

Patient information

Trans–Oral Laser Resection of the Larynx

Head and Neck Department - Aintree Hospital

You have been asked by your Consultant to undergo a Trans – Oral Laser Resection of your Larynx (Voice box) to treat your disease.

This leaflet has been written to answer any questions you, or those who care for you, may have about the surgery.

What is Laser?

Laser is a high intensity light focused into a powerful beam of light which can be used for very precise surgical work or for cutting through tissue. It will be used to remove your tumour.

How is Laser surgery performed?

Laser surgery is often given through an endoscope, which is inserted through the mouth.

Laser light is then aimed precisely to destroy/remove the tumour with the use of a microscope. Laser surgery can be repeated if necessary for cancer treatment.

You may receive laser surgery as a day case for small tumours or you may be asked to stay in hospital for a longer period, your consultant will discuss this with you.

When removing larger tumours it is sometimes necessary to place a Tracheostomy tube in your wind pipe during surgery to make it easier for you to breathe after surgery.

This is not always necessary and your consultant will discuss this with you if they feel it is needed before the operation.

This is usually temporary and we will aim for it to be removed before you are discharged from hospital.

What are the risks of having a Trans - oral laser resection?

As with all medical procedures there are risks involved with the laser.

The doctor who has requested for you to have the surgery will have considered these risks and compared them to the benefit of having the procedure carried out.

The risks associated with a Trans Oral Laser resection are as follows:

- Injury to teeth, lip, gum or tongue - if you have dental caps they can sometimes become dislodged or loosened. Make sure you mention it to the anaesthetist and surgeon on assessment.
- Temporary numb tongue.
- Sore throat – This usually settles after one to two weeks, but can occasionally take longer.
- Bleeding – Your mouth will be observed closely following the procedure for any signs of bleeding.
- Long term voice change – There is usually a permanent change in your voice, which varies from person to person depending upon the site and size of the tumour.
- Laser burns – The area is protected whilst the procedure takes place. If you receive any burns they will heal naturally over a couple of weeks.

Rarely, in less than 1 in 100 people, you can have difficulty swallowing – you may need to have a Naso gastric tube (feeding tube passed down your nose into your stomach whilst in theatre) to help with your feeding.

Sometimes there is a risk that fluids/food that you take by mouth may go down the wrong way.

The doctors will tell you about this before you have your surgery if this will be needed.

In some cases you need to see a Speech Therapist after surgery to check that you are safe to swallow before you start taking anything by mouth – you will have a drip in your arm to give you fluids until you to drink.

- When this technique is used to remove larger tumours there is on occasions the need to perform a tracheostomy(breathing hole made into the wind pipe)to help with your breathing - the doctor will discuss whether you will need a tube inserted before surgery. This is a rare event of 1 in 100 people who have the surgery.

When performed it is usually temporary and will remain in for 7-14 days after surgery until you are safe to have it removed.

- Further treatment – you may need other treatment after your surgery, this will be decided by the Consultant and your pathology results from your first operation.

It can mean going back for further laser treatment to get a better clearance of the tumour or post operative Radiotherapy.

Risks of a general anaesthetic

A general anaesthetic can cause side effects and complications. Side effects are common but are usually short lived, they include:

- Nausea and vomiting.
- Confusion.
- Sore throat.

The risks of anaesthetic and surgery are lower for those undergoing minor surgery, if you have any concerns please discuss them with the Anaesthetist before your surgery.

What should I expect after my surgery

You will be nursed on a ward after the procedure, the nurse will check your pulse, temperature, blood pressure and breathing regularly.

After your surgery you may be advised to not have anything to eat or drink. The nursing staff will advise you on whether you can.

People can eat and drink after the surgery, except after surgery for larger tumours.

- If it is needed you will be assessed by the Speech and Language Therapist who will say if it is safe for you to start eating and drinking.
- You may have a Nasogastric tube placed to assist your feeding as the wound has time to heal. You will be reviewed regularly to decide if you have recovered enough to start eating and drinking.

Anaesthetics can make some people feel sick. Tell the nursing staff if you feel sick and they can give you medication to help stop you feeling sick.

If you feel dizzy please do not try to walk around the ward by yourself. Tell a member of staff who will assist you.

You will be advised to rest your voice for 72 hours after your operation, although it may be difficult try using pen and paper or use facial expressions to express yourself

Driving

You should **not** drive for 24 hours after a general anaesthetic.

Information for going home

You will be allowed home when the medical team have assessed you and feel it is safe for you to be discharged.

The team will need to assess your home circumstances to make sure you have enough support.

If you have any dressings you will be referred to the community team to continue your care.

It will either be a District Nurse or you will have to attend a Treatment Centre. The nurse will inform you on discharge.

If you go home on the day of your operation you will need a responsible adult to stay with you overnight and you must have access to a working telephone, just in case you are unwell after the procedure.

The nursing staff will advise you about painkillers before you are discharged, if you have any at home please inform the nurse.

Below is a list of what to expect after surgery and when to ask for advice:

It is normal to:

- Have a hoarse voice.
- A weaker cough.
- Feel a bit out of breath when talking.
- A mild sore throat.
- Have a mild earache.

Ring and ask for advice if:

- You feel breathless when moving around.
- For your breathing to sound noisy.
- For severe pain in the throat or ear.
- To have a temperature for no reason.
- For your breath to have a foul smell.
- To cough out any bright red blood.

Getting back to normal

It may be normal to feel tired for a few days following the anaesthetic.

It is important that you eat and drink as usual. If you experience any problems you could try food that is softer in consistency and take plenty of fluids.

If the problem continues please contact the ward for advice.

If you work, it may be best to take time off till you feel fully recovered and able to go to work.

You can self-certify for the first seven days, after this you will need a medical certificate that can be obtained from your GP.

An Outpatient appointment will be arranged for you to be seen by the Consultant after you have been discharged from the ward to be given the results/plans for any further treatment you may need.

If you do not receive one please contact the Ward.

Feedback

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

Further information

Local Advice

**Clinical Nurse Specialist Head and Neck,
Aintree University Hospitals NHS Foundation Trust, Lower Lane,
Liverpool. L9 7AL.**

**0151 529 5256 Direct line/answer phone
Monday – Friday 8am – 4pm.
Email: headandneckcns@liverpoolft.nhs.uk**

**The Head and Neck information support service is a telephone helpline
run by the Clinical Nurse Specialists at Aintree.
Ward 28 0151 529 5238**

**Head & Neck Cancer Patient and Carer Support Group:
Patients and carers meet regularly to chat, share experiences and
support each other.**

**For further information contact the Clinical Nurse Specialists for details
of future meeting and events.
Tel No: 0151 529 5256**

Useful Websites:

**www.livheadandneck.co.uk
www.macmillan.org.uk**

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All Trust approved information is available on request in alternative formats, including other languages, easy read, large print, audio, Braille, moon and electronically.

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