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• 英文摘要	Oral cancer is one of the major cancers in Taiwan. However, relatively few studies have been done to examine patients' symptoms and related quality of life issues in patients receiving oral cavity surgery. The purposes of this study were to assess symptom severity and quality of life related issues in oral cancer patients receiving surgery during one year of oral surgery. Patients were recruited from plastic surgery inpatient ward, oral surgery inpatient ward, and ENT inpatient ward in a medical cancer in Taipei. A descriptive longitudinal design with 6 time points were arranged to collect data. It included days before surgery (T0), Post-OP Day5 (T1), Month 1 (T2), Month 3 (T3), Month 6 (T4), and Month 12(T5). Patients were assessed by using University of Washington, quality of Life (UWQOL) scale, Functional Living Index –Cancer (FLIC), Herth's Hope Index (HHI), Hospital Depression and Anxiety (HADS), and Symptom Severity Scale (SSS) and basic information form across all the 6 time points. Sixty-six patients who completed the six times of interview were analyzed in this study. Oral mucositis was most distressful symptom before surgery and the level of most symptoms were mild; however, chewing and swallow difficulties were recognized by patients as the major problems during the acute post-operative stage to one year after operation and the mean level of 12 major distressed symptoms increased to moderate level in acute post-operative stage. In general, patients perceived moderate level of quality of life and cancer stage, functional status, the level

of symptom severity, depression and hope were the important factors to predict the level of quality of life during one-year post-operation based on the generalized estimation equations analysis. The change of mood and anxiety indicated that the level of anxiety pre-operative was higher than the level post-operative but the level of depression slowly increased from acute post-operative stage to one year. Therefore, the health-care providers not only properly and frequently assess patients' distressful symptoms but also need to take care of the change in their mood and anxiety and offer the tailed intervention for them in order to improve the quality of life in patients with oral cancer.