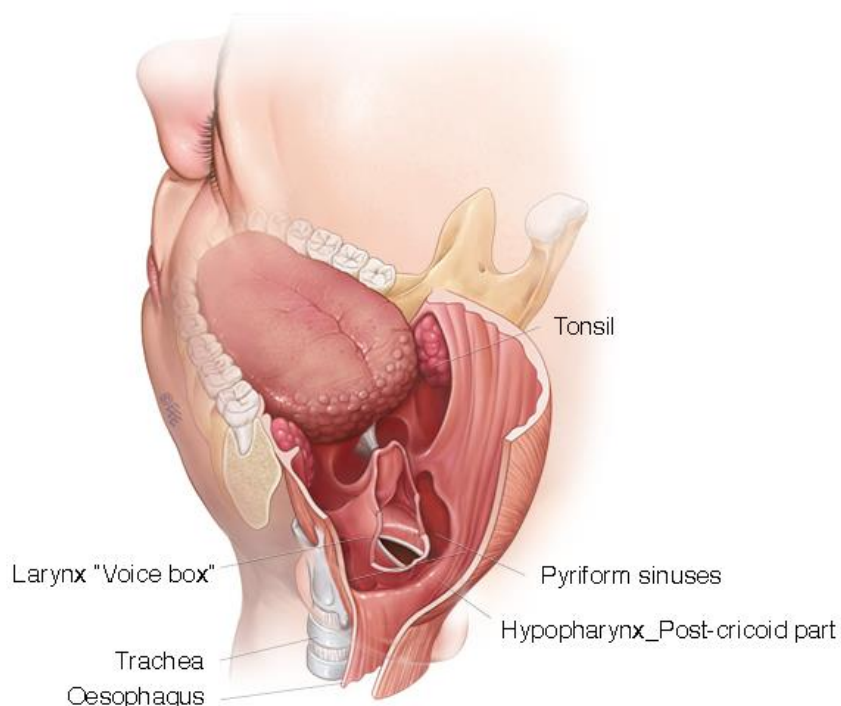


## HYPOPHARYNGECTOMY

This information aims to help you understand the operation, what is involved and some common complications that may occur. It may help answer some of your questions and help you think of other questions that you may want to ask your cancer care team; it is not intended to replace advice or discussion between you and your [cancer care team](#).

### AN OVERVIEW TO HYPOPHARYNGECTOMY

- The **pharynx** is the medical name for throat, is a space at the back part of the mouth that opens into the food pipe at the lower end. The pharynx has 3 parts (see picture below):
  - **Nasopharynx** that connects the back of your nose to your mouth.
  - **Oropharynx** at the back of your mouth.
  - **Hypopharynx**, near your voice box (the larynx).



- **Hypopharyngectomy** is the removal of part of the hypopharynx. It is usually done for cancer of the hypopharynx.

Further information on oropharyngectomy (removal of the oropharynx) and the maxillary swing approach for nasopharyngeal cancer is available on the [Beyond Five website](#).

- The [hypopharynx](#) is a difficult area to see and operate on. Sometimes tumours are removed by making a cut in the neck and opening the pharynx behind the voice box. There are several ways that surgeons can operate on this area without making a cut in the neck, including:
  - Using a robot called [Trans oral robotic surgery \(TORS\)](#)
  - Using a laser called [Trans oral laser surgery](#)
- When cancers are removed from the hypopharynx, the lymph nodes in the neck are usually removed at the same time; this is called a [neck dissection](#). This is because cancers in this area often spread to the lymph nodes. You may want to download information on neck dissection, which is available on the [Beyond Five website](#).
- Most patients will need a [tracheostomy](#) (a tube to assist with breathing) for a time (days to weeks) until the swelling has gone down. You may want to download information on tracheostomy, which is available on the [Beyond Five website](#).
- After the cancer is removed, some **reconstructive surgery** may also be done in the same operation. You may want to download information on **reconstructive surgeries**, which is available on the [Beyond Five website](#).
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## WHY IS A HYPOPHARYNGECTOMY NEEDED

- A hypopharyngectomy is done to remove cancer of the hypopharynx. This is usually only appropriate for small cancers. Larger cancers usually also require removal of the voice box called a laryngopharyngectomy. You may want to download information on [laryngopharyngectomy](#), which is available on the [Beyond Five website](#).
- The cancer together with an area of normal-appearing tissue is removed, to reduce the chance of any cancer cells being left behind.
- Tissue removed from hypopharyngectomy will be examined in detail by a specialist pathologist, under a microscope to look for cancer cells. Through this examination, the [cancer can be accurately staged](#). Further information about staging of cancer is available on the [Beyond Five website](#).

