-op. Focused radiotherapy followed by intensive speech and swallow therapy helped him get back to life as he knew it.

Back in Court. Back in Control

Today, Mr. Malik is five years cancer-free, back in the courtroom, and speaking with the same conviction that once felt at risk. His recovery is complete—and so is his confidence.

> "Medanta gave me back more than my voice—they gave me back everything it stood for."

*The patient's identity has been withheld to maintain confidentiality.

Told It Was Too Late—But She Still Had a Choice

Ms. Sita Devi

Age - 68

At 68, Ms. Sita Devi had already undergone chemoradiation for tongue-base cancer at another hospital. When the cancer returned just three months later, she was told there were no curative treatment options left. Her choices were palliative chemotherapy or complete removal of the tongue, with the loss of speech and swallowing. She came to Medanta for a second opinion.

"I didn't know if there was any hope left for me."

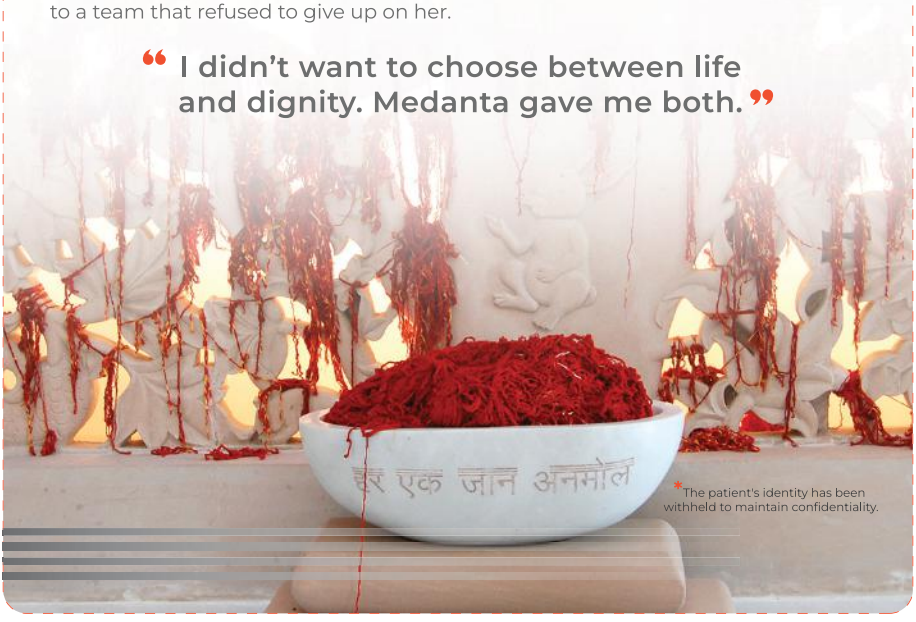
Finding a Way When None Seemed Possible

Medanta's tumour board recommended robotic transoral surgery—removing the tumour through the mouth using the Da Vinci system, without any facial incisions. The approach preserved her tongue, speech and swallowing function. With no disfiguring surgery and robotic access, Ms. Devi recovered with dignity—a possibility few believed in.

Six Months On—Living, Eating, and Speaking Freely

Today, Ms. Devi is cancer-free, living independently, and eating and speaking without support. She defied two grim options and walked a third path—thanks to a team that refused to give up on her.

> "I didn't want to choose between life and dignity. Medanta gave me both."



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Caught Early. Cured Completely

Mr. Ronak Jain

Age - 46

Mr. Ronak Jain didn't think much of the mild discomfort in his mouth. But when he came to Medanta, that small symptom led to the diagnosis of early-stage oral cancer. It hadn't yet spread or affected his speech, appearance or quality of life. Because it was found early, it didn't get the

"I came with a small concern. Medanta saw something bigger."

A Conservative Surgery That Changed Everything

Thanks to early diagnosis, Mr. Ronak Jain underwent a partial glossectomy and selective neck dissection with minimal tissue removal. The defect was closed primarily without grafts, and a preventive dental extraction was done to avoid complications. Rehab ensured smooth recovery. Because of accurate staging, conservative surgery, and expert execution, he was back to routine life quickly—with no visible or functional deficits.

Now Cancer-Free—With Nothing Missing

Mr. Jain resumed oral intake early, had no major complications, and recovered without visible functional deficits. Today, he's back to his daily routine, disease-free and unchanged in the way he speaks, eats or looks.

"It's hard to believe I had cancer. I'm grateful Medanta found it early and treated it in time."

