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# After Laryngeal and Hypopharyngeal Cancer Treatment

Get information about life as a survivor, next steps, and what you can do to help.

## Living as a Cancer Survivor

For many people, cancer treatment often raises questions about next steps as a survivor or about the chances of the cancer coming back.

- [Living as a Laryngeal or Hypopharyngeal Cancer Survivor](#)

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# Living as a Laryngeal or Hypopharyngeal Cancer Survivor

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For many people with laryngeal or hypopharyngeal cancer, the end of treatment can be both stressful and exciting. You may be relieved to finish treatment, yet it's hard not to worry about cancer coming back ([recurring](#)<sup>1</sup>). This is very common if you've had cancer.

For others, the cancer might never go away completely. Some people may still may get regular treatments to try and control the cancer for as long as possible. Learning to [live with cancer](#)<sup>2</sup> that does not go away can be difficult and very stressful.

## Ask your doctor for a survivorship care plan

Talk with your doctor about developing your [survivorship care plan](#)<sup>3</sup>. This plan might include:

- A suggested schedule for follow-up [exams and tests](#)<sup>4</sup>
- A schedule for other tests you might need in the future, such as [early detection \(screening\) tests](#)<sup>5</sup> for other types of cancer, or tests to look for long-term health effects from the cancer or its treatment
- A list of possible late- or long-term [side effects](#)<sup>6</sup> from your treatment, including what to watch for and when you should contact your doctor
- Recommendations for things you could do to improve your health and even possibly lower the chance for your cancer coming back, such as nutrition and physical activity suggestions
- Reminders to keep your appointments with your primary care provider (PCP), who will monitor your general health care, including your cancer screening tests.

## Follow-up care after laryngeal or hypopharyngeal cancer

People with cancer of the larynx or hypopharynx are at risk of the cancer coming back and are at risk for developing new cancers in other parts of the body, so they must be watched closely after treatment. Your cancer care team will discuss which tests should be done and how often based on the type and [stage](#)<sup>7</sup> of the cancer, as well as the type of treatment you had, and your response to that treatment.

When you have completed treatment, you will likely have follow-up visits with your doctor for many years. It's very important to go to all of your follow-up appointments.

During these visits, your doctor will ask if you are having any problems and might order lab tests or imaging tests to look for signs of cancer returning, a new cancer, or treatment related side effects.

Almost any cancer treatment can have [side effects](#)<sup>8</sup>. Some last for a few days or weeks, but others might last a long time. Some side effects might not even show up until years after you have finished treatment. Your doctor visits are a good time for you to ask questions and talk about any changes or problems you have noticed or concerns you have.

But don't hesitate to report any new problems to your doctor right away. This might help your doctor find recurrent cancer as early as possible, when the cancer is small and easier to treat.

### **Doctor visits and tests**

If there are no signs of cancer remaining, many doctors will recommend you have a physical exam and some of the [tests](#)<sup>9</sup> listed below every 3 to 6 months for the first couple of years after treatment, then every 6 months or so for the next few years. People who were treated for early-stage cancers may do this less often.

**Laryngoscopy:** Your head and neck will be examined (often including [laryngoscopy](#)<sup>10</sup>) about:

- Every 1 to 3 months during the first year
- Every 2 to 6 months during the second year
- Every 4 to 8 months during the 3rd to 5<sup>th</sup> years
- Every year after the 5<sup>th</sup> year

**Imaging:** Chest x-rays and other [imaging tests](#)<sup>11</sup> might be used to watch for recurrence or a new tumor, especially if you have new symptoms.

**Blood tests:** If you were treated with radiation, it might have affected your thyroid gland. You will most likely need regular blood tests to check your thyroid function.

**Dental exams:** People treated with radiation may also have problems with [dry mouth](#)<sup>12</sup> and tooth decay, so regular dental exams are often recommended.

**Speech, hearing, and swallowing rehabilitation:** Both radiation and surgery can lead to problems with speech, [swallowing](#),<sup>13</sup> and hearing. These are often checked and treated by a speech therapist after treatment (see below). You might also need to see

an audiologist (a specialist in hearing loss) for devices to improve your hearing if the treatment affected it.

**Nutrition follow-up:** Even after treatment, you might not gain weight or replace your protein stores as well as you should be. Sometimes, follow-up visits with the nutritionist are needed to help you with this.

