

An audit of the immediate postoperative outcome of laryngectomy at Tygerberg Hospital

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Aim of the study

- Audit current practice and inpatient outcome
- Compare outcome with other centres
- Identify areas needing change

Method

- Retrospective audit
- Inclusion criteria:
 - ◆ Jan 1999 – September 2004
 - ◆ Total laryngectomy at TBH
 - ◆ With or without neck dissections / hemithyroidectomy
- Immediate post operative period until discharge

Method

■ Exclusion:

- ◆ Previous radiotherapy
- ◆ Previous laser
- ◆ Reconstructive surgery,
eg Myocutaneous flaps
- ◆ Oesophagectomy / stomach “pull-up”

Literature Search

- Pubmed

- ◆ Few audits available
- ◆ Multiple studies, numerous centres

- Weissler et al,

- ◆ Complications of H+N Surgery

- Compare ± 3 studies as a guide for the expected outcomes

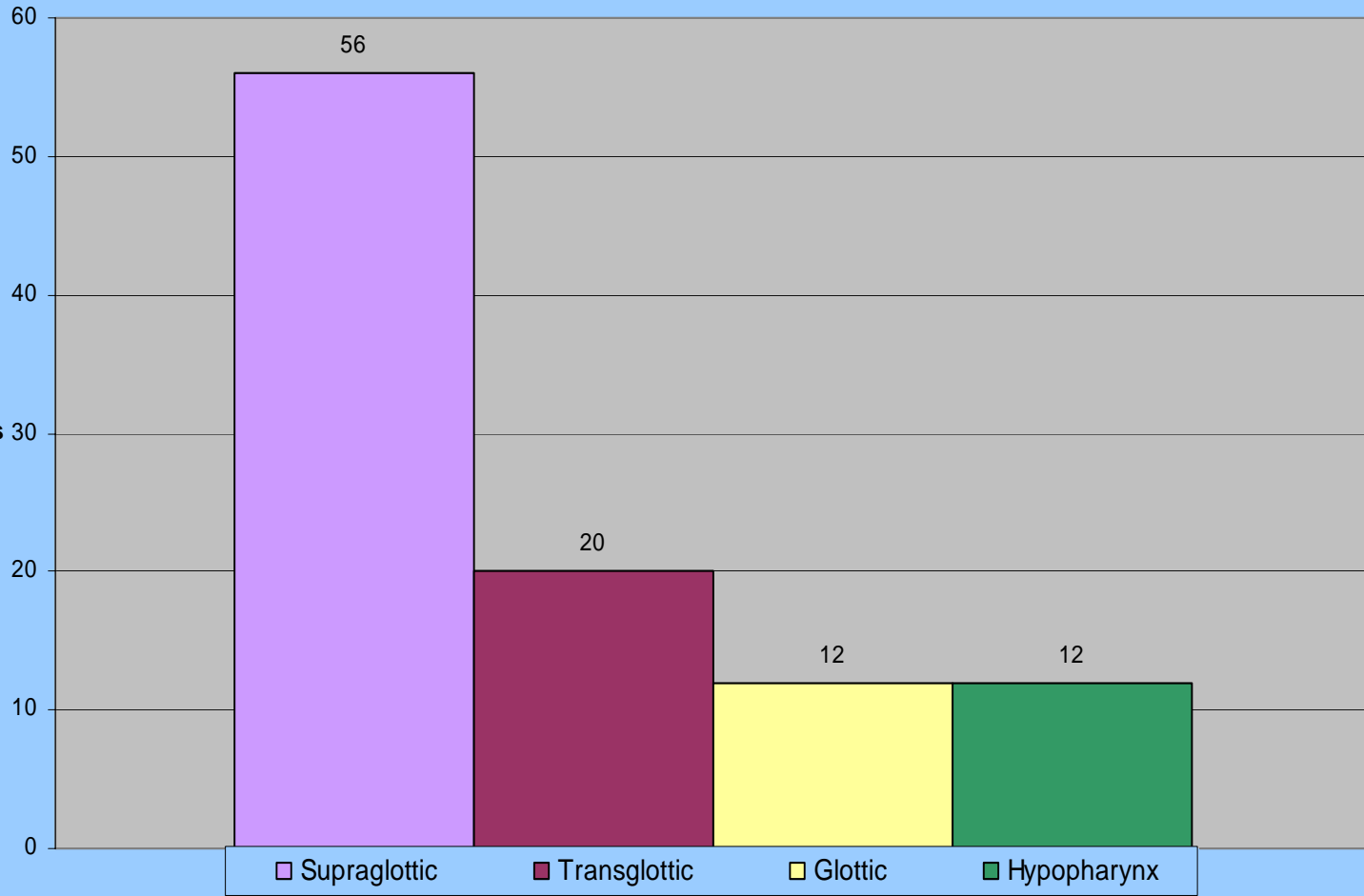
Results

- Total patients: 66
- Gender : Male 89%
- Age: Average 59 (40-77)