*The patient's identity has been withheld to maintain confidentiality.

A Public Face, Privately Fighting Cancer

Dr. Ansul Mishra

Age - 49

A charismatic figure with a screen presence, Dr. Ansul Mishra couldn't afford visible reminders of cancer—not in his speech, not on his face. When a persistent cheek discharge turned out to be squamous cell carcinoma of the buccal mucosa, he needed more than just surgery. He needed precision—and subtlety.

"I wanted my cancer treated without losing who I was. Medanta made that possible."

Multi-Team Surgery, No Visible Trace

A composite resection was performed along with a Mandibular Periosteum Peel to remove the tumour from both soft and hard tissues, with the jawbone lining carefully preserved. Lymph nodes were cleared through a selective neck dissection to prevent spread. An AMP free flap from the thigh rebuilt the cheek, while the parotid duct was repositioned to preserve facial function. The initial flap was later revised for optimal contour and colour match.

Camera-Ready Recovery

Today, Dr. Mishra is fully recovered—disease-free, with no facial asymmetry, no visible scars, and full expression retained. His appearance and presence remain exactly as before.

"People who meet me now don't even know I had surgery. That's the power of getting it done right."

*The patient's identity has been withheld to maintain confidentiality.

Rebuilding More Than a Jaw

Mr. Amit Verma

Age - 45

What began as loose teeth and a persistent ulcer inside his mouth soon changed Mr. Amit Verma's life. Diagnosed with advanced oral cancer involving the jawbone, he worried about how the surgery would affect his everyday life.

"I was worried about how my life would change after surgery."

Rebuilding Form and Function

Based on a treatment plan tailored to his condition, Mr. Verma underwent segmental mandibulectomy, bilateral neck dissection, and immediate free fibula flap reconstruction, allowing complete removal of the cancer while rebuilding his jaw to restore function and appearance.

Life Beyond Cancer

With dedicated postoperative care and rehabilitation, Mr. Verma recovered well and was discharged in a stable condition. His journey highlights how advanced reconstruction can help restore function after complex oral cancer surgery.

*The patient's identity has been withheld to maintain confidentiality.

When Every Challenge Needed a Solution

Mr. Rajiv Malhotra

Age - 54

Mr. Rajiv Malhotra came to Medanta with a non-healing ulcer inside his mouth, which was diagnosed as advanced cancer of the right lower gingivobuccal sulcus involving the jawbone. The cancer required extensive surgery, but his previous stroke, diabetes, hypertension and other medical conditions made his treatment particularly challenging.

"I wasn't sure if my health would allow me to fight this battle."

A Carefully Planned Reconstruction

Following a comprehensive evaluation, Medanta's multidisciplinary Head & Neck Cancer team developed a personalised treatment plan. He underwent complete tumour removal with jaw resection, comprehensive neck dissection and reconstruction. Throughout his treatment, every aspect of his surgery and recovery was meticulously planned, while his medical conditions were closely monitored to ensure safe and effective care.

A Positive Outcome

With expert postoperative care and coordinated support, Mr. Malhotra recovered well and continued the next phase of his cancer treatment with renewed confidence. His journey highlights how meticulous planning and multidisciplinary expertise can make even complex cancer treatment possible.

> "Medanta didn't just treat my cancer—they gave me the confidence to look ahead with hope."

*The patient's identity has been withheld to maintain confidentiality.

Hope Beyond Advanced Cancer

Mr. Aman Verma

Age - 42

Mr. Aman Verma came to Medanta with a large, painful growth on his left cheek that had made opening his mouth extremely difficult. Detailed scans revealed that the cancer had spread into the surrounding tissues, making immediate surgery difficult. The reassuring news was that it had not spread to distant organs.

"I was afraid I had reached a stage where nothing more could be done."

Making the Impossible Possible

After evaluation by Medanta's multidisciplinary Head & Neck Cancer team, Mr. Verma first received chemotherapy to shrink the tumour and improve the chances of surgery. Once the tumour responded well, surgeons performed a composite resection with partial maxillectomy, followed by reconstruction using tissue from his thigh (anterolateral thigh flap) to restore the affected area.

Back Home With Hope

Mr. Verma recovered well and was discharged on the fifth day after surgery. His journey is a reminder that even advanced oral cancers can often be treated successfully when expert specialists work together to create the right treatment plan.

> "When I thought I had run out of options, Medanta helped me find a way forward."

*The patient's identity has been withheld to maintain confidentiality.

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