



Stapler Assisted Total Laryngectomy: A Prospective randomized clinical study

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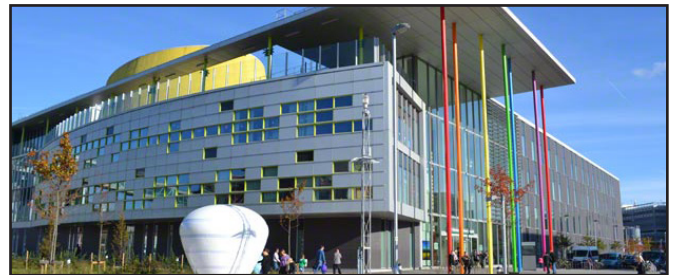
Abstract:

Introduction: Closure of the pharyngeal defect after total laryngectomy had been traditionally performed with manual suturing techniques that invert the mucosal edge. This technique though effective yet it is time consuming. Recently the use of stapling devices to successfully close the pharyngeal defect after total laryngectomy has been advocated to shorten the operative time especially in the high risk cancer patients where a prolonged operative time is not preferred. No previous randomized prospective studies compared the use of stapler to the conventional method of pharyngeal closure after total laryngectomy.

Objectives: The present study aimed at comparing stapler assisted total laryngectomy to suture closure total laryngectomy in a prospective randomized manner.

Methods: This is a prospective clinical study was conducted on 60 patients undergoing total laryngectomy at Alexandria Main University Hospital, Egypt. Patients with tumor extension to the hypopharynx or base of tongue were excluded from the study.

Results and conclusion: The use of the stapler is technically easy to perform and as equally as effective as the traditional neopharyngeal suturing techniques in patients undergoing total laryngectomy. The surgical time



is reduced with shorter hospital stay and no increase in postoperative complications rate.

Biography

Omar Ahmed has completed his ENT Master degree and MRCS(ENT) at the age of 28 years from Alexandria University and Royal College of Surgeons in England respectively. I have been enrolled in a PHD/MD programme with a thesis about parathyroidectomy. I have joined East Kent Hospitals ENT Department in December 2018 as an ENT Registrar.

Publication of speakers:

1. Omar Ahmed, Transoral robotic surgery for residual and recurrent oropharyngeal cancers: Exploratory study of surgical innovation using the IDEAL framework for early-phase surgical studies, *Head Neck*, 2018 Mar;40(3):512-525.

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