



HEAD & NECK CANCER
AUSTRALIA
ENGAGE • EDUCATE • EMPOWER

PHARYNGO- OESOPHAGECTOMY



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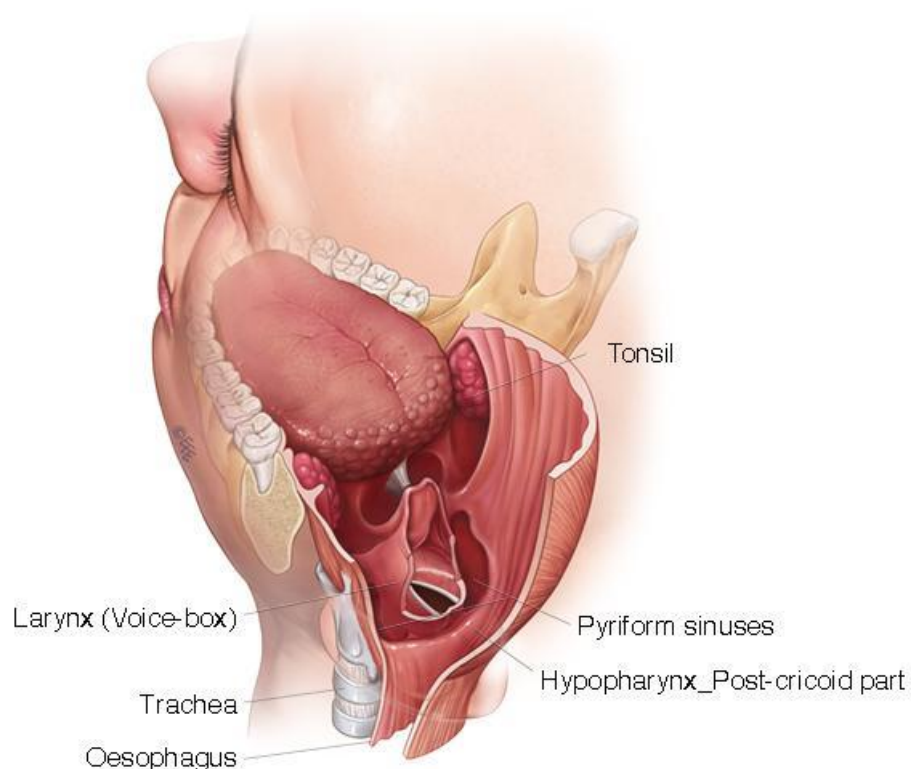
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PHARYNGO-OESOPHAGECTOMY

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 PHARYNGO-OESOPHAGECTOMY

- The pharynx is the tube that connects the nose and mouth to the top of the windpipe and oesophagus. It is better known as the throat.
- The oesophagus is the tube that connect the pharynx to the stomach.
- A pharyngo-oesophagectomy is an operation to remove cancer located in the lower throat (hypopharynx) and the top part of the oesophagus (see picture below).



- This is a complex operation and usually includes removal of the voice box (larynx). Since the voice box has been removed, you will breathe through a hole in the throat, called a tracheostoma. There may be several surgeons involved in your operation.
- After the cancer is removed:
 - o reconstructive surgery is usually done and may use flaps from the bowel or 'pull-up' of the stomach
 - o lymph nodes may also be removed from the neck.

Visit the [Head and Neck Cancer Australia website](#) for further information on [hypopharyngeal cancer](#), reconstructive surgeries, and on any other surgeries you may be having for your particular cancer, such as [neck dissection](#) or [laryngectomy](#).

WHY IS A PHARYNGO-OESOPHAGECTOMY NEEDED

- A pharyngo-oesophagectomy is recommended for some large cancers that extend from hypopharynx to the oesophagus. It is often used for hypopharyngeal cancers that have come back after radiotherapy or are not suitable for radiotherapy.
- The cancer together with an area of normal-appearing tissue is removed, to reduce the chance of any cancer cells being left behind.
- The tissue removed 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 [Head and Neck Cancer Australia 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 pharyngo-oesophagectomy 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.

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

- Will I be able to swallow after surgery?
- How long until I can expect to swallow?
- What type of food will I be able to eat?
- If I can't swallow, how will I be fed?
- How will I be able to communicate afterwards?
- Will I be able to speak again?
- How will I be able to speak?

Additional questions are listed at the end of this factsheet.