## HOW TO PREPARE FOR THE OPERATION

### Before the operation:

- You will need to fast (have nothing to eat or drink) for 6 hours before your operation (unless advised differently by your surgeon or anaesthetist) because the hypopharyngectomy is performed under a general anaesthetic (you will be asleep and will not remember what happens during the operation).
- Your surgeon will explain the details of your operation. Be sure to bring up any questions or concerns, and share your needs and wishes with your cancer care team (see box).
- You should speak to your doctor about how to manage aspects of your lifestyle, such as smoking, drinking alcohol and chronic conditions (e.g. diabetes and obesity) that may increase the risk of complications.
  - If you take blood thinning medication for a heart condition or blood clots (such as warfarin, Plavix, aspirin or Pradaxa), make sure your surgeon is aware. Some of these medications need to be stopped more than a week before the operation. Sometimes a short-acting blood thinner (such as Clexane) is used before and after the surgery
- Talk to your surgeon and cancer care team about any likely side effects you can expect following the operation. You may find it useful to talk to a dietitian, speech pathologist or specialist head and neck nurse about these issues.

#### **Possible questions that you may want to ask your cancer care team**

- Which part of my pharynx is being removed?
  - How will it affect my speech and swallowing?
  - How might my speech change?
  - How long will it take before I can eat again?
  - What kinds of food should I eat after the operation?
  - Will I need a feeding tube?
- Additional questions are listed at the end of this factsheet.

Visit the [Beyond Five website](#) for further information on the health professionals who may be part of your cancer care team

## WHAT TO EXPECT DURING THE OPERATION

- During hypopharyngectomy, the surgeon will remove the cancer from the throat. At the same time, other areas may be removed as needed (e.g. part of the voice box in some patients) depending on the size of your cancer and where it is.
- Depending on the site of the cancer, the operation may be done through the nose or mouth. It could be done using robotic surgery or laser surgery.
- After the cancer is removed, some reconstructive surgery may also be done.
- Usually the lymph nodes in the neck may need to be removed and this is called a [neck dissection](#).
- During the operation, a tube may be placed in the windpipe ([tracheostomy](#)) to help you breathe, and a feeding tube may be inserted to help with feeding.

## WHAT TO EXPECT AFTER THE OPERATION

- After the operation, once you are fully awake, you will be moved to a bed in the hospital or intensive care unit where you will be closely monitored during recovery.
- You may have surgical drains to allow blood or fluid to escape and prevent swelling. These will be removed before you go home.
- For long operations, a catheter is often placed in the bladder to help drain urine and will remain for a few days.
- You may have a drip in your arm to give you fluid until you are able to drink and a feeding tube to help receive nutrition. Further information on [Feeding tubes](#) (Gastrostomy) is available on the [Beyond Five website](#). The drips and tubes will be removed when they are no longer needed and/or before you go home.
- You may have a breathing tube in your lower neck to assist you breathing. This is called a tracheostomy and is usually temporary. This will make it difficult to talk, and you may need to write things down that you want to say to people. It is useful to have a pen and paper, mini white board or iPad/tablet in hospital to write down anything you want to say.
- Tracheostomy tubes need to be suctioned regularly to stop them clogging with phlegm and mucus. This will make you cough and it can feel uncomfortable to start with. Visit the [Beyond Five website](#) for further information on [Tracheostomy](#).

- If you have had a flap reconstruction, then you will need to be monitored very closely (usually every hour) to make sure that the flap has a good blood supply.
- It can be very difficult to sleep in the first two days after surgery because of everything going on. You might feel tired, fatigued, upset and get a bit irritated with people trying to help you. This is normal but it helps to prepare yourself so you don't get too frustrated.
- Although a hypopharyngectomy is a big operation, it is usually not very painful but may be quite uncomfortable. Your anaesthetist and surgical team will give you medicine to help control any pain and nausea after the operation. You may also have a button to push that delivers strong pain killers (patient controlled analgesia, or PCA), or you may have to ask the nurse for extra pain medication.
- Most patients stay in hospital for approximately 1–3 weeks. The time spent in hospital will depend on the extent of your surgery and on your recovery.

## **POSSIBLE RISKS OF HYPOPHARYNGECTOMY**

All operations carry some risks such as blood clots, wound infections, bleeding, chest infection, adverse reactions to anaesthetic, and other complications. These risks will be explained by your cancer specialist and anaesthetist.

Your doctor will explain details of the operation, general risks and side effects of the operation, they may recommend:

- stopping blood thinners (e.g. aspirin) before surgery to reduce the risk of bleeding
- a blood thinner (called heparin) may be injected before and after surgery to reduce the risk of blood clots
- antibiotics to reduce to risk of wound infection
- early mobilisation to reduce the risk of blood clots and chest infection
- special stockings to reduce the risk of blood clots.

**Risks specific to hypopharyngectomy that you should know about are:**

- **Infection:** The throat contains lots of bacteria, which may cause an infection in the neck wound after the surgery. The surgeon will prescribe antibiotics to prevent this, but if an infection still occurs, it might require opening part of the wound to allow any pus to drain out.
- **Abnormal opening or fistula:** If the seal separating the throat and neck breaks down, saliva may leak causing an infection. This can be a very serious complication and might require opening the wound to allow it to drain or another operation to fix the seal.
- **Bleeding:** If a **flap reconstruction is not needed**, then the internal wound will heal by itself. During the healing process there is a risk that bleeding may occur. Usually this happens about one week after the operation and is mild. Rarely, there can be serious bleeding which requires another operation.
- **Flap failure:** If a **flap reconstruction is needed**, then microsurgery is done to join blood vessels together to keep the flap alive. If the blood supply blocks, another operation will be needed to fix the problem. Sometimes the problem cannot be fixed and a new flap is needed.

