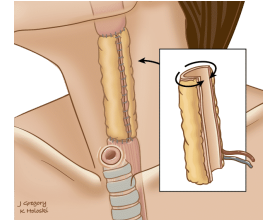




# Total Laryngopharyngectomy

**A total laryngopharyngectomy is the removal of the voice box and a portion of the pharynx, or area behind the nose and mouth. It is a major surgery that is used to treat laryngeal cancer, or abnormalities in the area.**



This procedure normally consists of removing the hypopharynx (lower part of the throat behind the voice box) and part of the oropharynx (middle part of the throat behind the mouth), depending on the extent of the tumor.

Once your voice box and pharynx are removed, your trachea (windpipe) will be stitched to the skin just above the breastbone, creating a permanent opening in the neck to breathe through. Reconstruction of the pharynx connects the mouth and esophagus so that you can eat. Three to six months after your laryngopharyngectomy, a tracheoesophageal puncture (TEP) may be performed. Your surgeon will make an opening between the trachea and esophagus, and will place a one-way silicone valve in it. With the valve, air can pass through the trachea, allowing you to produce sound for speaking. A laryngopharyngectomy is a significant procedure that requires planning beforehand, as well as certain lifestyle changes afterwards. We hope that the advice below will help guide you on this journey.

## 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.

Leading up to 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.



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.

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<https://thancguide.org/cancer-basics/treatments/surgery/ablative/total-laryngectomy/> Pg. 1 of 2

## The Surgery

The anesthesiology team will give you general anesthesia, putting you to sleep right before surgery and preventing any pain or sensation throughout the operation. Your surgeon will make an incision in the central neck. The larynx and a part of the pharynx will be removed. Your surgeon will send tissue to the pathology laboratory during surgery to ensure that all of the cancerous or problematic tissue has been removed.

Reconstructive methods include a regional flap (using tissue near the tumor site to reconstruct the area), a gastric pull-up (pulling the stomach up through the chest to create a new throat), or a free flap (using distant tissue from areas such as the forearm, thigh, chest, or abdomen to reconstruct the area). Depending on the extent of disease, your thyroid may be removed as well. At the end of the procedure, drains will be placed in the surgical wound to remove excess fluid and secondarily prevent infection.

### Risks Associated with a Laryngopharyngectomy

- Bleeding
- Infection
- Salivary fistula
- Blood clots
- Aspiration
- Hypocalcemia
- Thyroid changes

## After Surgery

You will breathe exclusively through your neck, as the trachea will no longer connect to the mouth and nose. The drain(s) placed during surgery will be taken out a few days following surgery by the surgical team. This should not be painful and can be done in a matter of seconds. A feeding tube will be placed either through the nose, into the stomach, or through the TEP. The amount of time it takes to resume eating a normal diet varies and depends on the details of your surgery and recovery. Removal of the feeding tube will depend on your progress with eating. TEP, esophageal speech, and an electrolarynx are possible techniques for speaking after this procedure. These options will be reviewed with you in detail during your surgical work-up.

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. In some cases, your surgeon may refer you to an oncology team for additional treatment. Once the surgery team is confident you are ready to be discharged, a discharge planning team will work with you to determine the best route forward. This may include visiting nurses and therapeutic services, or a skilled nursing facility.



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