- Talk to your surgeon and [cancer care team](#) about any likely side effects you can expect following the operation.
- A pharyngo-oesophagectomy will permanently and significantly alter your speech and swallowing function. It is important to talk to a speech pathologist about what to expect after operation and how you might be helped to speak and swallow afterwards.
- A dietitian may also be useful to discuss issues about eating.
- Your speech pathologist may arrange for you to meet another patient who had this operation (either online or in person). It can help to hear how they have coped and adjusted; it may also be encouraging to hear how others have managed to recover well. Your cancer care team can assist with making these contacts.
- Spend some time planning how to communicate with people including the nursing staff straight after the operation as you may not be able to talk. It may be useful to have a tablet/portable device or pen and paper to write down what you want to say.

Visit the [Head and Neck Cancer Australia website](#) for further information on health professionals who may be part of your cancer care team

WHAT TO EXPECT DURING THE OPERATION

During a pharyngo-oesophagectomy:

- A cut is made in the centre of the neck, extending far across each side of the neck. A cut is also made in the upper part of the belly (abdomen).
- The pharynx and voice box are removed through the cut in the neck and the oesophagus is removed through the cut in the abdomen.
- Lymph nodes in your neck may also be removed at the same time. This is called a [neck dissection](#). Further information on neck dissection is available on the [Head and Neck Cancer Australia website](#).
- Part of the thyroid gland is also often removed.

Reconstruction:

- After the pharynx and oesophagus has been removed there will no longer be a connection between the mouth and the stomach. This is usually reconstructed by bringing the stomach up through the chest and joined to the back of the tongue. This is called a gastric pull-up.
- The top of the windpipe will be joined to a hole made in the front of your neck, called a tracheostoma. There will no longer be a connection between the mouth and windpipe. Instead, there will be a hole in the neck to allow for breathing. This is a permanent change.
- There will be a feeding tube inserted through the nose or directly into the bowel to provide nutrition into the body for the first week or two after surgery, or sometimes longer. Further information about [feeding tubes](#) is available on the [Head and Neck Cancer Australia website](#).

WHAT TO EXPECT AFTER THE OPERATION

- After the operation, you will be closely monitored in either a ward bed or the intensive care in the hospital during your recovery.
- You will have some surgical drains coming from the area of the operation to allow blood or fluid to escape and prevent swelling. These will be removed before you go home.
- Your anesthetist and surgical team will give you medicine to help control any pain and nausea after the operation.
- You will have a drip in your arm to give you fluid and a feeding tube to keep your body healthy and promote healing until you are able to eat and drink by mouth.
- The operation takes several hours, so a catheter is usually placed in the bladder to monitor how your kidneys are working.
- You will breathe through the breathing hole in your neck (stoma), and will no longer be able to speak normally. A [tracheostomy](#) tube is usually placed in the hole to start with. This tube will need to be suctioned and cleaned by the nurse looking after you.
- It is common to wait about one week before starting to eat. This will give time for the reconstruction create a strong seal so food does not leak out.
- A speech pathologist will help you with voice rehabilitation that may involve speaking by:
 - using an artificial larynx with an electronic device (electrolarynx)
 - using a valve in the hole in your throat so that air from the lungs can reach the food pipe (tracheo-oesophageal speech).
- Once the feeding tube is removed, you may have difficulty with your swallowing function. A speech pathologist may be involved in your recovery to help with this. Some patients may go home with a feeding tube.
- Most patients stay in hospital for around 2–3 weeks to recover, but will vary depending on how you recover.

POSSIBLE RISKS OF PHARYNGO-OESOPHAGECTOMY

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.**

A pharyngo-oesophagectomy is a very big operation and it may take a long time to recover.

Possible risks of this surgery include:

- **Leakage of saliva (fistula):** If the reconstruction leaks, saliva and food will collect under the skin and cause an infection. This can be a very serious complication and might require opening the wound to allow it to drain or return to the operating room to fix the seal. Sometimes this is because there is not enough blood supply to the stomach that has been pulled up. This will cause the tissue to die and further major surgery may be needed to replace this tissue.
- **Infection:** The throat has lots of bacteria. These bacteria can cause an infection in the neck wound after the surgery. Antibiotics are given during surgery and for a day or so after, but infections can still happen. This might require opening part of the wound to allow any pus to drain out.
- **Leakage of lymphatic fluid (chyle leak):** Lymphatic fluid leaks from lymph channels (near where lymph nodes were removed) and may cause swelling under the skin. This can be treated using a special diet.



