

Partial Laryngectomy

Partial laryngectomy may be acceptable as the appropriate treatment of choice when a patient presents with an early stage lesion that does not require radiation therapy and can be treated effectively by surgery alone. With early detection and treatment, the chance of metastatic disease to the neck is very low but typically, when we remove the lesion, we can check any lymph nodes in the immediate vicinity.

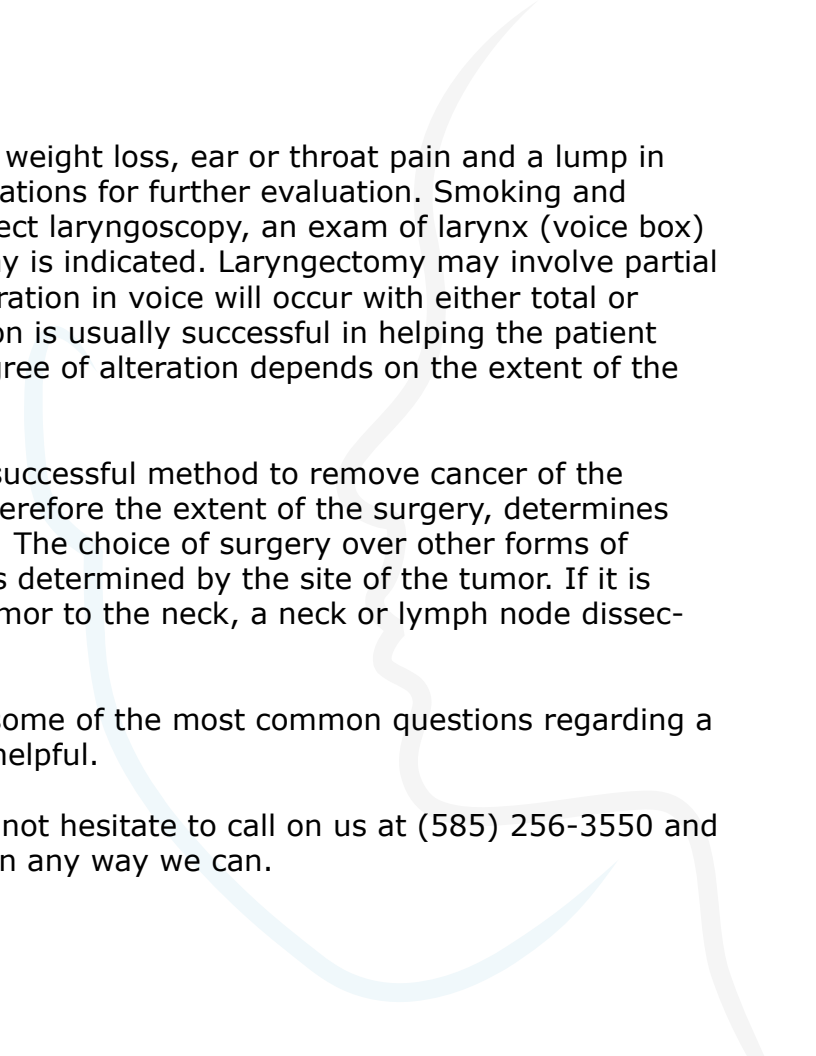
Temporary side effects of the surgery to remove the lesion and the subsequent reconstruction include localized swelling. For that reason, a temporary tracheotomy (for about five days) is required to protect and maintain an adequate airway. A cuffed tracheotomy tube will be placed during the surgery. At approximately post-operative day four, the tracheotomy tube will be changed to a metal tube. The metal tube will periodically be plugged to assist the patient in gradually weaning off the tracheotomy tube before they are discharged home.

Maintaining nutrition is another concern that is addressed during the surgery. A small feeding tube (about the diameter of a pencil tip) will be placed through the nose to the stomach for feeding the first four days following surgery. On approximately post-operative day four to day seven, the patient will be started on clear liquids and advanced to full diet as tolerated. It is not uncommon to have slight aspiration when first attempting to eat, however, speech (swallowing) therapy is usually not indicated. Sometimes a feeding tube is necessary for a prolonged time (approximately two to three weeks) to assure adequate nutrition during the post-operative period.

The incision is horizontal and will be placed in a natural skin fold crease to minimize scarring. A drain, a small piece of rubber-like material, will be placed in the incision to prevent accumulation of tissue fluid under the incision. This drain will be removed when the drainage is minimal, usually within the hospital stay.

A partial laryngectomy has many advantages:

- 1) A partial laryngectomy spares the voice, however, the voice will be altered from the pre-operative voice. It's not uncommon for the voice to be lower and huskier.
- 2) There is no stoma (permanent opening in the neck).
- 3) The advantage of a partial laryngectomy over radiation is that the swelling and tissue changes with surgery alone are temporary and the larynx and surrounding area can be screened more easily post-operatively.
- 4) The patient is able to rehabilitate in that they eventually will speak and swallow, though with some compromise.



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 both vocal cords. Alteration in voice will occur with either total or partial laryngectomy. Post-operative rehabilitation is usually successful in helping the patient recover a voice that can be understood. The degree of alteration 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 the 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. If 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.

This information has been designed to address some of the most common questions regarding a partial laryngectomy. We hope that it has been helpful.

As always, 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.