**Quitting smoking:** If you had trouble quitting smoking before treatment, your doctor may recommend counseling as well as medication to help you. **It is very important to quit smoking** because even people with early-stage laryngeal or hypopharyngeal cancer are at risk of a new smoking-related cancer if they continue to smoke. See [How to Quit Using Tobacco](#)<sup>14</sup> and call 1-800-227-2345 for more information about quitting smoking.

## Managing long-term effects of treatment

### Tracheostomy (stoma) care after total laryngectomy

Having a stoma ([tracheostomy](#)<sup>15</sup>) means that the air you breathe will no longer pass through your nose or mouth, which normally help moisten, warm, and filter the air (removing dust and other particles). This means the air going into your lungs will be dryer and cooler. This may irritate the lining of your breathing tubes and cause thick or crusty mucus to build up.

It's important to learn how to take care of your stoma. You'll need to use a humidifier over the stoma as much as possible, especially right after the operation, until your airway lining has a chance to adjust to the drier air. You'll also need to learn how to suction out and clean your stoma to help keep your airway open.

Your doctors, nurses, and other health care professionals can teach you how to care for and protect your stoma. This will include precautions to keep water from getting into your windpipe while showering or bathing, as well as keeping small particles out of your windpipe.

Support groups formed by other people with tracheostomies can be good sources of information on stoma care and the use of products to protect and clean it.

### Restoring speech after total laryngectomy

Total [laryngectomy](#)<sup>16</sup> removes your larynx (voice box), and you won't be able to speak using your vocal cords. After a laryngectomy, your windpipe (trachea) is separated from

your throat, so you can no longer send air from your lungs out through your mouth to speak. But there are ways you can learn to talk after total laryngectomy:

- **Tracheo-esophageal puncture (TEP):** This is the most common way that surgeons try to restore speech. It can be done either during the surgery to treat the cancer or later. This procedure creates a connection between the windpipe and esophagus through a small hole at the stoma site. A small one-way valve put into this hole makes you able to force air from your lungs into your mouth. After this operation, you can cover your stoma with a finger to force air out of your mouth, producing sustained speech. (With some newer “hands-free” models you don't have to cover the stoma to speak.) It takes practice, but after surgery you can work closely with a speech therapist to learn how to do this.
- **Electrolarynx:** If you cannot have a TEP for medical reasons, or while you are learning to use your TEP voice, you may use an electrical device to produce a mechanical voice. The battery-operated device is placed at the corner of your mouth or against the skin of your neck. When you press a button on the device, it makes a vibrating sound. By moving your mouth and tongue, you can form this sound into words. You'll need training with a speech therapist to learn to use it properly.
- **Esophageal speech:** With training, some people learn to swallow air into the esophagus (the tube that connects your mouth to your stomach) and force it out through their mouth. As the air passes through the throat it will cause vibrations which, with training, can be turned into speech. This is the most basic form of speech rehabilitation. New devices and surgical techniques often make learning esophageal speech unnecessary.

Learning to speak again will take time and effort, and your voice will not sound the same. You will need to see a speech therapist who is trained in helping people who have had a laryngectomy. The speech therapist will play a major role in helping you to learn to speak.

## Help for swallowing and nutrition problems

Cancers of the larynx or hypopharynx and their treatments can sometimes cause problems such as trouble swallowing, dry mouth, or even loss of teeth. This can make it [hard to eat](#)<sup>17</sup>, which can lead to weight loss and weakness from poor nutrition.

Some people might need to adjust what they eat during and after treatment or might need nutritional supplements to help make sure they get the nutrition they need. Some

may even need to have a [feeding tube](#)<sup>18</sup> placed in the stomach.

A team of doctors and nutritionists can work with you to help you maintain your weight and get the nutrients you need. They can also talk to you about swallowing exercises that can help keep these muscles working and give you a better chance of eating normally after treatment.

### **Restoring your sense of smell**

Nearly everyone who has had a laryngectomy will find they cannot smell things the way they did before. This is because air no longer travels through your nose. If you have lost your sense of smell, or are smelling odors that aren't really there, olfactory rehabilitation might be another part of your recovery. Problems with smell (called olfactory disorders) can affect your appetite, sense of taste, food enjoyment, and how much you eat.