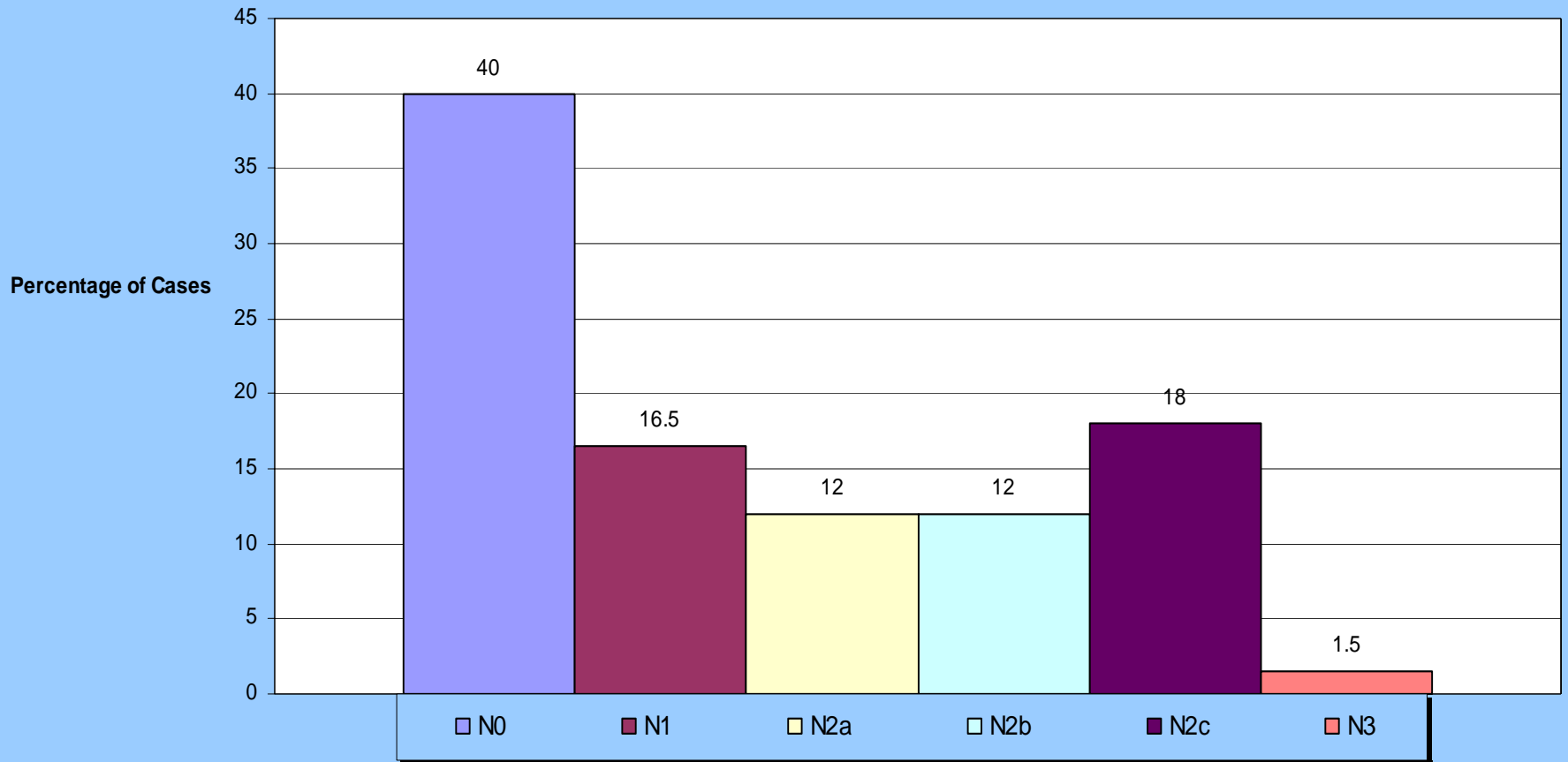
- Staging: T3 = 68.5%
- Site of primary: Supraglottic = 56%

