



Procedure Information Sheet

Introduction

To resect the whole larynx and create a new permanent tracheotomy. This will result in a loss of natural voice

Indication

Malignant tumour involving the larynx, hypopharynx

The Operation / Procedure

The operation is done under general anaesthesia. An incision is made in the neck and the larynx is excised. The tracheal end is then connected to an opening at the front of the neck. A voice prosthesis may be inserted for speech rehabilitation.

Before the Operation / Procedure

1. Inform your doctor of any medical condition and any medication you are taking. The medications may need to be adjusted as appropriate.
2. The doctor may arrange speech therapy consultation before the operation
3. Intended benefits and expected outcome
 - 3.1 Complete removal of malignant tumour involving the larynx, hypopharynx
 - 3.2 There is chance of incomplete removal of disease and recurrence
4. Conditions that would not be benefited by the procedure
 - 4.1 Tumour extends beyond the confine of the larynx

After the Operation / Procedure

1. You will breathe through an opening in the neck which is connected to the trachea
2. You cannot eat by mouth for about two weeks. Nourishment will be provided by nasogastric tube feeding.
3. You will have neck wound dressing and drainage tubes. The drainage tubes are connected to drainage bottles and will be removed after a few days.
4. Wound pain is common and will be controlled by medications
5. After the wound is healed, the doctor will arrange speech rehabilitation.
6. See the doctor as scheduled

<p>Patient's Label Patient Name: _____ Hospital No: _____ Episode No: _____</p>



Risk and Complication

1. There are always certain side effects and risks of complications of the procedure. Medical staff will take every preventive measure to reduce their likelihood.
2. Common risks and complications ($\geq 1\%$ risk)
 - 2.1 Bleeding
 - 2.2 Infection
 - 2.3 Pharyngocutaneous fistula
 - 2.4 Tracheostome stenosis causing breathing difficulty and requirement of stent or revision surgery
 - 2.5 Loss of power to lift up heavy weight
 - 2.6 Pharyngeal stenosis causing dysphagia
 - 2.7 Thyroid insufficiency causing lethargy, cold intolerance, weight gain, hypotension, heart failure, arrhythmia requiring life long replacement medication.
 - 2.8 Parathyroid insufficiency causing muscle cramp requiring life long replacement medication
3. Uncommon risks with serious consequences ($< 1\%$ risk)
 - 3.1 Pneumothorax
 - 3.2 Skin necrosis
 - 3.3 Nerve injury
 - 3.3.1 Hypoglossal nerve (XII) injury causing impairment of tongue movement and swallowing problem and speech problem
 - 3.3.2 Phrenic nerve injury causing breathing difficulty
 - 3.3.3 Sympathetic nerve injury causing dropping of eyelid, dryness of face.
 - 3.4 Death due to serious surgical and anaesthetic complications
4. Consequences of no treatment
 - 4.1 Progression of tumor and death

Alternative Treatment / Investigation

1. Radiotherapy
2. Chemotherapy
3. Symptomatic palliative treatment

Disclaimer

This leaflet only provides general information pertaining to this operation / procedure. While common risks and complications are described, the list is not exhaustive, and the degree of risk could also vary between patients. Please contact your doctor for detailed information and specific enquiry.

Reference

Smart patient website by Hospital Authority: Total Laryngectomy (2/2020)

Patient's Label
 Patient Name: _____
 Hospital No: _____
 Episode No: _____

Patient's Signature: _____ Date: _____