

Patient Education Literature

We recommend that you read this handout carefully in order to prepare yourself or family members for the proposed procedure. In doing so, you will benefit both the outcome and safety of the procedure. *If you still have any questions or concerns, we strongly encourage you to contact our office prior to your procedure so that we may clarify any pertinent issues. An educated patient is the best patient.*

Total Laryngectomy

Definition

Total = complete

Laryng = referring to the larynx or voice box

-ectomy = removal of

This procedure involves removal of the larynx or voice box.

Purpose of Procedure

The main reason this procedure is done is to remove a cancer.

Preparation

As with any procedure in which anesthesia is administered, you will be asked not to eat or drink anything after midnight on the evening prior to your surgery. If you are on medications that must be taken, you will have discussed this with us and/or the anesthesiologist and instructions will have been given to you. The procedure will not be performed if you are currently taking, or have recently taken any medication that may interfere with your ability to clot your blood (blood thinners, aspirin, anti-inflammatory medicines, etc...). *Please refer to the attached list and tell us if you took any of these within the past 10 days.* If your new medication is not on the list, alert us immediately so that we may ensure optimal procedure safety. We will have reviewed all of your current medications with you during the pre-operative consultation. You are obligated to inform us if anything has changed (medication or otherwise) since your previous visit.

Procedure

This procedure involves making an incision from under the chin in the upper neck down to the sternum. If this operation is being done along with removal of lymph nodes in the neck, the incision position will vary according to the preference of your surgeon. A circle of skin will be removed at the bottom of this incision to provide a location to attach the trachea or windpipe to the skin. Local anesthetic may be injected to help control bleeding. If the tumor is very large, a tracheotomy may be done first to establish an airway. A feeding tube is inserted in the stomach through the nose. The incision is extended down through the soft tissue to expose the muscles overlying the larynx. The muscles that are connected to the larynx are cut and portions are removed with the larynx. The attachments of the tongue muscle to the hyoid bone, which is attached to the larynx, are separated. The attachment between the larynx and the trachea is now separated and the portion of the trachea that will remain is secured to the skin with suture material.

All of the remaining attachments to the larynx are then cut and the larynx is removed. If there are other areas that may be involved with the tumor, they are biopsied and sent for evaluation. More extensive removal of tissue will be done if necessary. The edges of the lining of the throat are carefully closed with absorbable suture material. Suction drains are placed in the surgical site to remove blood accumulation and improve healing of the tissue. The skin is then closed with removable suture material. Additional sutures are placed around the trachea to create a permanent attachment to the skin. A tracheotomy tube is then placed through the new opening.

Post procedure

Following this procedure, you will be transferred to a hospital room. Antibiotics will be continued for 24 to 48 hours. Pain medication will be given through an IV to manage discomfort. Tracheotomy and wound care will be

given by nursing staff. Feeding through the tube in your stomach will be started when appropriate. The suction drains will be removed when drainage is minimal. Discharge from the hospital will be arranged when pain is controlled by medicine given through the feeding tube, when an adequate diet is maintained, and when you are able to handle your own wound care. This may take several days. Follow up appointments will be scheduled on a regular basis.

Sutures will be removed in 10 to 14 days. The feeding tube will be removed after you can swallow adequately and the healing is complete. Water exposure to the sutures and the incision site should be avoided until the sutures are removed. There is no airway protection from water exposure, so care must be taken during baths or showers.

Expectations of Outcome

This procedure should result in complete removal of the cancer. Further treatment may be necessary. Radiotherapy, chemotherapy, or further surgery may be necessary. Speech training will be arranged after healing is complete. Additional procedures may be recommended to aid in speaking.

Possible Complications of the Procedure

This is a safe procedure, however, there are uncommon risks that may be associated with it. While we have discussed these and possibly others in your consultation, we would like you to have a list so that you may ask questions if you are still concerned. It is very important that every patient be made aware of possible outcomes that may include, but are not limited to:

- Anesthesia complications: There is always a small risk with general anesthesia. This risk is increased if there is any family history of trouble with anesthesia. The risks can range from nausea and vomiting to very rare life threatening problems. You can discuss any questions with your anesthesiologist.
- Bleeding
- Infection
- Scarring
- Injury to the nerve that moves the tongue
- Development of a fistula, or opening, between the throat and the skin
- Narrowing of the larynx or pharynx may interfere with speech therapy or tracheotomy care
- Recurrence of tumor

We provide this literature for patients and family members. It is intended to be an educational supplement that highlights some of the important points of what we have previously discussed in the office. Alternative treatments, the purpose of the procedure/surgery, and the points in this handout have been covered in our face-to-face consultation(s).