- Neck Dissection: 68%
- Emergency Tracheostomy: 53%

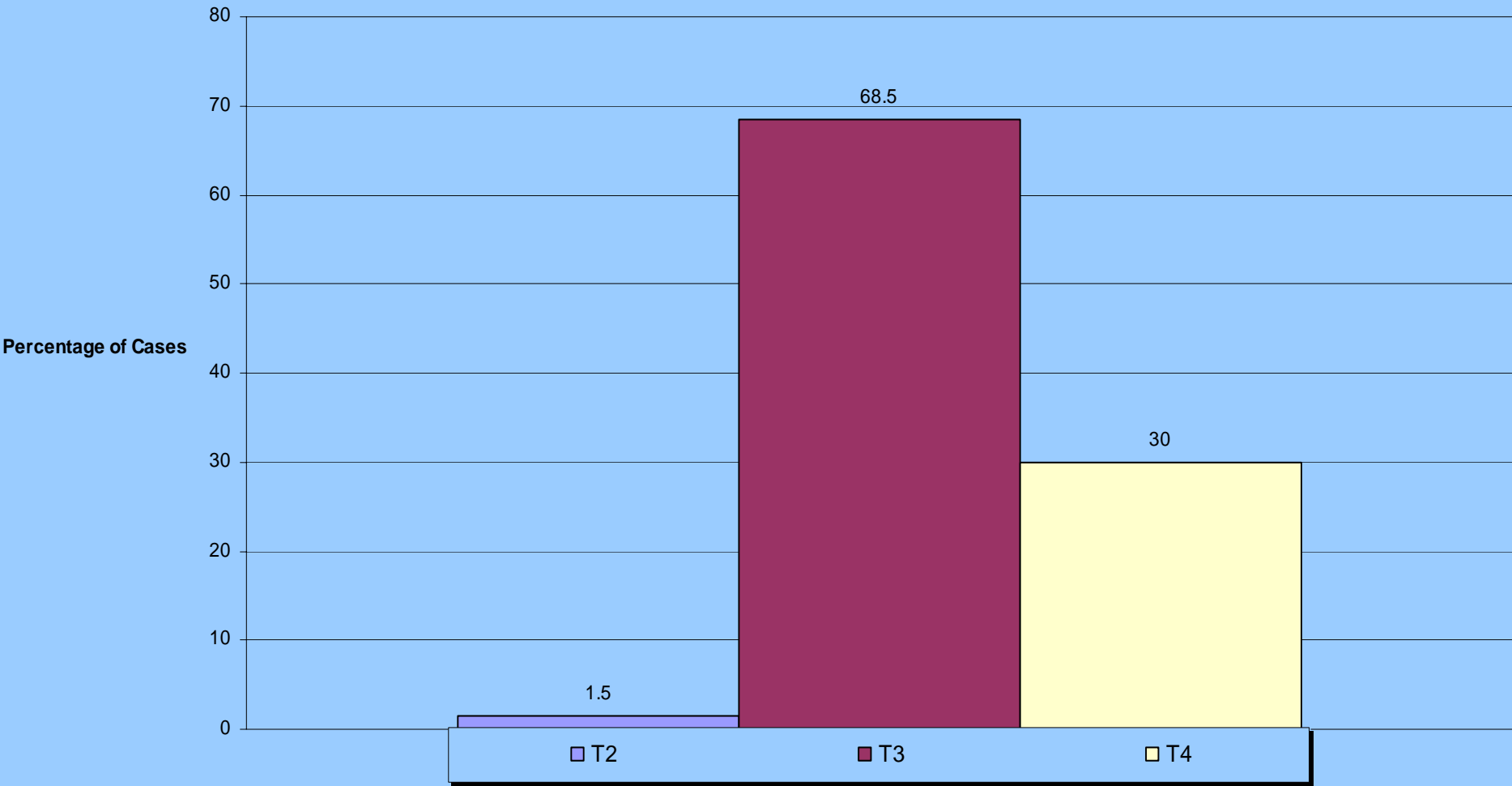
Site of Primary Lesion



N-staging Preoperative



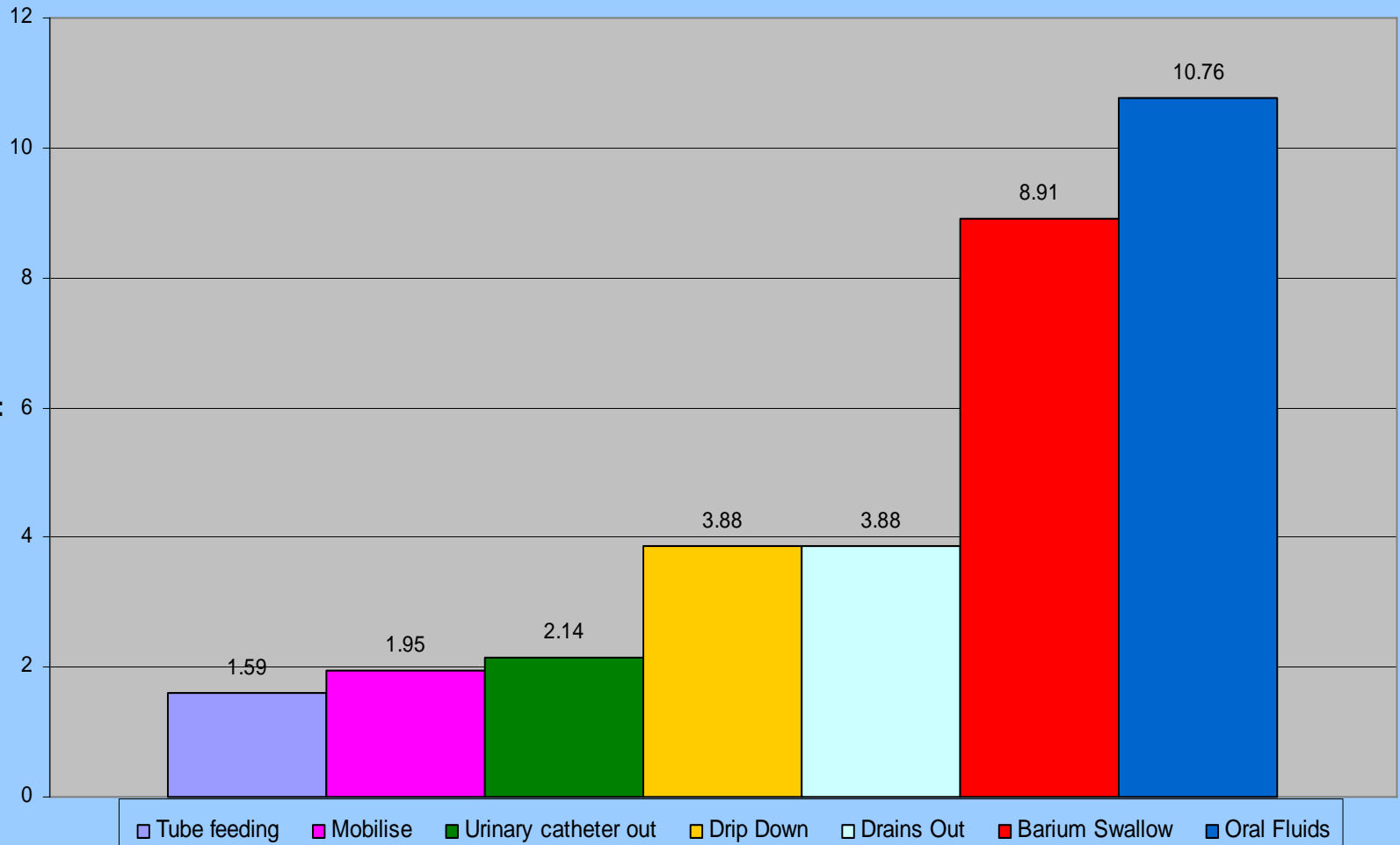
T-staging Preoperative