## SIDE EFFECTS AND THEIR MANAGEMENT

As with all operations, there is a chance that hypopharyngectomy may lead to a number of side effects. You may not experience all of the side effects. Speak with your doctor if you have any questions or concerns about treatment side effects.

Side effects common for hypopharyngectomy may include:

- **Nausea:** General anaesthetic may cause nausea. This will settle down soon after the operation and can be treated with medications.
- **Sore throat:** Your throat may be sore initially if a breathing tube was used/placed during the operation.
- **Infection:** There is a risk of infection with any surgery. Antibiotics will be used to reduce the risk of infection.
- **Pain management:** Pain is a common side effect of the operation. Your anaesthetist will give you pain medicine during the operation to keep you comfortable when you wake up, and you may continue on pain medicines to ensure pain is under control. Ensure you take pain relief medications as prescribed by your doctor and speak to your cancer care team if the pain is not under control, gets worse or if the medication causes any side effects. You may want to download information about [pain management](#), which is available on the [Beyond Five website](#).
- **Changes in eating and speaking:** Hypopharyngectomy may affect eating and speaking depending on the surgery you have had. It may be useful to have a tablet/portable device or pen and paper to write down what you want to say; and breathing and feeding tubes may be used to help you breathe and receive nutrition especially soon after surgery. The speech pathologist and dietitian will provide any assistance needed to help with your speaking and eating during recovery.
- **Changes in appearance:** Your appearance may change and it may be hard to accept. Seek support from the cancer care team, and family and friends. Contacting other patients through a support group may also assist.
- **Fatigue:** Most patients may feel quite tired after the surgery and lack enough energy to do normal activities. It may take three months before feeling 'normal again'. Many patients will also need radiation therapy after the operation. This usually starts about 4–6 weeks after surgery and takes about 6 weeks to complete. For those who need radiation therapy as well as a hypopharyngectomy, it may be 6 – 12 months before energy levels return.

## OTHER TREATMENT(S)

- Additional treatment(s) depend on the nature and extent of the cancer.
- Head and neck cancers often require treatment with more than one form of therapy to reduce the risk of the cancer recurring. Many patients need radiation therapy after the operation, and sometimes, may also require chemotherapy.
- Your [cancer care team](#) will be able to discuss the likelihood of needing further treatment before your operation but in many cases it will only be decided after assessing the pathology report from the tissue removed at the operation. This may take two weeks from the operation or more.

## BEFORE GOING HOME

- Any particular instructions for [wound care](#) or medications will be provided to you before you go home. You may want to download further information about wound care on the [Beyond Five website](#).
- Some patients will require a nurse to come to their home to do dressings.
- Your doctor may prescribe pain medications to help relieve the pain following the operation. Ensure you take the pain relief medications as prescribed by your doctor and speak to your cancer care team if the pain is not under control, gets worse or if the medication causes any side effects.
- You will be assessed by the team involved in your care before you go home and follow-up will be arranged with your surgeon and GP.
- Follow-up may also be arranged with any other allied health professionals that may assist you with supportive care
- Your recovery at home may vary and you should allow time for your body to recover and heal. Regular follow-up helps to assess your progress.



## **FOLLOW-UP CARE**

- After your operation, you will continue to have regular follow-up visits with your specialist doctor and cancer care team.
- Follow-up may also be arranged with any other allied health professionals to assist you with supportive care.
- Any additional reconstruction, cosmetic procedures or treatments that you may need are planned after discharge. This enables time for you to recover from the initial operation, get results of the pathology that examined the tissue removed at the operation, and make the arrangements for any additional treatment or next steps.

For further information about the operation for cancer and what to expect, you can also refer to [Understanding Surgery: a guide for people with cancer, their families and friends.](#)

## QUESTIONS TO ASK YOUR DOCTOR

- Is surgery the only option – could I be treated with radiation therapy?
- What part of my pharynx is being removed and how will it affect my speech and swallowing?
- Will I require reconstructive surgery?
- What are the risk factors for this disease?
- What lifestyle changes (diet, exercise) do you recommend I make?
- What are the chances that the surgery will cure the cancer?
- What will happen if I don't have the surgery?
- How much will the operation cost? Will my health insurance cover it?
- What are the possible side effects of treatment? How can they be prevented or controlled?
- Will I have a scar?
- Will I be able to lead a normal life?
- When will I get the pathology results?
- What follow-up tests will I need after the operation?
- Am I suitable for any clinical trials?

You may want to write additional questions here to ask your doctor or cancer care team

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