



Pharyngectomy

A pharyngectomy is the removal of part of the pharynx, or the opening behind the nose and throat above the esophagus.

This area includes the nasopharynx (top of the throat behind the nasal cavity), oropharynx (middle of the throat behind the mouth) and hypopharynx (bottom of the throat behind the voice box, or larynx). Pharyngectomies are done to treat cancers or abnormalities in this region.

Pharyngectomies range from more limited surgeries to remove small tumors on the side or back wall of the pharynx, to major surgeries requiring a free flap (use of distant tissue to reconstruct the removed area).

Before Surgery

You will receive specific instructions on when you need to stop eating and drinking, and your medication regimen before surgery. Leading up to your surgery, your anesthesiologist will ask you a few questions so that they can create a comprehensive anesthesia plan based on your medical history.

On the day of your surgery, you will arrive at the hospital a few hours before your scheduled procedure. The nurses, anesthesiologist, and head and neck surgery team will check in with you. If you have any last-minute questions, this is a good time to ask them.

Types of Pharyngectomies

Nasopharyngectomy

This involves the removal of a portion of the nasopharynx and is rarely performed because most nasopharyngeal cancers are treated with radiation and chemotherapy. However, this procedure may be performed for small recurrent nasopharyngeal cancer or other rare nasal tumors involving the nasopharynx. It is typically performed endoscopically, as a minimally invasive procedure using a small camera through the nose.



Please note that this information is intended for educational purposes. It does not replace consultation with your doctor, and it should not be interpreted as medical advice. We encourage you to speak to your health care provider if you have further questions or concerns regarding your medical care.

For more information scan this code or visit:

<https://thancguide.org/cancer-basics/treatments/surgery/ablative/pharyngectomy/>

Oropharyngectomy

Varying amounts of the oropharynx may be removed during an oropharyngectomy.

Oropharyngeal surgery can be performed transorally through the mouth using a surgical robot (transoral robotic surgery/TORS), a laryngoscope (a small camera inserted into the throat through the mouth), and/or surgical laser (transoral laser microsurgery/TLM). For large tumors, an open, more invasive approach may be required, which often requires a mandibulectomy (division of the jaw) to improve exposure.

Hypopharyngectomy

Hypopharyngeal resection is usually performed alongside a laryngectomy (removal of the larynx). However, in some select cases, a partial hypopharyngectomy can be performed, through either an open approach (neck incision) or with the help of techniques like TLM or TORS.

Laryngopharyngectomy

Total laryngectomies involve the removal of the entire larynx and a portion of the pharynx. In advanced tumors, laryngopharyngectomies can involve significant segments of the pharynx, which require a free flap for reconstruction.

Risks Associated with a Pharyngectomy

- Bleeding.
- Infection.
- Salivary fistula.
- Blood clots.

After Surgery

When you wake up after surgery, you may have a tracheotomy tube, a permanent tracheal stoma (if you underwent a laryngopharyngectomy), and/or a feeding tube, depending on the extent of the surgery and reconstruction. The drain(s) placed during surgery to remove excess fluid and secondarily prevent infection will be taken out a few days following surgery by the surgical team. This is often painless and can be done in a matter of seconds.

Your recovery process may involve physical therapy or speech and swallowing therapy. Once the head and neck surgery team is confident you are ready to be discharged, a discharge planning team will work with you and your family to determine the best route forward.



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