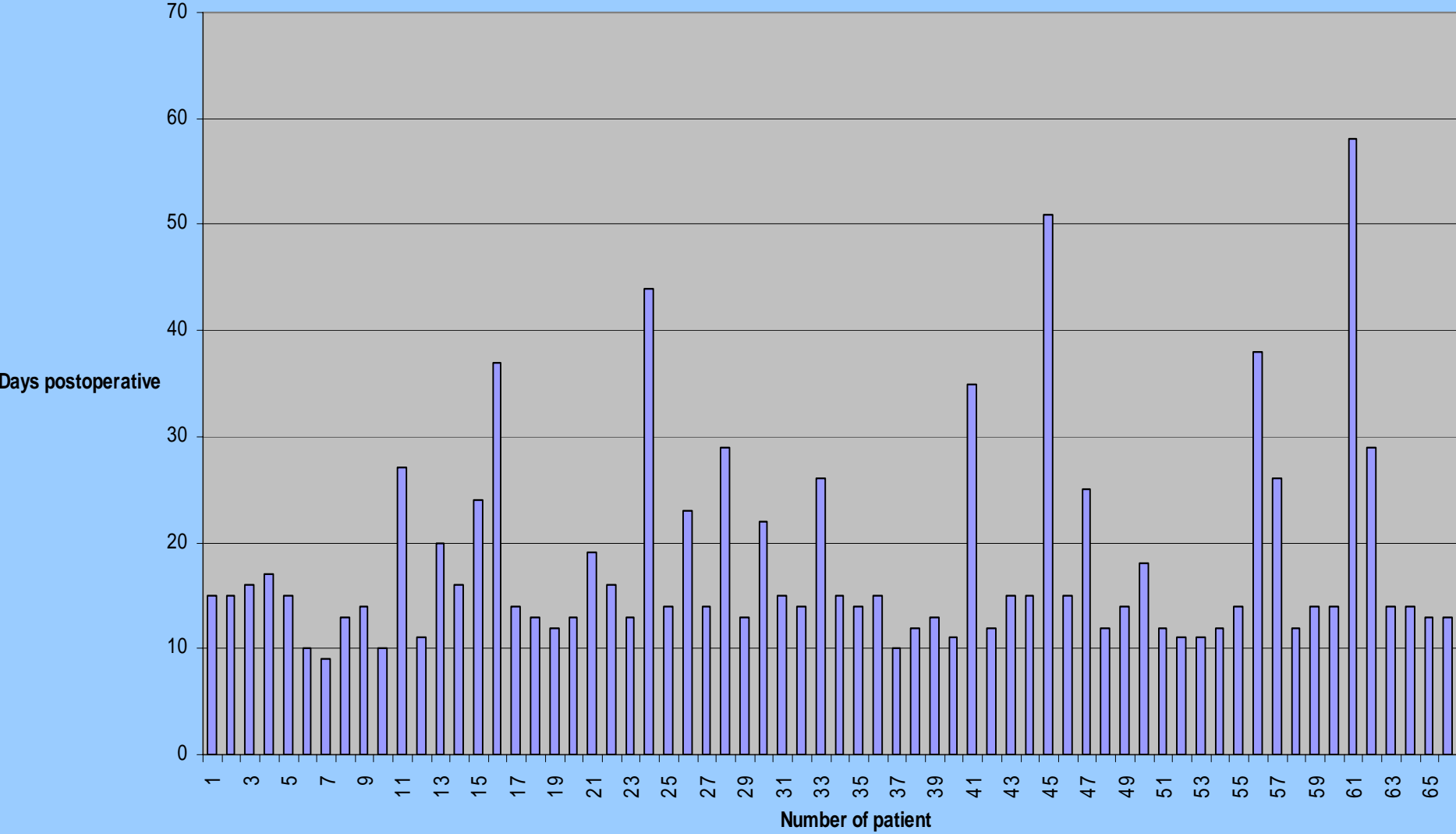
Outcomes

- Postoperative progress
- Lack of speech progress documentation by clinicians
- ICU: 5 patients
 - 3 ventilatory support
 - 2 observe / previous MI, CCF
- Time till discharge: 18 days (10-58)

