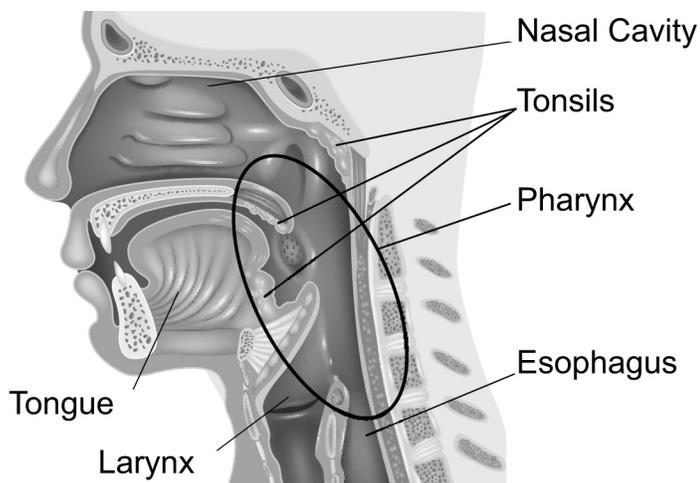


The pharynx is the upper part of the throat that connects the inside of the nose to the esophagus. Cancer in this part of the throat is called pharyngeal cancer. A pharyngectomy is surgery to remove all or part of the pharynx. It is used to treat pharyngeal cancer.



The extent of the surgery depends on where the cancer is. Usually, it involves the tonsils and the back of the tongue. Sometimes more of the pharynx is removed. The surgery may also include removing lymph nodes in the area. For more information about lymph node removal, please see the *Lymph Node Surgery* factsheet.

Reconstructing the pharynx is part of the surgery. Rebuilding the pharynx is necessary so you can swallow and eat normally. Your surgeon will use tissue from another part of your body to rebuild the pharynx. This is called a free flap or tissue transfer.

After the Surgery

After your surgery, your cancer care team will check often to see how you are doing. If you have trouble swallowing, they may place a tube into your stomach to help you eat.

In the weeks after your surgery, the speech therapist on your cancer care team will work with you to help with eating and swallowing. Some patients may need to have a permanent feeding tube.

Possible Complications

Pain. After any surgery, some pain is normal. While you are in the hospital, your cancer care team will do their best to control your pain. They will ask you often about how much pain you are feeling. This helps your care team decide what pain medicines will work best for you. They may put pain medicine directly into your veins or give you pills.

When you go home, you will receive a prescription for the same pain pills you took in the hospital. Follow the directions for your medicines. Tell your cancer care team if your pain level stays the same or gets worse.

Infection. Whenever there is a break in your skin, there is also a risk of infection. Good hand washing is the best and easiest way to prevent infection.

Wash or disinfect your hands often, and make sure your caregivers and visitors do, too.

Watch for these signs that an infection may be starting:

- More pain, redness, or warmth at the surgery site
- More drainage from your surgery wound
- A fever higher than 100.3° F

If you notice any of these signs, call your cancer care team right away.

Swelling. Swelling around the surgery area can cause pressure on the throat. This can make it hard to breathe. The surgeon will place tubes to drain fluids from the surgery site to help prevent swelling. At first, a suction device connected to the tubes will help remove

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If you have questions or concerns, please call:

Monday–Friday, 8 a.m.–5 p.m.

Head and Neck Nurse Line 801-587-4566

After hours, weekends and holidays

Call the University Hospital operator at 801-581-2121.

Ask for the ear, nose, and throat resident on call.

the fluid. Your nurses will check the fluid often to make sure there is no sign of an infection.

Swelling can also make it hard to swallow. The swelling should improve a few days after surgery. Tell your care team or speech therapist if you cannot drink liquids or if you have questions about your diet.

Bleeding. The neck has many blood vessels, so bleeding is a risk during throat surgery. Your nurses will check the fluid from the drain tubes for signs of too much bleeding. Some bleeding is common right after surgery, but the drainage becomes more yellow as you heal.

Pneumonia. Lying in bed too much keeps your lungs from expanding all the way. This can raise the risk of getting pneumonia after surgery. To help prevent pneumonia, your nurses will ask you to start walking as soon after your surgery as it is safe. The nurses will also give you a device called an incentive spirometer

to exercise your lungs in the hospital and after you go home. It measures how much air you breathe in. To use it, you breathe out as deeply as you can and breathe in through the mouthpiece of the device. After you go home, use the device about every two hours. This helps keep your lungs in good shape.

Blood clots. Inactivity raises the risk of blood clots in your legs. If a clot happens, it can move through the veins to your lungs. This can be deadly. To help prevent blood clots, your nurses will encourage you to get up and move around as much as you can. While you are in the hospital, your care team may put foam boots on your legs. The boots inflate and deflate to keep the blood in your leg veins moving so it cannot clot. Your doctor may also prescribe a blood thinner.