A diagnosis of laryngeal cancer is devastating, both for patients and their families. They must face decisions about complex treatment choices, the potential for disfiguring surgery, and possible mortality. The American Cancer Society (ACS) estimates 8,900 new diagnoses of laryngeal cancer in 2002, representing approximately 1% of cancer diagnoses in men and 0.3% of cancer diagnoses in women (ACS, 2002). Although not the most prevalent cancer diagnosis, the unique physical and emotional treatment sequelae for patients with laryngeal cancer make this disease particularly significant. For patients who require laryngectomy, anxiety about preservation of function and quality of life (QOL) may be especially distressing—and may be even more so for their families.

Although a laryngectomy is a relatively routine procedure, the patient population that often presents requiring it is anything but routine. Significant alcohol and tobacco use commonly are associated with a diagnosis of laryngeal cancer, which can predispose to a “stormy postoperative period and lengthy rehabilitation” (Byrne, Walsh, Farrelly, & O’Driscoll, 1993, p. 174). To some degree this defines the stereotypic characteristics of patients with laryngeal cancer; significant alcohol use, coping skills, marginal economic resources, and poor familial or social support all may be relevant issues. However, not all patients with laryngeal cancer fit this profile, and, as a result, considerable variability can be found in their coping mechanisms. The stress induced by such invasive treatment as laryngectomy is likely to exaggerate deficiencies in coping skills, rather than improve them. Poor compliance in this population also may contribute to difficulty postoperatively (Kunkel et al., 1995).

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 patient 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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