Minimally invasive surgery
Transoral laser microsurgery for head and neck cancers

Information for patients
Head and Neck Centre
Introduction

This leaflet aims to provide you with details on microsurgery to your larynx using a carbon dioxide (CO₂) laser. It explains what is involved, and some of the common complications associated with this procedure that you may need to be aware of. It is not meant to replace discussion between you and your surgical team, but may help to answer some of your queries.

What is transoral laser microsurgery?

The site and size of your tumour (cancer) will determine the exact type of surgery you require. This type of surgery is a method of removing small cancers of the larynx.

The aim of this operation is to remove the whole of the tumour. Using special endoscopes (long flexible tubes) to look at the larynx (voice box) or pharynx (throat) the surgeon can perform 360° resections around the tumour, therefore preserving the normal tissue and allowing careful removal of the tumour which is then assessed by the pathologist.

Removal of the tumour will leave a 'raw' area on the vocal cord which will take time to heal. Your voice is likely to be more hoarse after surgery, but you may see a speech therapist for voice rehabilitation. It is important to consider resting your voice as much as possible for at least 48 hours following your operation (please do not whisper as this is worse than resting your voice). Your speech therapist will be able to advise you on general and more specific voice care if required.
What are the specific risks with this type of surgery?

- A permanent change in the quality of your voice may occur. If you use your voice in a professional capacity or have specific concerns about this, then please discuss these with your surgeon and/or speech therapist.
- Temporary swallowing difficulties.

Most people will not experience any serious complications from their surgery; your surgeon will discuss these risks with you.

What are the possible risks and complications of surgery?

After any operation there is a risk of:

Infection - you can help by following the instructions for voice care on the rehabilitation sheet given to you by your speech therapist. If you smoke, it is important that you stop smoking as far ahead of the operation as possible as this will reduce the risk of complications and the chances of the cancer returning.

Occasional discomfort on swallowing may occur. You can ease this by taking simple painkillers such as paracetamol.

Drinking extra fluids such as water and avoiding fizzy drinks and alcohol for the first few weeks will help the healing process.
What will happen before my surgery?

You may be asked to attend a pre-operative assessment appointment or admission before surgery where your fitness to undergo an operation will be assessed.

Routine investigations will then be carried out including:

- blood tests
- a heart tracing
- urine analysis
- weight and height measurements
- MRSA screening
- smoking / social habits will be assessed and addressed

You will meet the Consultant who is carrying out the operation and he will perform a fibre optic laryngoscopy in the clinic to ensure that you are still suitable for this type of surgery.

How long will I be in hospital?

Usually you are booked in as a day case but this depends on any other medical conditions and you recovering well from the general anaesthetic.

What will I feel like after my operation?

You will have had an operation under general anaesthetic so will probably feel drowsy most of the day.

You may experience pain and your voice may sound hoarse; this is to be expected.
What will happen after discharge from hospital?

It is advisable to completely rest your voice for 48 hours; following this you should start to use your voice sparingly for a further 3-4 days. Try not to shout and avoid raising your voice above background noise.

Do not smoke. Drink plenty of water and take your anti-reflux medicine if this has been prescribed for you.

You will be seen in the clinic by the doctor or their registrar who carried out the operation to discuss the results and examine the area treated. You will also be offered a further appointment with the speech therapist back at your local hospital.

A letter will be given to you for your general practitioner, with basic details of the surgery you have received. A more detailed letter will be sent at a later date.

Your clinical nurse specialist will provide her/his contact details. It is important that, if you do have questions, you use the contact numbers provided to get the advice you need. The hospital ward is always happy to provide advice and there is someone there 24 hours a day.

When can I return to work?

This will depend on the type of work you do. If you use your voice a lot at work then you might like to discuss the possibility of reduced voice use with your manager.

When can I drive?

You should get a lift home from hospital but if you are feeling fit enough there is no reason to refrain from driving after that time.
Is there anything I should look out for?

If you experience any bleeding, difficulty breathing, increased pain, any signs of infection or swallowing changes then please contact us.

Who should I contact if I have any concerns?

Ward I1

- **0114 271 2504**
  - Ask for the nurse in charge

Clinical Nurse Specialists

- **0114 226 8776**
  - Monday – Friday, 9.00am – 5.00pm
What other sources of support are there?

If you have any queries regarding your surgery the contact numbers for advice are:

Consultant Surgeon 0114 .........................
Clinical Nurse Specialist 0114 226 8776
Outpatient Clinic 0114 .........................
Ward I1 0114 271 2504
Speech and Language Specialist 0114 .........................
Cancer Support Centre 0114 226 5666
Macmillan Cancer Support 0808 808 00 00
Cavendish Centre 0114 278 4600
Support Group 0114 271 1587