The pharynx is the upper part of the throat that connects the inside of the nose to the esophagus. It has three sections: nasopharynx, oropharynx, and hypopharynx. If cancer is found in any of these areas, it is called pharyngeal cancer.

What Is a Pharyngectomy?
A pharyngectomy is surgery to remove the pharynx. It is used to treat pharyngeal cancer. Depending on where the cancer is, all or part of the pharynx and surrounding tissues such as the larynx (voice box) and lymph nodes will be removed. For more information about lymph node removal, please see the Neck Dissection fact sheet.

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.

What Happens after a Pharyngectomy?
After your surgery, your health care team will closely monitor how you are doing. If you have trouble swallowing, they may place a tube into the stomach to help you eat. Generally you will be able to eat and swallow normally about one week after your surgery. You may need to use a mechanical voice box after surgery until you heal.

What Are the Possible Complications?
Pain. After any surgery, some pain is normal. While you are in the hospital, your health care team will do their best to control your pain. They will ask you often about how much pain you are feeling on a scale of 0-10, with 10 being the worst pain you can imagine. This helps your health care team decide what medicines will best relieve your pain. They may put pain medicine directly into your veins or give you pills, depending on what works best.

When you go home, you will receive a prescription for the same pain pills you took in the hospital. Follow the directions for your medications. Tell your health care team if your pain does not decrease or if it 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:
• Increased pain, redness, or warmth at the site of your surgery
• Increased drainage from your surgery wound
• A fever higher than 101°F

If you notice any of these signs, tell your nurse or doctor right away.

Swelling. Swelling around the surgical site can cause pressure on the throat and make it difficult to breathe. To decrease the swelling, the surgeon will place tubes to drain fluids from the surgery site. At first, a suction device connected to the tubes will help remove the fluid. Your nurses will check the fluid often to make sure there is no sign of an infection. Swelling can also make it difficult to swallow. It should improve within several days after surgery. Tell your health care team if you are not able to 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 surgeon will place tubes in your neck to drain fluids that collect. Your nurses will check the fluid 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 fully. This can raise the risk of getting pneumonia after surgery. To help prevent this, 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. To use it, you breathe out as deeply as you can and breathe in through the mouthpiece of the device. It measures how much air you breathe in. After you go home, use the device about every two hours. This helps to keep your lungs in good shape and prevent pneumonia.

**Blood clots.** Inactivity increases the risk that a blood clot will form in your legs. If a clot occurs, 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 health 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.

If you have questions or concerns, talk with your health-care team. Also, visit or call the G. Mitchell Morris Cancer Learning Center (CLC), where you can talk with a cancer information specialist and find resources. The CLC is located on the sixth floor of Huntsman Cancer Institute and is open Monday through Friday, 8 a.m. to 5 p.m. Call 801-581-6365 or 1-888-424-2100 between 8 a.m. and 4 p.m.