With olfactory rehabilitation, you can be taught techniques that cause nasal airflow and may help you recover your sense of smell. Examples are the nasal airflow-inducing maneuver (NAIM) and polite yawning. Olfactory rehabilitation (rehab) is available at some large medical centers. Talk to your health care team to learn more.

### **Sexual impact of laryngectomy**

[Laryngectomy](#)<sup>19</sup>, with the resulting stoma, can change the way you look as well as the way you talk and breathe. Sexual intimacy may be affected by these changes, but there are things you can do that can help during intimacy. Learn more details in [Sex and the Man With Cancer](#)<sup>20</sup> and [Sex and the Woman With Cancer](#)<sup>21</sup>.

### **Keeping health insurance and copies of your medical records**

Even after treatment, it's very important to keep health insurance. Tests and doctor visits cost a lot, and even though no one wants to think of their cancer coming back, this could happen.

At some point after your cancer treatment, you might find yourself seeing a new doctor who doesn't know about your medical history. It's important to [keep copies of your medical records](#)<sup>22</sup> to be able to give your new doctor the details of your diagnosis and treatment.

### **Can I lower my risk of laryngeal or hypopharyngeal cancer progressing or coming back?**

If you have (or have had) laryngeal or hypopharyngeal cancer, you probably want to know if there are things you can do that might lower your risk of the cancer growing or coming back, such as exercising, eating a certain type of diet, or taking nutritional supplements.

**Quit smoking:** Smoking during cancer treatment is known to reduce the benefit of treatment which raises your risk of the cancer coming back (recurrence). Smoking also increases the risk of getting a new smoking-related cancer (see [Second Cancers](#) below). Survivors of laryngeal and hypopharyngeal cancers who continue to smoke are more likely to die from their cancer. Quitting smoking for good (before treatment, if possible) is the best way to improve your survival. It is never too late to quit.

Adopting healthy behaviors such as [eating well](#)<sup>23</sup>, [getting regular physical activity](#)<sup>24</sup>, and [staying at a healthy weight](#)<sup>25</sup> might help, but no one knows for sure. But we do know that these types of changes can have positive effects on your health more than just your risk of laryngeal or hypopharyngeal cancer or other cancers.

### About dietary supplements

So far, no [dietary supplements](#)<sup>26</sup> (including vitamins, minerals, and herbal products) have been shown to clearly help lower the risk of laryngeal or hypopharyngeal cancer progressing or coming back. This doesn't mean that there aren't supplements that will help, but it's important to know that none have been proven to do so.

Dietary supplements are not regulated like medicines in the United States. They do not have to be proven effective (or even safe) before being sold, although there are limits on what they're allowed to claim they can do. If you're thinking about taking any type of nutritional supplement, talk to your health care team. They can help you decide which ones you can use safely while avoiding those that might be harmful.

### If cancer comes back

If cancer does recur (come back), treatment will depend on the location of the cancer, what treatments you've had before, and your overall health. To learn more about this, see [Treatment of Laryngeal and Hypopharyngeal Cancers](#)<sup>27</sup>, [by Stage](#)<sup>28</sup>. For more general information on dealing with cancer recurrence, see [Understanding Recurrence](#)<sup>29</sup>.

### Getting emotional support

Some amount of feeling depressed, anxious, or worried is normal when cancer is a part of your life. Some people are affected more than others. But everyone can benefit from help and support from other people, whether friends and family, religious groups, support groups, professional counselors, or others. Learn more in [Life After Cancer](#)<sup>30</sup>.

## Second cancers after treatment

Cancer survivors can be affected by a number of health problems, but often a major concern is facing cancer again. Cancer that comes back after treatment is called a recurrence. But some cancer survivors may develop a new, unrelated cancer later. This is called a second cancer. Laryngeal or hypopharyngeal cancer survivors are at higher risk for getting some types of second cancers.

And being treated for laryngeal or hypopharyngeal cancer does not mean you can't get another cancer.

