TOTAL LARYNGECTOMY
INFORMATION and INFORMED SURGICAL CONSENT

Total laryngectomy is performed for extensive cancers of the larynx (voice box). Total laryngectomy is the name of the surgery that removes the entire larynx. It can be performed as part of the initial management of the cancer, or if other therapies don’t cure the disease, or after cancer therapy if the larynx is no longer functioning properly leading to breathing/swallowing/aspiration problems. The larynx is intimately involved with breathing, voice and swallowing. Total laryngectomy will result in a loss of the natural voice, and creation of a permanent breathing hole in the lower neck called a tracheostome or tracheostoma. You have several options for voice rehabilitation that will be offered. The surgery physically separates the swallowing function from the breathing function.

The indications and risks of surgery, as well as expected outcomes, must be understood prior to proceeding with your surgery. In addition, you must understand your alternatives to the surgery. Your alternative is not to have the surgery performed, and continue with medical management of your problem.

Intended Benefits and Expected Outcomes:
1. Complete removal of malignant tumor involving the larynx or hypopharynx (bottom of the throat).
2. There is a chance of incomplete removal of disease and/or recurrence of the cancer.
3. There will be loss of/reduction of smell and taste as air will not pass thru the nose when breathing.
4. There is a chance that tissue from another part of your body will be needed for reconstruction.

Risks/complications that occur >=1%
1. Bleeding – heavy bleeding is rare, if this occurs you may need blood transfusion.
2. Infection – 10-30% risk.
3. Pharyngocutaneous fistula – if this occurs you may need additional surgeries to repair, and may prolong your hospitalization.
4. Tracheal stoma stenosis (narrowing) - causing breathing difficulty and requiring stenting or revision surgery.
5. Loss of strength to lift heavy weights, an expected outcome.
6. Pharyngeal (swallowing tube) stenosis (narrowing) causing dysphagia (swallowing problems).
7. Hypo-thyroidism - low thyroid function would need daily pill to replace.

Rare risks/complications with serious consequences:
1. Pneumothorax – collapse of lung, would then need further intervention.
2. Skin necrosis – wound problems, may need further surgery to help heal.
4. Death due to serious surgical and/or anesthetic complications.

After the procedure:
1. You will breathe through an opening in the neck which is connected to the trachea.
2. You can expect a 1-2 week hospitalization after surgery, sometimes patients then require short term stay in a rehabilitation facility.
3. Sometimes the surgery is combined with other surgeries, such as neck dissection, creation of opening in the throat for voice rehabilitation, etc.

4. You cannot eat by mouth for 1 to 3 weeks. Nourishment will be provided by tube feeding.
5. As healing progresses vocal rehabilitation will be undertaken.

**Alternatives to total laryngectomy:**
1. Radiation therapy.
2. Chemotherapy.

**Consequences of no treatment:**
Progression of tumor and death.

At Suburban Ear, Nose and Throat Associates, Ltd., we go to great lengths to try to help you understand your plan of care. If at any time during your care you have questions or concerns, please call us at 847-259-2530.

I/we have been given an opportunity to ask questions about my condition, alternative forms of treatment, risks of non-treatment, the procedures to be used and the risks and hazards involved. I/we have sufficient information to give this informed consent. I/we understand every effort will be made to provide a positive outcome, but there are no guarantees.

Patient PRINTED name: _____________________________________________________________

Patient or Guardian signature: ______________________________________________________

Guardian Printed name (if applies): ___________________________________________________

Guardian relationship to patient (if applies): _____________________________________________

Date: ___________________________ Time: _____________________________

Witness: ___________________________ Date: _____________________________