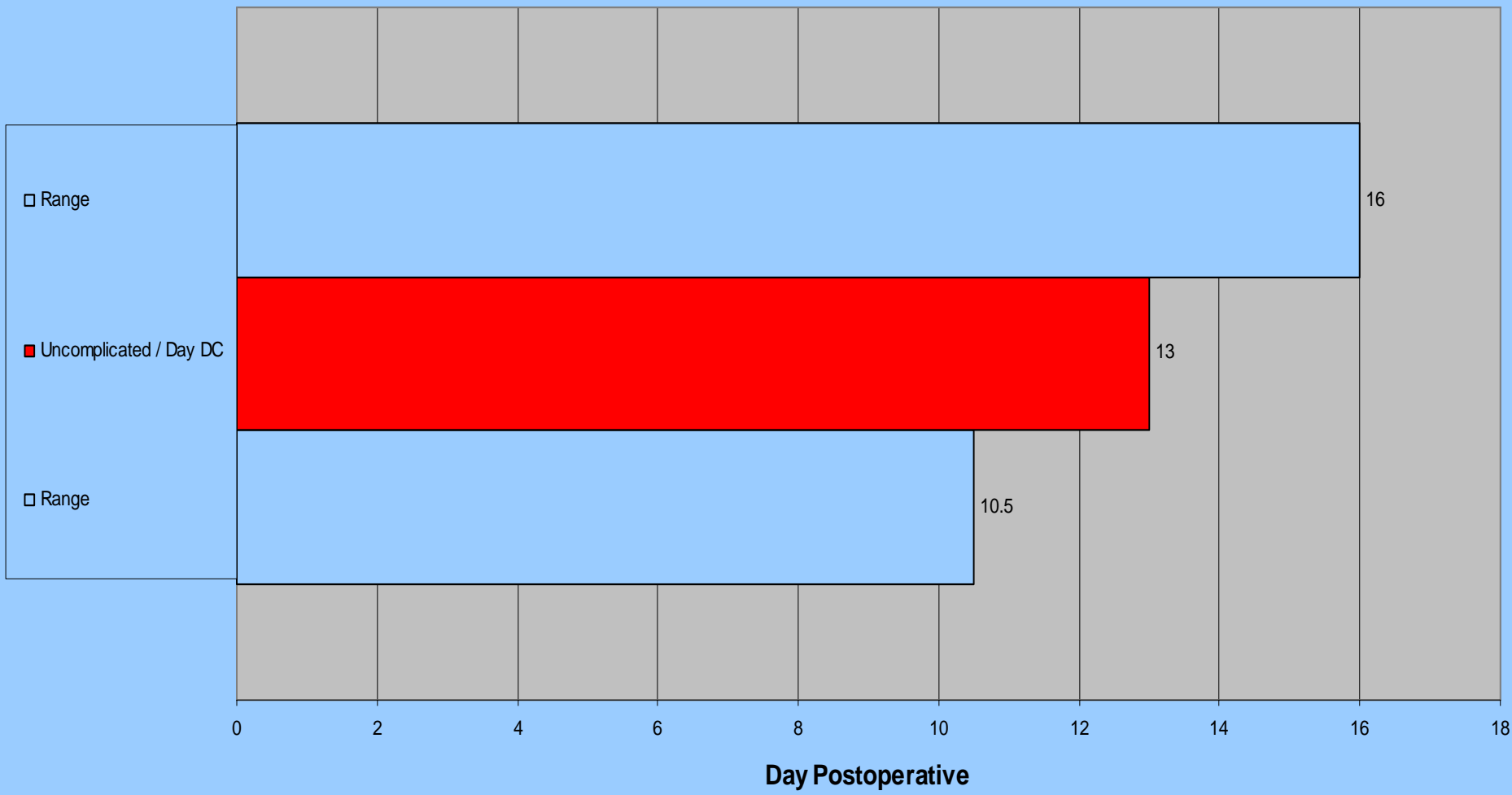
Inpatient progress



Duration of inpatient stay



Duration of stay until discharge - Uncomplicated cases



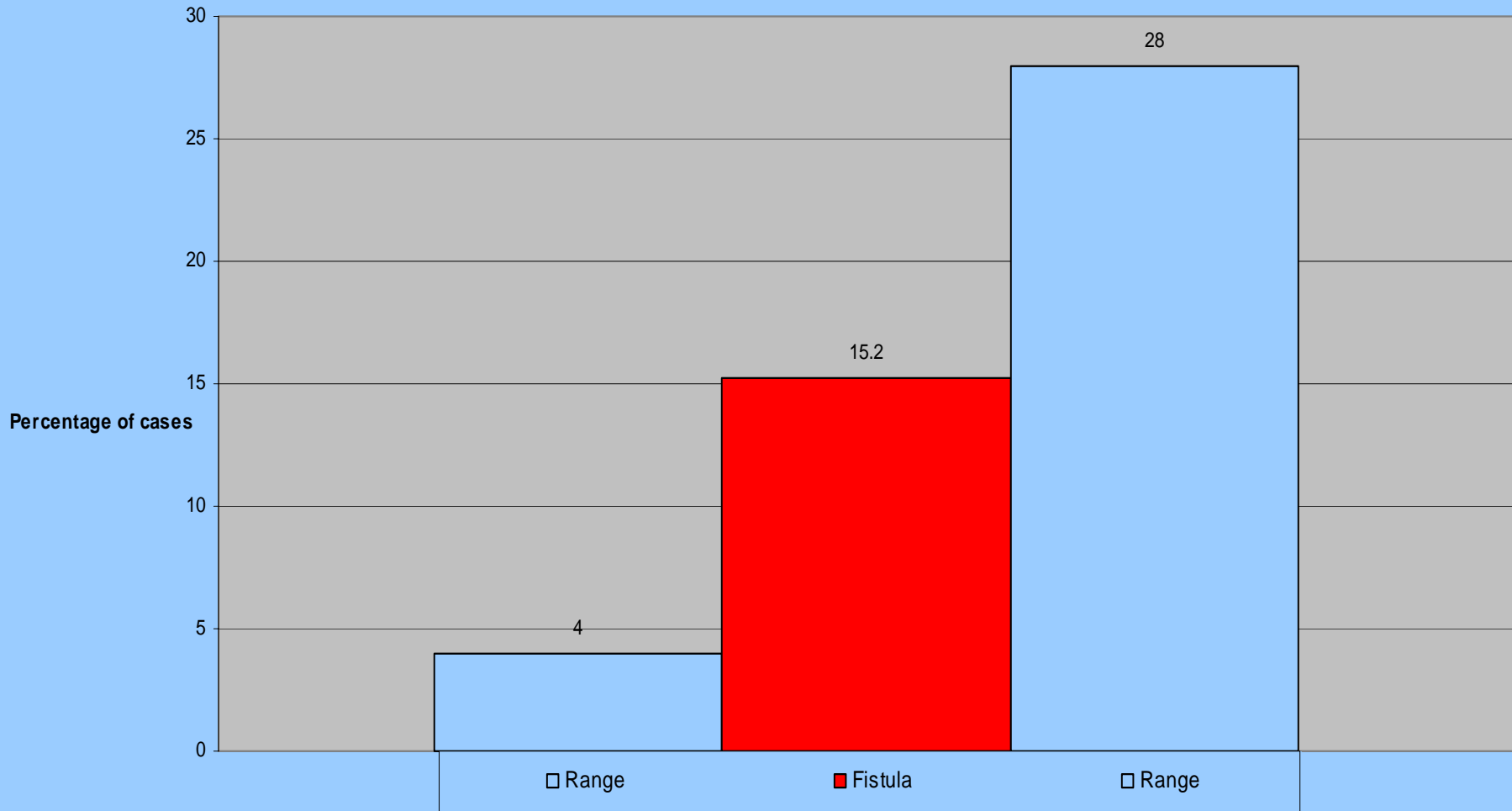
Major Complications

Complication	Total (66)	Percent %
PC Fistula	10	15
Haematoma	4	6
Wound Breakdown	4	6
Chyle Leak	3	4.5

