

PLO

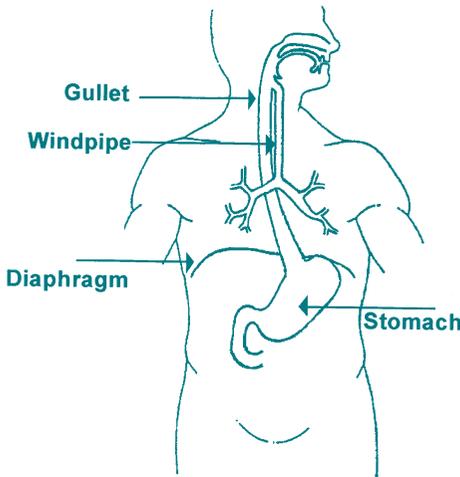


This leaflet describes the operation and the changes that will happen to your body.

Q What is a Pharyngo-laryngo-oesophagectomy?

A Cancers in the lower part of the pharynx (upper gullet) usually arise in the area between the pharynx and larynx (voice box). Many of these cancers spread quite some distance under the surface of the pharynx and into the oesophagus (gullet). If surgery is going to cure the cancer then it has to include removal of the pharynx, the larynx and a portion of the oesophagus. In reality it is easier to remove the whole of the oesophagus rather than try and join the lower end to

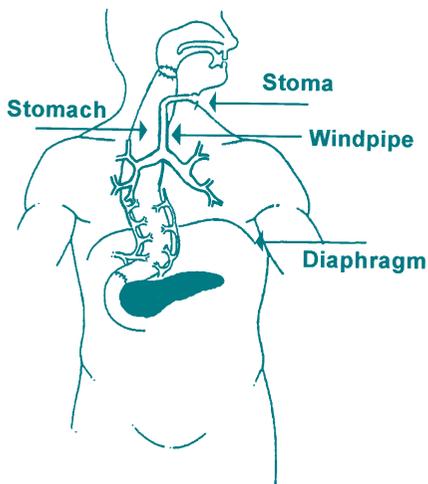
another organ mid-way through the chest, hence the operation for these cancers is removal of all three organs — pharyngo-laryngo-oesophagectomy (PLO).



This diagram shows the normal anatomy.

Q What happens during the operation?

A The initial surgical procedure is much the same as a laryngectomy (removal of voice box). The larynx is separated from the windpipe. The end of the windpipe



This diagram shows the changed anatomy.

is brought forwards and stitched to form a hole in the skin of the neck. This is then the permanent opening through which you breathe after surgery, this is called either a tracheostomy or a stoma. Once the stomach has been released it can then be pulled up through the chest without having to open the chest cavity itself. The join can then be made between the top of the stomach and the

remaining part of the pharynx. The neck and abdominal wounds are then stitched. There are usually drainage tubes coming from both wounds for a few days post-operatively. Although the final result looks very similar to a patient who's had a laryngectomy there is a more general upset to the body because of the additional wounds in the abdomen and disruption within the chest. It's therefore necessary for you to spend a day or so in the Intensive Care Unit after the operation.

Q How will I be able to eat and drink immediately after the operation?

A In order for your throat and stomach to heal you cannot eat or drink anything for a week or so after the operation. During this time you will be fed through a

tube. After this time you will have an x-ray to check that everything has healed. If this x-ray is all right, you will start to eat soft foods. See the eating and drinking leaflet for more details.

Converting the stomach from a reservoir (sac) to a tube can produce some difficulties. Your stomach will not be able to hold the same amount of food as before. Taking small meals more often than normal helps to overcome this problem.

Q How will I be able to talk after the operation?

A See the leaflet about communication for more details. During the first days after the operation you will need to write messages or point and gesture. As things heal you will be able to mouth messages; it will help to try to remember to go slowly and you may need to clarify what you have said by writing it down. As you heal there are 4 main options to help communicate.

- ▶ Electrolarynx or communication aid
- ▶ Mouthing, developing a whisper or oesophageal speech
- ▶ Surgical voice restoration
- ▶ Writing

Communication can be frustrating and both speakers and listener need to try to be patient.

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