



The Head+Neck Center
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Laryngectomy

SINUS
ENDOCRINE
HEAD AND NECK CANCER
VOICE DISORDERS
SALIVARY GLANDS
TONSILS AND ADENOIDS
EARS
PEDIATRICS
SNORING / SLEEP APNEA

Voice change, difficulty swallowing, unexplained weight loss, ear or throat pain and a lump in the throat, smoking and alcohol use are all indications for further evaluation. Smoking and alcohol can contribute to these symptoms. A direct laryngoscopy – an exam of larynx (voice box), with biopsy – will help determine if a laryngectomy is indicated. Laryngectomy may involve partial or total removal of one or more or both vocal cords. Alteration of voice will occur with either total or partial laryngectomy. Postoperative rehabilitation is usually successful in helping the patient recover a voice that can be understood. The degree of alteration in voice depends on the extent of the disease.

Partial or total laryngectomy has been a highly successful method to remove cancer of the larynx. The extent of the tumor invasion, and therefore the extent of surgery, determines the way you will communicate following surgery. The choice of surgery over other forms of treatment such as radiation or chemotherapy is determined by the site of the tumor. It is quite likely that there has been spread of the tumor to the neck; a neck or lymph node dissection may also be recommended.

Complete neck dissection (exploration of the neck tissues) is performed in order to remove known or suspected lymph nodes containing cancer that has spread from the primary tumor site. Its purpose is to prevent further spread of that disease to other parts of the body. Over the past 100 years, neck dissection has proven to be an effective method of head and neck cancer control. The major permanent undesired effects of laryngectomy, with or without neck dissection, are a small price to pay for cancer cure.

KNOWN RISKS AND COMPLICATIONS

Procedure

Preoperative preparation may involve an electrocardiogram, chest x-ray, CT scan or MRI and laboratory assessment. A complete physical exam will be performed prior to surgery as well as a review of preoperative instructions. You will be asked to call the hospital the business day before your procedure to find out your arrival time for your surgery. Your arrival time will be approximately one hour prior to the procedure. When you arrive, you will talk with a nurse (who will start an IV), an anesthesiologist and Dr. Coniglio before the procedure. When it is time for you to go to the surgery suite, the nurse will direct your family to the family waiting room. The surgery takes about four hours with one half hour in the recovery room. During your procedure, frozen sections (tissue for immediate screening by a pathologist) will be obtained in order to preserve as much voice as possible while striving to remove all the cancer.

As soon as your surgeon is done with your surgery, he will telephone the family waiting room to talk to your family and friends. Your family can meet up with you shortly thereafter on the hospital unit where you are admitted. You will have a stoma (hole) in your neck after you wake up from surgery. You will have a drain in your neck and you may or may not have a tracheostomy tube depending on the extent of the surgery.

You will breathe through the tube in your neck. You will not be allowed to eat or drink anything by mouth for up to 10 days or longer. Therefore, postoperatively you may require a feeding tube, which is most commonly temporary. The rehabilitation process is significant and may involve therapy for swallowing as well as speech. While in the hospital a social service representative will visit you to address your home discharge needs.

Activity

After a total laryngectomy, there may be some loss of lifting strength. You will be shown rehabilitative strengthening exercises after the appropriate healing time has elapsed. Some patients also experience some difficulty in straining to have a bowel movement. This can be treated with dietary changes and medications.

Bleeding

Postoperative anemia may result in the need for a transfusion.

Abnormal Lab Values

Other lab values may be affected by many factors including surgery and alteration in nutrition to name a few.

Breathing or Swallowing

Breathing or swallowing difficulties sometimes occur and require treatment. This is anticipated with use of a soft stoma stent.

Infection

Two common but temporary complications of laryngectomy are wound infection and fistula (an opening from the throat allowing saliva to leak out through the neck incision). Wound infection may be indicated by fever, redness, swelling and increased pain at the incision. Infection can lead to a non-healing wound, skin breakdown, bleeding and leakage of lymph fluid. You will be given antibiotics through your IV to prevent infection. Infections occur more commonly after radiation failure cases.