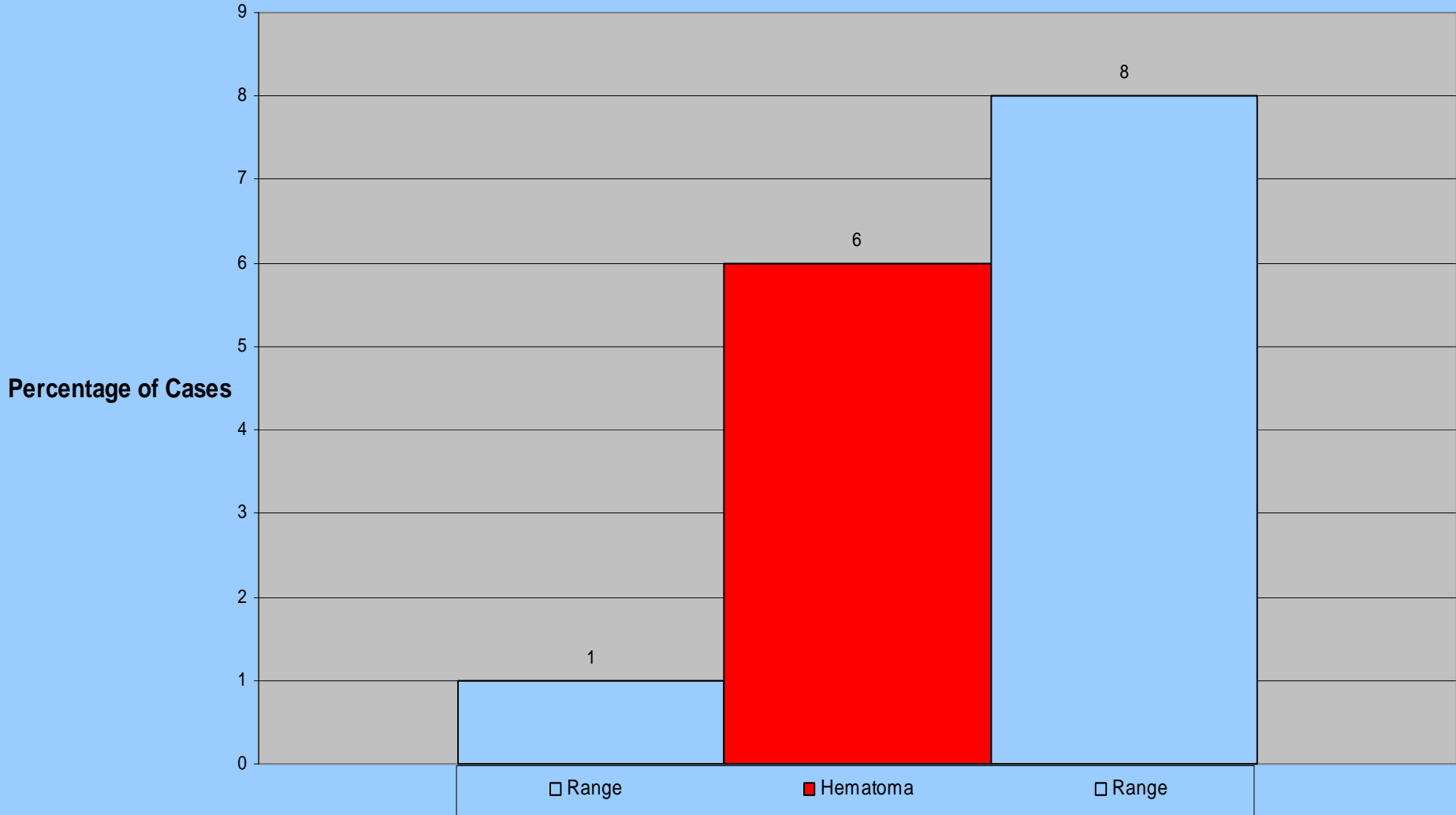
Minor Complications

Complications	Total (66)	Percent %
Blood Transfusion	9	13
Pneumonia	5	7.5
Seroma	3	4.5
Atelectasis	3	4.5

