For patients with laryngeal cancer, rehabilitation following laryngectomy may be difficult. However, significant variability in coping skills and adaptation of this patient population exists. Healthcare providers commonly perceive disfigurement, alteration in function (i.e., loss of natural voice), and disease control as the most relevant issues in the postoperative period, yet patients and their families may not share these same priorities. Management of physical symptoms, social reintegration, participation in enjoyed activities, and vocational issues following laryngectomy may present significant barriers to achieving optimal quality of life. Comprehensive preoperative counseling that includes patients and their caregivers is an important aspect of preparation for surgery. This review examines dimensions of adaptation, rehabilitation, and quality of life following laryngectomy.

As an oncology nurse, postoperative care and follow-up of laryngeal cancer postlaryngectomy appeared to be a defined course, with the usual multidisciplinary interventions (e.g., speech therapy, occupational therapy, nutrition, social services), but as the daughter of a man who underwent laryngectomy, apprehension and uncertainty predominated. As a result, determining what is known about adaptation to alaryngeal life and what can be done to promote successful transition in such a challenging population became of paramount importance. What follows is a literature review encompassing many aspects of perioperative care and long-term outcomes. No amount of preoperative counseling fully prepares patients or their families for the aftermath of such a devastating surgery. Despite the obvious impact on self-image and self-expression (laryngectomy leaves patients without the ability to shout, whisper, cry, or be heard), distress also may be experienced at unanticipated moments (e.g., holding a spoonful of soup to the mouth and finding no breath to cool it). Conscientious assessment of patients’ coping mechanisms, social situations, risk factors, and systematic rehabilitation efforts with ongoing counseling and support may improve outcomes for many patients who are experiencing great difficulty following laryngectomy.

The Aftermath of Surgery

A number of studies have been conducted to evaluate QOL and functional outcomes of patients who have undergone laryngectomies. However, success in achieving esophageal speech often is the primary outcome measure. Few studies have evaluated other dimensions of functional outcomes, such as returning to work, resuming previous activities of interest, interacting successfully in social situations, and functioning in a family dynamic.

Olsen, Rohe, Perry, and Keith (1995) evaluated 148 patients being treated for laryngeal cancer (i.e., by total, near-total, or partial laryngectomy) in the preceding 3–48 months. Although many patients reported good adjustment to their cancer surgery (i.e., 71% in the total laryngectomy group and 84% in the near-total laryngectomy group), negative impact on work, spousal and familial interactions, sexual interest and performance, and financial concerns were reported; this indicates that even though patients may be able to meet clinical rehabilitation goals (e.g., being able to talk and eat), for some, their day-to-day lives still may be affected profoundly.

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