Evaluation and Rehabilitation of Deglutition after Conservation Laryngeal Surgery

Thesis

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by

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Abstract

The ultimate goal of every clinician treating laryngeal cancer is the extirpation of the disease with the maintenance of voice functionality and swallowing. Aim: The aim of this work was to evaluate the outcome of deglutition after conservation laryngeal surgeries and to tailor a program for its rehabilitation in an attempt to improve the quality of life of those patients. Subjects and Methods: This prospective study was done in the period between October 2009 and October 2011, 29 patients who underwent conservation laryngeal surgeries at the ENT department of Cairo University were enrolled in this study. Pre as well as Post-operative evaluation (FEES-TBS) and rehabilitation program (3 months) were applied in the Phoniatrics unit. Results: Supracricoid partial laryngectomy with its two subdivisions (SCL-CHEP: 37.9%, SCL-CHP: 27.7%) was the most common type of conservation laryngeal surgeries. the second most commonly encountered was the Supraglottic partial laryngectomy (17.2%) while the Frontolateral vertical partial laryngectomy was found to be the second least common type carried out (10.3%), and the least common type of surgery was the unilateral cordectomies: (6.95%). The mean duration of the hospital stay among the patients in the SCL-CHEP group was 24 days, while those enrolled in the SCL-CHP group was 24.5 days, and the mean age for the ones in the 'Others' group was 21 days. In this study, the mean of the day of onset of oral feeding for the SCL-CHEP group was found to be 15 days, while that for the SCL-CHP group was found to be 18 days and that for the 'Others' group was found to be 11.5 days. In this study, the mean of the day of removal of NG tube for the SCL-CHEP group was found to be 29.3 days, while that for the SCL-CHP group was found to be 30 days and that for the 'Others' group was found to be 21.8

days. In this study, the tracheostomy tubes for the patients in the SCL-CHEP were removed after 7.5 days, while those in the SCL-CHP group were removed after 7.3 days, and the patients in 'others' groups had their tracheostomy tubes removed after 6.1 days. *Conclusion:* Rehabilitation program of dysphagia is essential to return to normal quality of life in patients who underwent CLS.

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List of Abbreviations

Abbreviation	Full Name
CLS	Conservation Laryngeal Surgeries
AC	Anterior Commissure
CT	Computerized Topography
SCL	Supracricoid Laryngectomy
CHP	CricoHyoidoPexy
CHEP	CricoHyoidoEpiglottopexy
SPL	Supraglottic Partial laryngectomy
CAU	Crico-Arytenoid Unit
VPL	Vertical Partial Laryngectomy
FVHL	Frontolateral Vertical HemiLaryngectomy
TCHEP	Tracheo-crico-Hyoido- Epiglottopexy
PFS	Piriform Sinus
SLN	Superior Laryngeal Nerve
TL	Total Laryngectomy
LASER	Light Amplification by Stimulated Emission of Radiation
EVPL	Endoscopic Vertical Partial Laryngectomy
RT	Radiotherapy
UES	Upper Esophageal Sphincter
PES	Pharyngo-Esophageal Sphincter
APOff	Apnea Off set
GERD	Gastro-Esophageal Reflux Disease
ENT	Ear-Nose &Throat
FEES	Flexible Endoscopic Evaluation of Swallowing
VFSS	Video-Fluroscopic Studies
MBS	Modified Barium Swallow
HRCT	High resolution Computerized Topography
QOL	Quality of Life
ASHA	American Speech Language and Hearing Association
FMRI	Functional Magnetic Resonance Imaging
AHRQ	Agency for Health Care Research & Quality
AHCPR	Agency for Health Care Policy & Research
ROM	Range of Motion
FDA	Food and Drug Administration
NIH-SSS	National Institute of Health-Swallow Scale Score

PDMS	Poly-Di-Methyl-Siloxane
ACCP	American College of Chest Pathology
PEG	Percutaneous Endoscopic Gastrostomy
TNM	Tumour- Node- Metastases
LSVT	Lee Silverman Voice Therapy
NG	Nasogastric Tube
СР	CricoPharyngeus
TBS	Timed Barium Swallow

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