Nerve Injury

Injury to nerves controlling the lower lip, face, throat, shoulder, tongue, palate, diaphragm and skin sensation are potential risks of this procedure. Depending on the involvement and proximity of the tumor to the nerve of the face and neck, you may experience temporary nerve damage, permanent nerve damage, or both. If nerve damage is temporary (most commonly due to swelling), function may take six to eight months to return. Permanent damage (when the tumor has invaded the nerves, therefore making it necessary to remove part of the nerve) usually is in combination with temporary damage. Therefore, some improvement from the immediate postoperative period may be anticipated. Every care will be taken, as well as monitoring through the procedure, to minimize nerve damage. If denervation (loss of use) to the muscles of the neck and shoulder are involved, you will be given exercises to strengthen areas of weakness and, if indicated, physical therapy. Your rehabilitation may involve speech therapy for swallow and speech rehabilitation.

Scar

You will have a scar in the form of a stoma (hole) in your neck. Other incisions will be made if you have a neck dissection.

Smell

Alteration in sense of smell can be expected after total laryngectomy because you are no longer able to breathe through your nose. Also, if you had a total laryngectomy, you will no longer be able to blow your nose because air escapes through the stoma (neck opening).

Anesthesia

Complications from anesthesia are known to exist. These, along with other complications, are mostly related to the risks of any major surgery in older or debilitated patients. For that reason, a medical consultant may be asked to assist the surgeon in postoperative management.

PREOPERATIVE INSTRUCTIONS

Food and Drink

Do not have anything to eat or drink after midnight prior to your surgery. This includes all food, all liquids, water, candy, mints and gum. Your surgery will be cancelled if you do not follow these instructions. You may brush your teeth.

Medications	Please inform our PA's office at this time if you take routine medications. If you take any medications that affect your bleeding time (Coumadin or Warfarin, arthritis medication, muscle relaxants to name a few) please let our PA's office know at this time.
What to Avoid	Please do not take aspirin or aspirin-containing products, ibuprofen or ibuprofen-containing products or Vitamin E for one week prior to your surgery.
Do Not Bring	Please leave all valuables (money, credit cards, jewelry, watches) at home.
Remove	Prior to your arrival at the hospital, please be certain all make-up, nail polish or fake nails are removed. This assists in monitoring your blood oxygen level.
Family	During your surgery your family may wait in the Main Lobby of the hospital. The nurses will provide directions. Your surgeon will contact your family there by telephone following your procedure.
Confirm Arrival	Please call the hospital on the business day prior to your scheduled surgery to confirm your arrival time.
Map and Directions	A map to the hospital is available for your convenience. Please ask if you have any questions about finding your way to the hospital.
Admission	You will be admitted to one of the surgical units in the hospital. Your family may bring your belongings in at that time. It is recommended that you do not keep valuables with you while you are in the hospital.

POSTOPERATIVE INSTRUCTIONS

Hospital Stay	Your hospital stay will be approximately seven to ten days depending on the extent of the surgery required to remove the tumor.
Discharge	During your hospital stay your individual discharge needs will be anticipated and addressed by a support team comprised of your doctors, nurses, social services and Speech Therapy. Most often the assistance of a visiting nurse is arranged prior to your discharge to assist you with your needs when you arrive home.
Appointments	Your follow-up appointment for suture removal should be approximately 14 days after surgery.
Results	Pathology results may take anywhere up to two weeks but are usually available after one week to 10 days. Our office will notify you as soon as the results are available. If you have not received the results after two weeks, please speak to our office. Many factors, including results of the pathology, will determine whether radiation or chemotherapy is indicated.
Please Call for	<ul style="list-style-type: none"> • Difficulty breathing • Coughing up excess blood • Fever over 101°F • Swelling in neck
Questions?	If you have any questions, please do not hesitate to call on us at (585) 256-3550 and ask for our nurse. We are all here to assist you in any way we can.
Emergencies	If you have an emergency after hours or on the weekend please call our professional answering service at (585) 258-4840.