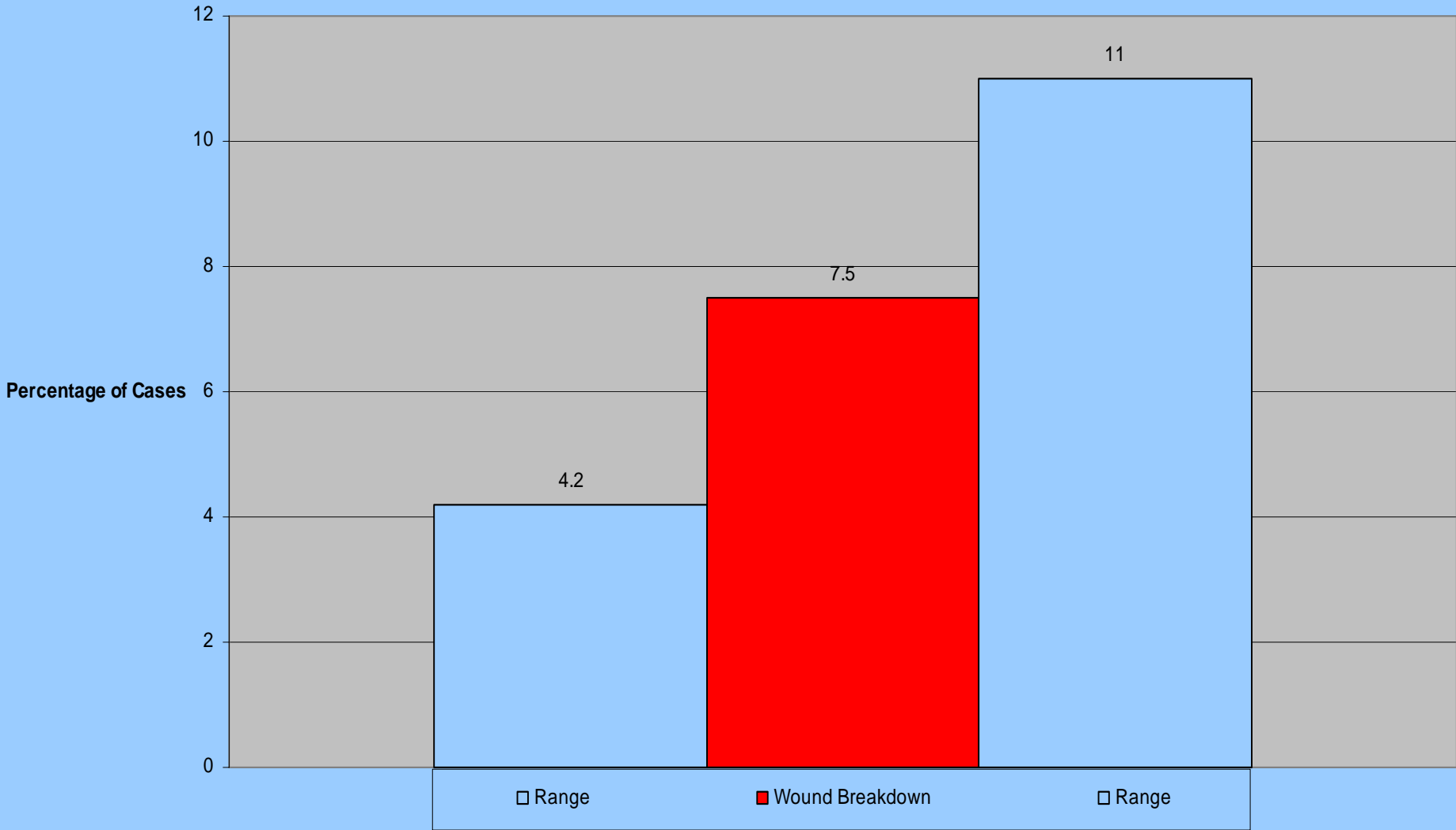
Postoperative Pharyngocutaneous Fistula



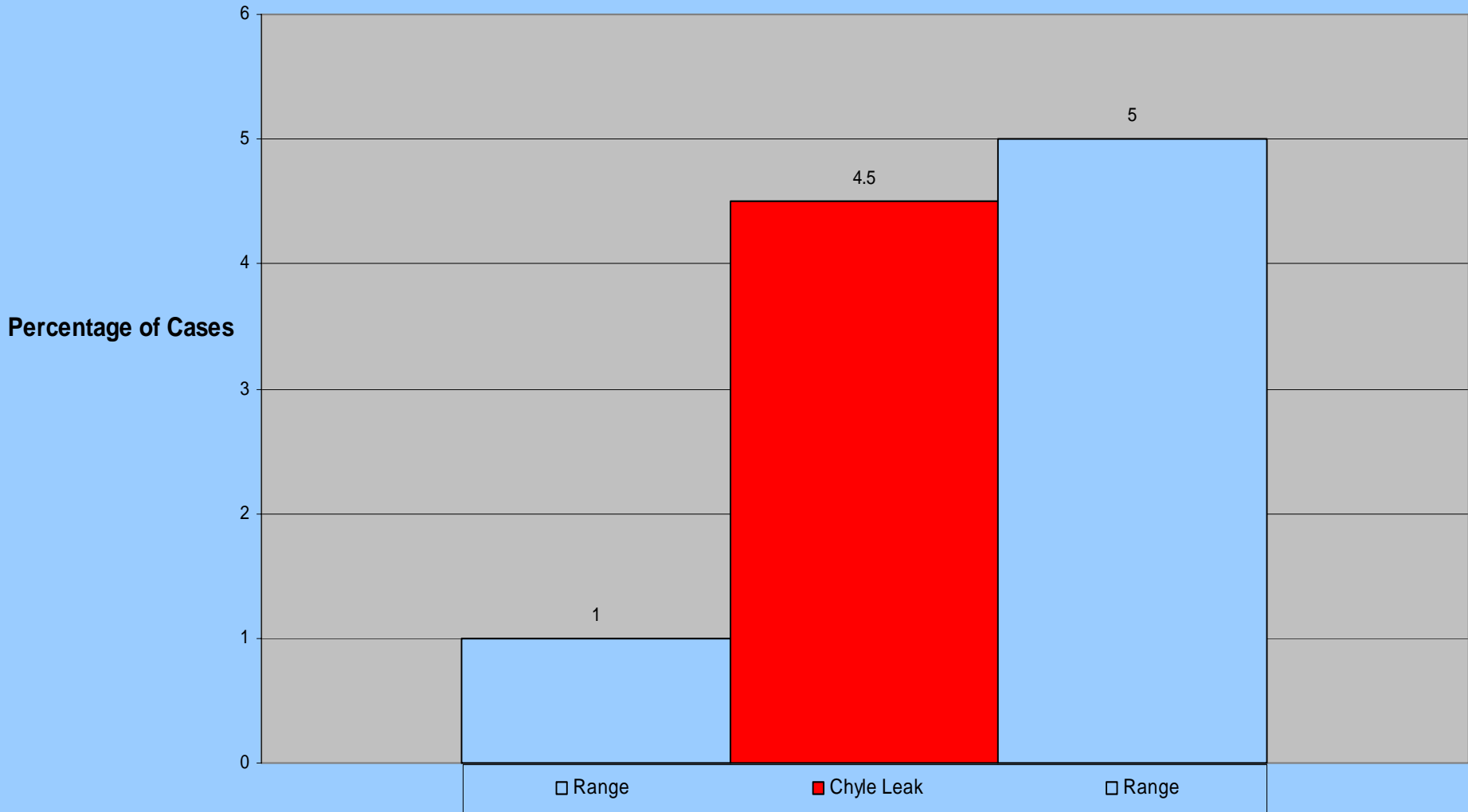
Postoperative Haematoma



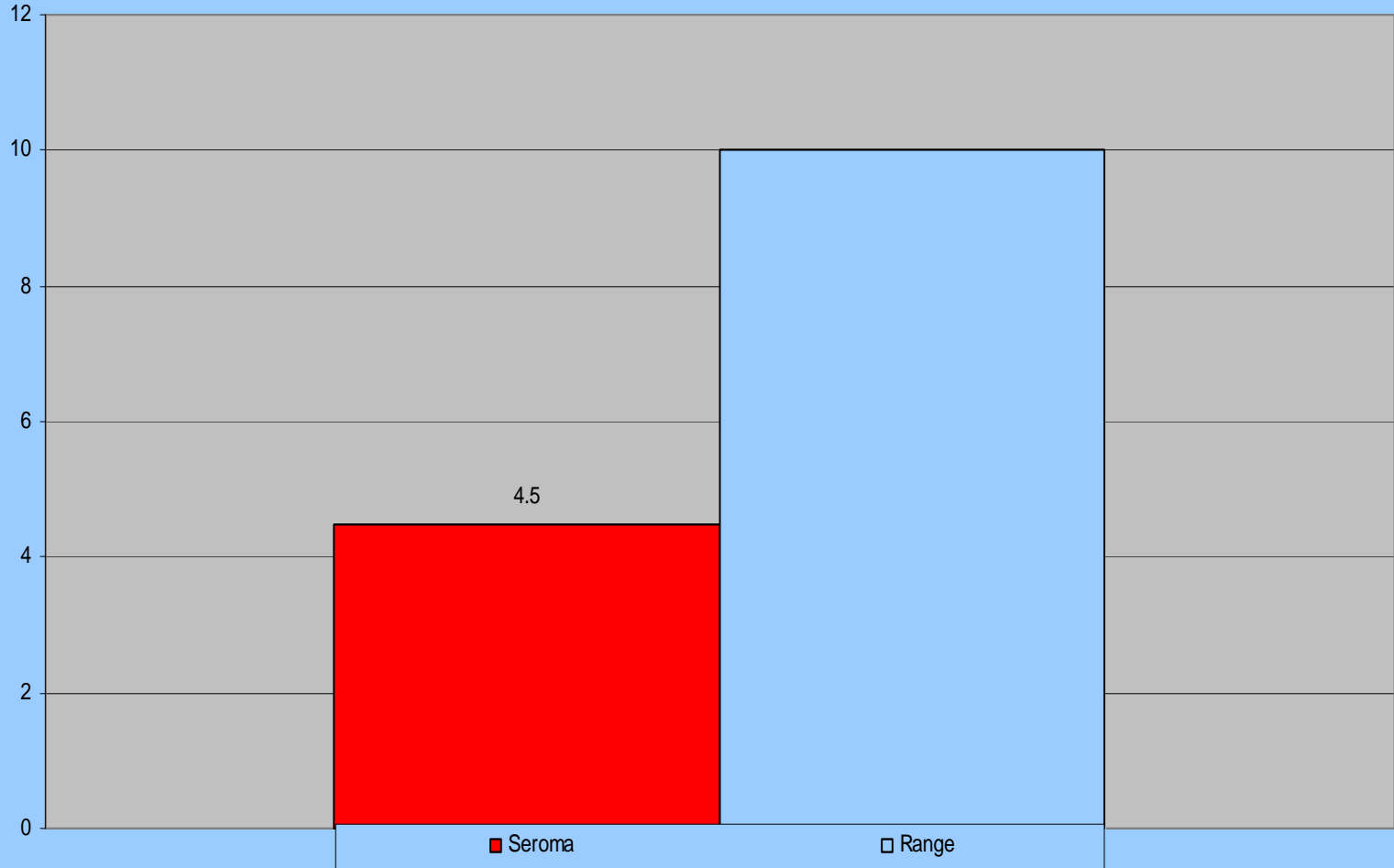
Postoperative Wound Breakdown



Postoperative Chyle Leak



Postoperative Seroma



Oncological Outcomes

- Excision margins adequate: 62% (41/66)
 - ◆ Pathology reporting ?

- Post operative Radiotherapy: 86% (57/66)
 - ◆ Preoperative tracheostomies 53% (35/66)
 - ◆ Excision margins inadequate 38% (25/66)
 - ◆ Extra nodal spread 14% (9/66)
 - ◆ Multiple nodes positive (>1) 40% (26/66)

Conclusion

- Our current practice compares favourably with other H+N centres
- Management adjustments
 - ◆ Histology reporting
 - ◆ Clinicians to document speech progress
- LATE presentation
 - ◆ Create awareness in community / clinic

Future studies

- Continue data base for prospective studies
- Re-audit
- Long term vs. Early complications
- Quality of life

Literature search

1. Weissler MC et al, Complications of Head and Neck surgery, Thieme medical publishers, NY, 1995
2. Herranz J et al. La Coruna, Spain. Otolaryngol HN Surg. 2000 Jun; 122(6):892-8. 471 TL from 1980-1997
3. Hall et al, Sydney, Australia. ANZ J Surg. 2003May;73(5) 300-5. 147 TL
4. Weingrad DN et al, NY, USA, Am J Surg 1983Oct;146(4):517-20. 100 consecutive TL.
5. Schwartz S et al, Washington, USA, Otolaryngol HN Surg. 2004 Jul; 131(1):61-8. 2063 patients
6. Manceau A et al, Aurelia, France. Ann Otolaryngol Chir Cervicofac 2003, Sep;120(4):207-15. 207 TL
7. Smith et al, Newfoundland, Canada. J Otolaryngol 2003, Aug;32(4):222-5. 223 pt.