



# Total Laryngectomy

**A total laryngectomy involves the surgical removal of the entire larynx (voice box). The larynx functions as a pathway for air to enter the lungs, works to prevent food, liquids, and saliva from falling into the lungs, and creates the sound of your voice.**

## Before Surgery

You will meet with both your surgeon and a speech language pathologist before surgery to assess your baseline and plan for post-surgical speech and swallow rehabilitation. You will receive specific instructions on when you need to stop eating and drinking, and your medication regimen before surgery.

A few days before your operation, the 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.

## The Surgery

This procedure involves removal of the entire larynx, and is completed under general anesthesia, meaning you will be fully asleep. It is performed to remove large and invasive laryngeal cancers, recurrent cancers, or a nonfunctional larynx. It may also be done to address complications from other diseases or cancers, or damage from previous treatment in that area.

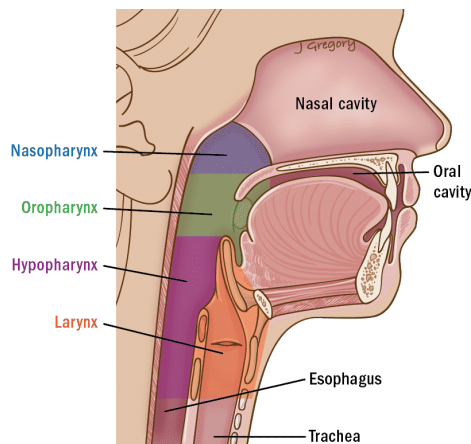
Often a total or partial thyroid removal is necessary during a total laryngectomy, depending on the location and extent of your disease. During a total laryngectomy, a tracheal stoma will be created. Formation of a stoma involves sewing the uppermost part of the windpipe to surrounding skin on the neck, enabling you to breathe through your neck. Additionally, one or two drains may be placed near the surgical wound to remove excess fluid and secondarily prevent infection during the initial stages of post-op healing.



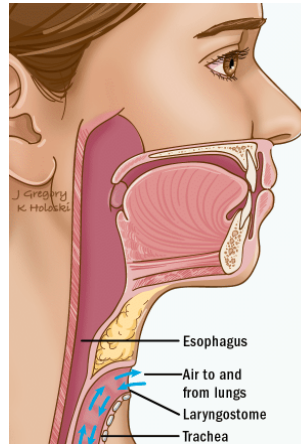
Please note that this information is intended for educational purposes. It does not replace consultation with your doctor, and it should not be interpreted as medical advice. We encourage you to speak to your health care provider if you have further questions or concerns regarding your medical care.

For more information scan this code or visit:

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



**Before Surgery**



**After Surgery**

## Risks Associated with Laryngectomy

- Bleeding
- Infection
- Salivary fistula
- Blood clots

## After Surgery

The neck will serve as the path of entry of air into the lungs, as the trachea will no longer connect to the mouth and nose. The drain(s) placed during surgery will be taken out 1-2 days following surgery by the surgical team. Removal is not typically painful and can be accomplished in a matter of seconds. A feeding tube will be placed either through the nose or into the stomach. The amount of time it takes to resume eating a normal diet varies and can range anywhere from a few days to two weeks post-surgery.

Tracheoesophageal puncture, esophageal speech, and an electrolarynx are possible techniques for speaking after this procedure. Your surgeon and speech and language specialist will review these with you in depth. The duration and course of surgical recovery is case-dependent, but is typically a few weeks. How long it takes to return to “normal life” depends on the outcome of the surgery and the extent of disease. 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. While you may be able to go straight home with or without visiting nurses, you could also be advised to go to a rehabilitation center first if needed.



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