

# The Impact of Total Laryngectomy: The Patient's Perspective

Brendan J. Noonan, RGN, BSc, HDip, MSc, and Josephine Hegarty, RGN, BSc, RNT, MSc, PhD

**W**orldwide, about 450,000 new cases of cancer of the head and neck are diagnosed each year, with a high incidence of laryngeal cancer in southern and eastern Europe, Latin America, and western Asia (Donnelly, Gavin, & Comber, 2009). More than 12,000 new cases of laryngeal cancer (9,680 in men and 2,570 in women) were diagnosed in the United States in 2008 (American Cancer Society, 2008). In Ireland, 139 (119 male and 20 female) patients from a total population of 4.2 million were diagnosed with laryngeal cancer in 2005 (Donnelly et al., 2009). Patients whose tumors are not eradicated by radiation generally are subjected to surgery to control the disease (Farrand & Duncan, 2007). Total laryngectomy is undertaken in as many as 50% of those patients (Donnelly et al., 2009). Five-year (age-standardized) relative survival for patients diagnosed from 2000–2004 was estimated to be 52%, with no significant variations by gender (Donnelly et al., 2009). Total laryngectomy is believed to be more emotionally traumatic than any other type of surgery because of the resultant psychological and functional impairment (Farrand & Duncan, 2007; Op de Coul et al., 2005).

Research funding for head and neck cancers is disproportionately low in comparison with colorectal and breast cancers (Savage & Birchall, 2001). Also, a dearth of national and international nursing research has been published pertaining to the experiences of people who have undergone total laryngectomy. Thus, the purpose of this study was to describe the experiences of total laryngectomy from patients' perspectives.

## Literature Review

A diagnosis of laryngeal cancer that ultimately requires radical surgical intervention has devastating effects (Eadie & Doyle, 2005). This is particularly true when treatment requires surgical removal of the entire larynx, or what is termed total laryngectomy. In particular, total laryngectomy results in significant changes to the psychological, physical, social, and emotional domains for the patient undergoing treatment (Eadie & Doyle, 2005).

**Purpose/Objectives:** To describe the experiences of patients who had total laryngectomy from their perspective.

**Research Approach:** Descriptive, qualitative study.

**Setting:** Participants' homes or investigator's hospital office.

**Participants:** 10 patients after total laryngectomy.

**Methodologic Approach:** Data were collected by semi-structured, open-ended interviews during a period of six months, with an interview topic guide built on the framework of the literature review. Data were analyzed with descriptive content analysis. Trustworthiness of the study was enhanced through the use of verbatim quotations, audible data analysis trail, and a reflexive approach.

**Main Research Variables:** Patients' experiences of undergoing total laryngectomy.

**Findings:** Patients who have undergone a total laryngectomy report difficulties and concerns that are largely functional and psychological. The functional difficulties reported included descriptions of altered swallow, excess phlegm, speech difficulties, weak neck muscles, and altered energy levels. The psychological concerns reported included descriptions of depression, regrets, and personal resolve.

**Conclusions:** As a group, patients experience a broad range of problems well after completion of treatment, reinforcing the need for rehabilitation management for prolonged periods after surgery.

**Interpretation:** Nurses are suitably positioned to support this group of patients across the disease management trajectory, from the initial preoperative period to the postoperative period and through to the rehabilitative period and beyond.

## Functional Difficulties Inherent in Treatment for Laryngeal Cancer

A patient's functional performance after total laryngectomy is the dimension affected the most because removal of the larynx has a profound impact on fundamental activities of daily living, such as talking, eating and drinking, breathing, and kissing (Davis & Roberts, 1999). Researchers have reported that loss of natural voice is not the most important dimension affecting quality of life after treatment for laryngeal cancer (Herranz & Gavilan, 1999; Llatas et al., 2003; Stewart, Chen, & Stach, 1998) because several potential techniques are