DYSPHAGIA FOLLOWING TOTAL LARYNGECTOMY SURGERY

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A review of our collaboration

- Commenced late 2005
- Our brief having been provided PhD funding was ...

“To conduct research with the aim being to enhance the lives of future laryngectomees”

- Our research aims:
  - further research into swallowing
  - tracheosophageal voice function
    - unchartered territory!
What we’ve achieved?

- Recognising 72% of laryngectomees - difficulty swallowing
- Symptoms include
  - food sticking in throat every day (92%)
  - taking a longer time to swallow (89%)
  - build up of food in throat (77%)
  - tightness in throat every day (68%)
What we’ve achieved?

- Most laryngectomees
  - cannot swallow a tablespoon (92%)
  - > 1 swallow to clear bread (70%)
- A significant number
  - cannot swallow bread at all (25%)
- Where swallowing dysfunction present
  - distress (extreme – 40%)
  - negative impact on survivorship
    - 57% no longer eating out socially
What we’ve achieved?

- Great variation in surgical closure techniques
  - Got the ENT’s talking!
- No evidence as to ‘best’ closure technique
- Swallowing difficulties appear immediately post-op
- 50% had anatomical derangements in pharynx
- 100% had ‘altered swallowing’ – 50% unaware!

- Swallowing dysfunction in laryngectomy until now
  - under-reported by patients
  - under-recognized by clinicians
What we’ve achieved?

- Created an awareness
  - nationally and internationally
  - ENT’s, Speech Pathologists, Oncologists
  - referrals to SGH from interstate/regional
  - LANSW – Mr. GR

- Further research – Erica Casey

- Instrumental assessments of swallowing - now standard
Is message being recognised?

- Presentations
  - National –
    - ANZHNCS, Cancer Institute, Sydney Dysphagia & Oesophagology
  - International –
    - Tri Society Head and Neck, Laryngology, DRS
- Key note presentations
Start spreading the news ...
Is message being recognised?

- Grants – CINSW, SGMRF
- Collaborations –
  - South Australia, China, Madison Wisconsin
- Publications
  - 4 Peer review journals articles
  - 2 more in the process
Early Manometry Results

Narrowing and anatomical changes

Increased resistance to food and liquid

Maclean, Szczesniak, Cotton, Cook & Perry, 2010
Key issues - treatment

- How can we improve swallowing?
- Can it be done safely?
- What are the predictors of success?
- If so, is it cost-effective?
  - minimises hospital resource utilisation
  - simple, cheap, sustainable, well tolerated?
Key issues – prevention?

- Can we PREVENT the problem in first place?
  - “Critical structures” – modification of XRT
  - “Optimal” surgical technique?

- Early detection swallow dysfunction

- Optimal follow up strategies
  - When, how often, which tools?
Treatment: Progress in last 12 mths?

Findings
• Dilatation – 67% response
• Safe
• No major complication
• No admission to hospital

Limitations
• Uncontrolled
• Small sample (9)
• Heterogeneous
• ??predictors
What do we mean by predictors?
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Questions??
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