
Pharyngeal fistula after total laryngectomy

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This is a retrospective study of 169 cases of carcinoma of the larynx treated surgically at the National Cancer Institute, Cairo University by total laryngectomy and followed by primary closure of the pharynx between 1975. The purpose of this thesis is to review our experience with fistulae following total laryngectomy in order to isolate causative factors and suggest preventive measures. We found that the factors which increase the incidence of pharyngo-cutaneous fistula are :-

- 1- Preoperative tracheostomy : Higher incidence of fistula was noted in the preoperative tracheostomy group (43.25%) than those with no preoperative tracheostomy (28.85%).
- 2- Preoperative haemoglobin level : Preoperative haemoglobin level below 12.5 gm% rises the incidence from 29% to 64.3%.
- 3- Preoperative irradiation : It increases the incidence of fistula from 29.5% in those who received no preoperative radiotherapy to 61.5% in those who received preoperative radiotherapy.
- 4- Dose of radiotherapy : The incidence of fistula was 33.3% in those who received 4000 rads and 70% in those who received 6000 rads.
- 5- Type of incision : Using U-shaped incision we had the lowest incidence of fistula (26.3%) while fistula occurred in 51.2% using other types of incisions.
- 6- Radical neck dissection : Performing radical neck dissection in/same sitting with total laryngectomy increases the incidence of fistula to 48.4% while total laryngectomy alone had an incidence of fistula of 7%.
- 7- Post-operative drainage : Suction drainage proved to reduce the incidence of fistula to 16.7% while using rubber drain and pressure dressing had incidence of 39.1%.
- 8- Postoperative feeding : Nasogastric feeding tube accompanied by suction drainage gave the lowest incidence of fistula (19.4%).
- 9- Site of the tumour : There is no relation between the incidence of fistula and the site of the tumour.
- 10- Suture material used for closure of the pharynx : No relation was found between the type of suture material and the incidence of fistula.