

Laryngeal Cancer: Surgery



Laryngeal cancer is commonly treated with surgery to remove the cancer. All or part of the larynx, or voice box, may be removed. This surgery is called a laryngectomy. The type of procedure needed depends on where the cancer is in the larynx and how big it is. Laryngectomy is often done along with other treatments, like chemotherapy or radiation therapy, to destroy the cancer and help keep it from coming back.

Types of surgery for laryngeal cancer

Different surgeries can be done based on the stage of the cancer and where it is. If the cancer has spread, then some of the nearby lymph nodes or muscles in the neck near the larynx may also need to be removed. Types of procedures that might be done include:

- **Partial laryngectomy.** This removes part of the larynx, or voice box. You can talk after this surgery, but your voice may not sound the same.
- **Total laryngectomy.** Surgery to remove the entire larynx. This may be the only choice for advanced laryngeal cancer. A hole is made in the front of your neck so you can breathe. You won't be able to talk after this surgery.
- **Hemilaryngectomy.** Surgery to remove only half or one side of the larynx. You will be able to speak after this surgery, but your voice may sound different.
- **Thyroidectomy.** Surgery to remove the thyroid gland. If the entire gland is removed, you'll need to take thyroid hormones the rest of your life.
- **Cordectomy.** Surgery to remove some or all of the vocal cords. Your voice will be hoarse if some of the cords are removed. If all of the cords are removed, you won't be able to talk anymore.
- **Vocal cord stripping.** This removes the cancer cells from the surface of the vocal cords. Most people don't have changes in their ability to talk.
- **Laser surgery.** Uses a laser to remove a tumor or defect on the surface of the larynx. This can cause your voice to sound hoarse.
- **Supraglottic laryngectomy.** Removes only the top portion of the larynx, above your vocal cords. It doesn't affect your voice.
- **Neck dissection.** Surgery to remove the lymph nodes in the neck where cancer has or is likely to have spread. In a full radical neck dissection, nerves and muscles are removed along with the lymph nodes. This can affect how you move your neck and shoulders.

The larynx is part of how we eat, breathe, and talk. Surgery in this area might also affect how you look. There are many ways to treat this cancer with surgery. Be sure you understand what type of surgery is best for you and how your body will work and look after it.

Risks of laryngeal cancer surgery

All surgery has risks. The risks of laryngeal surgery include:

- Excess bleeding
- Bruising
- Infection
- Swelling in your mouth or throat, which can make it hard to breathe

Possible long-term or permanent side effects depend on the type of surgery and include:

- Damage to nerves and other tissues near the cancer that causes numbness
- Scarring
- Changes in how you eat and swallow
- Changes in your sense of smell and taste
- Changes in how you talk or not being able to talk the way you did before
- Changes in how you breathe
- Changes in how you look

Talk with your healthcare provider about the side effects you may have and your chances of side effects after surgery.

Getting ready for your surgery

Your healthcare team will talk with you about the surgery choices that are best for you. Make sure to ask:

- What type of surgery will be done
- What will be done during surgery
- What the risks and possible side effects of the surgery are
- If there will be changes in how you talk, breathe, or eat
- When you can return to your normal activities
- What you will look like after surgery

After you have discussed all the details with the surgeon, you will sign a consent form. This gives the surgeon permission to do the surgery.

You'll also meet the anesthesiologist and can ask questions about the anesthesia and how it will affect you. Just before your surgery, an anesthesiologist or a nurse anesthetist will give you the anesthesia drugs so that you fall asleep and don't feel pain.

What to expect after surgery

After surgery for laryngeal cancer, you may have to adjust to new ways of eating, drinking, speaking, and breathing. The types of changes you have depend on the type of surgery that was done.

Learning to speak

Total laryngectomy takes away your ability to speak using your vocal cords. A therapist called a speech-language pathologist will work with you to help you to speak again. But your voice will sound different. Surgery might also be done later to help you speak again.

If your entire larynx is removed, you'll need to learn to speak in a new way. This will take practice. Before surgery or soon after, the speech-language pathologist may talk with you about your choices for speech. These include:

- **Esophageal speech.** For this approach, the speech-language pathologist teaches you how to swallow and then release air like a burp from the walls of your throat. You can learn how to form words from the released air with your lips, tongue, and teeth.

- **Tracheoesophageal puncture.** This surgery is done either at the same time the larynx is removed or as a separate surgery later. The surgeon makes a small hole between your trachea and esophagus and places a small device in the opening. With practice, you can learn to speak by covering the hole and forcing air through the device. The air makes sound by vibrating the walls of your throat.
- **Electric larynx.** An electric larynx is a small, battery-powered device. It makes a humming sound like the vocal cords, and you move your lips to form words. Some models are used in the mouth, while other models are placed on the neck.

Breathing changes

The larynx also plays an important role in how you breathe. When all of the larynx is removed, you'll need a new way of breathing. The surgical team will make a hole in your neck called a tracheostomy. They will permanently connect your windpipe (trachea), which carries air to the lungs, to this hole in the front of your neck. Breathing, coughing, and sneezing will then be done through this hole, called a stoma, rather than through your nose and mouth.

The stoma may be held open with a tube you breathe through. This tube is called a tracheostomy tube, or trach tube. The trach tube stays in for a few weeks, until the skin around the stoma heals. Some people continue to use the trach tube all or part of the time. Or, it can be removed and a smaller tracheostomy button, called a stoma button, can be used instead. After a while, some people don't use a tube or a button in their stoma.

After a partial laryngectomy, a short-term tracheostomy may be needed. Then the trach tube is removed. Over the next few weeks, the stoma closes. You then breathe and speak in the usual way, although your voice may not sound the same as before.

The stoma must be correctly cared for to prevent problems and complications. Your healthcare team will help you learn how to care for it.

Eating on your own

For a few days after surgery, you won't be able to eat or drink. At first, you'll get nutrients through a tube into one of your veins. This is called IV or intravenous feeding.

In a day or so, your digestive tract will return to normal. But you won't be able to swallow because your throat won't be healed. You'll get foods and liquids through a feeding tube that goes through your nose and throat to your stomach. It will be taken out in 2 or 3 weeks when your throat heals. This will allow you to swallow again and take in enough food through your mouth to maintain your weight.

Swallowing may be hard at first, and you may need the help of a nurse or speech-language pathologist to learn how to swallow again. Over time, you'll return to a regular diet.

Recovering at home

When you get home, you may get back to light activity. But you shouldn't do any strenuous activity for about 6 weeks. Your healthcare team will tell you what kinds of activities are OK while you recover.

If you had surgery to remove lymph nodes in your neck, your shoulder and neck may be weak and become stiff. A physical therapist can help you with special exercises if this happens.

When to call your healthcare provider

Let your healthcare provider know right away if you have any of these problems after surgery:

- Bleeding
- Chest pain
- Breathing problems or shortness of breath
- Redness, swelling, or fluid leaking from the incision

- Fever of 100.4° (38°C) or higher, or as directed by your healthcare provider
- Chills
- Changes in how your urine looks or smells
- New swelling, redness, warmth, or pain in an arm or leg

There may be other things your healthcare provider wants you to watch for. Be sure you know what to watch for. Also know how to reach your provider after office hours and on weekends and holidays.

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