Survivors of laryngeal cancer can get any second cancer, but they have an increased risk of:

- [Cancers of the mouth and throat](#)<sup>31</sup> (Oral cavity and oropharyngeal cancer)
- [Esophagus cancer](#)<sup>32</sup>
- [Colon cancer](#)<sup>33</sup>
- [Liver cancer](#)<sup>34</sup>
- [Lung cancer](#)<sup>35</sup>
- [Bladder cancer](#)<sup>36</sup>
- [Kidney cancer](#)<sup>37</sup>
- [Thyroid cancer](#)<sup>38</sup>

Many of these cancers are linked to smoking and alcohol use, which are also risk factors for laryngeal cancer.

Survivors of cancer of the hypopharynx can get any second cancer, but have an increased risk of:

- [Cancers of the mouth and throat](#)<sup>39</sup> (Oral cavity and oropharyngeal cancer)
- [Cancer of the nasal cavity](#)<sup>40</sup>
- [Cancer of the nasopharynx](#)<sup>41</sup>
- [Cancer of the larynx \(voice box\)](#)<sup>42</sup>
- [Esophagus cancer](#)<sup>43</sup>

- [Stomach cancer](#)<sup>44</sup>
- [Colon cancer](#)<sup>45</sup>
- [Rectal cancer](#)<sup>46</sup>
- [Pancreas cancer](#)<sup>47</sup>
- [Liver cancer](#)<sup>48</sup>
- [Lung cancer](#)<sup>49</sup>
- [Bladder cancer](#)<sup>50</sup>

Many of these cancers are also linked to smoking and alcohol use, which are also risk factors for hypopharyngeal cancer.

Survivors of laryngeal and hypopharyngeal cancers should follow the [American Cancer Society guidelines for the early detection of cancer](#)<sup>51</sup> and [stay away from tobacco products](#)<sup>52</sup>.

To help maintain good health, survivors should also:

- Get to and stay at a [healthy weight](#)<sup>53</sup>
- Keep [physically active and limit sitting or lying down time](#)<sup>54</sup>
- Follow a [healthy eating pattern](#)<sup>55</sup> that includes plenty of fruits, vegetables, and whole grains, and that limits or avoids red and processed meats, sugary drinks, and highly processed foods.
- It's best not to drink [alcohol](#)<sup>56</sup>. If you do drink, have no more than 1 drink per day for women or 2 per day for men

These steps may also lower the risk of some cancers.

See [Second Cancers in Adults](#)<sup>57</sup> to learn more.

## Hyperlinks

1. [www.cancer.org/cancer/survivorship/long-term-health-concerns/recurrence.html](http://www.cancer.org/cancer/survivorship/long-term-health-concerns/recurrence.html)
2. [www.cancer.org/cancer/survivorship/long-term-health-concerns/cancer-as-a-chronic-illness.html](http://www.cancer.org/cancer/survivorship/long-term-health-concerns/cancer-as-a-chronic-illness.html)
3. [www.cancer.org/cancer/survivorship/long-term-health-concerns/survivorship-care-plans.html](http://www.cancer.org/cancer/survivorship/long-term-health-concerns/survivorship-care-plans.html)

4. [www.cancer.org/cancer/diagnosis-staging/tests.html](http://www.cancer.org/cancer/diagnosis-staging/tests.html)
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6. [www.cancer.org/cancer/managing-cancer/side-effects.html](http://www.cancer.org/cancer/managing-cancer/side-effects.html)
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14. [www.cancer.org/cancer/risk-prevention/tobacco/guide-quitting-smoking.html](http://www.cancer.org/cancer/risk-prevention/tobacco/guide-quitting-smoking.html)
15. [www.cancer.org/cancer/types/laryngeal-and-hypopharyngeal-cancer/treating/surgery.html](http://www.cancer.org/cancer/types/laryngeal-and-hypopharyngeal-cancer/treating/surgery.html)
16. [www.cancer.org/cancer/types/laryngeal-and-hypopharyngeal-cancer/treating/surgery.html](http://www.cancer.org/cancer/types/laryngeal-and-hypopharyngeal-cancer/treating/surgery.html)
17. [www.cancer.org/cancer/managing-cancer/side-effects/eating-problems.html](http://www.cancer.org/cancer/managing-cancer/side-effects/eating-problems.html)
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### Written by

The American Cancer Society medical and editorial content team  
(<https://www.cancer.org/cancer/acs-medical-content-and-news-staff.html>)

Our team is made up of doctors and oncology certified nurses with deep knowledge of cancer care as well as journalists, editors, and translators with extensive experience in medical writing.

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