- **Low blood calcium:** The parathyroid glands (responsible for controlling the body's calcium levels) are located near the larynx and may be damaged or removed during the pharyngo-oesophagectomy. This may cause blood calcium levels to fall below normal, leading to muscles spasms and can be treated with calcium tablets.
- **Bowel problems:** After major abdominal surgery the gut may stop working for some time. This is called an ileus. Occasionally the bowel can be injured or twisted causing infection or blockage that needs to be treated with more surgery.

SIDE EFFECTS AND THEIR MANAGEMENT

As with all operations, there is a chance that pharyngo-oesophagectomy 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. Common side effects for pharyngo-oesophagectomy may include:

- **Nausea:** General anaesthetic may cause nausea. This will settle down soon after the operation and can be treated with medications.
- **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.
- **Changes in eating and speaking:** Pharyngo-oesophagectomy will affect eating and speaking. Breathing and feeding tubes may be used to help breathing and receiving nutrition, especially soon after the operation. It may be useful to have a tablet/portable device or pen and paper to write down what you want to say. 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](#), family and friends. Contacting other patients may also assist.
- **Hypothyroidism:** If all or some of the thyroid gland is removed during the laryngopharyngectomy and not enough thyroid hormone is made, some people may feel tired and sluggish. This is very common if you have already had radiotherapy. Blood

tests are used to measure the levels of thyroid hormones about two months after surgery. You may need to remind your surgeon or family doctor to check this. Thyroid hormone can be replaced by a once-daily pill.

Ask your doctor or visit the [Head and Neck Cancer Australia website](#) for further information on side effects associated with pharyngectomy and reconstructive surgeries, and on any other surgeries you may be having for your particular cancer

BEFORE GOING HOME

- Your recovery will depend on the type of operation and your general fitness before the operation. Sometimes people may have a stay in a rehabilitation or a skilled nursing facility before going home.
- Any particular instructions for [wound care](#) or medications will be provided to you before you go home. The tracheostoma (hole in neck that you breathe through) needs special attention. It is very important to keep it clean and stop crusts from building up. The nurses will teach you how to do this before you go home. You may want to download further information about wound care on the [Head and Neck Cancer Australia website](#).
- 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.
- After a pharyngo - oesophagectomy, follow-up will be arranged with a speech pathologist and a dietitian:
 - A speech pathologist will assist you to develop other ways to speak without a voice box.
 - A dietitian will help ensure you get good nutrition while you are recovering and swallowing is difficult.
- Follow-up may also be arranged with any other allied health professionals to assist you with supportive care.
- Your [cancer care team](#) can help you make contact with other patients and support groups to hear how they have coped and adjusted.



- Your recovery at home may vary and you should allow time for your body to recover and heal. With major surgery this can be slow and you may feel tired or lack energy. Regular follow up helps to assess your progress.

FOLLOW-UP CARE

- After a pharyngo-oesophagectomy, you will continue to have regular follow-up visits with your specialist doctor and [cancer care team](#).
- Ongoing referrals will also be arranged as required with other health professionals, such as speech pathologists and dietitians to assist with managing difficulties with eating and speaking.
- 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 have radiotherapy?
- What will happen if I don't have the pharyngo-oesophagectomy?
- What type of reconstruction will I have and what are the side effects?
- How will I be fed whilst I'm recovering from the operation?
- Will I be able to eat in the long-term after the operation?
- How long will it take to recover so that I can speak?
- What type of neck dissection will be done? Can you explain what does this mean?
- What will happen if I don't have the neck dissection?
- What are the risks of neck dissection?



- How long will the operation take?
- How long will I be in hospital and how long do I need off driving, work and exercise?
- What are the possible side effects of neck dissection? How can they be prevented or managed?
- Will I need any extra treatment?
- What lifestyle changes (diet, exercise) do you recommend I make?
- How much will the operation cost? Will my health insurance cover it?
- Will I be able to lead a normal life?
- What follow up tests will I need?
- If I wanted to get a second opinion, can you provide all my medical details?



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

About Head and Neck Cancer Australia

Head and Neck Cancer Australia (formerly Beyond Five) is Australia's only charity dedicated to providing information and support to people living with head and neck cancer, caregivers, family and healthcare professionals.

Head and Neck Cancer Australia's mission is to improve the quality of life of everyone affected by head and neck cancer through education and access to support and to raise awareness of head and neck cancer nationally.

Head and Neck Cancer Australia supports people through their cancer journey, from diagnosis to treatment and life after cancer by providing comprehensive, easy to understand and easy to access information. We have the only Directory of Head and Neck Cancer services and support groups available in Australia and New Zealand helping people to find the right services and support when they need it most.

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