

PROTOCOL FOR: Head and Neck Procedures: Vertical Partial Laryngectomy, Care of the Patient

SUPPORTIVE DATA: A vertical partial laryngectomy is performed in patients with a unilateral true vocal cord cancerous lesion. The procedure involves the removal of the true vocal cord on one side of the larynx. A tracheotomy is performed for airway management in the early post-operative period. A neck dissection may also be performed.

Since a true vocal cord is removed, the voice quality is affected and the patient usually requires speech therapy post-operatively. Because laryngeal suspension and innervation is preserved, swallowing is usually not significantly disrupted.

**DESIRED
PATIENT OUTCOMES:**

1. The patient will have minimal to no post-operative complications related to vertical partial laryngectomy.

**CLINICAL ASSESSMENT
AND CARE:**

A. General

1. Assess vital signs every four hours for 24 hours. Advance to every eight hours when stable.
2. Maintain the head of the bed at 30° or higher to promote respiratory function and to prevent or lessen edema.
3. Assess the patient's pain level on a scale of zero to ten at least every four hours. Medicate as ordered for pain and assess the patient's response to analgesia.
4. Encourage the patient to be out of bed to the chair and ambulating (with assistance as needed) two times on post-operative day one and three times a day thereafter.
5. Assess that the patient is receiving an adequate intake of nutrition and fluid. Tube feedings will be maintained until the patient is able to consume an adequate oral intake.
6. Record the patient's oral intake and tube feeding intake separately.

B. Respiratory Management

1. Provide airway management per Protocol for: Tracheostomy Care.

C. Wound Care

1. Drain(s)
 - a. Assess that the drain is functioning as evidenced by maintenance of suction and draining of fluid into the drain reservoir.
 - b. Assess the area surrounding the drain insertion site for drainage, edema and/or signs of infection.
 - c. Empty, measure and record the drain output every eight hours.
 - d. Assess the amount, color and character of the drainage.
2. Incisions
 - a. Assess the incisions for signs of hemorrhage, hematoma, dehiscence, necrosis, infection and fistula.
 - b. As ordered, every eight hours cleanse the incisions (and the drain insertion sites) with a solution of half-strength hydrogen peroxide and normal saline, followed by a normal saline rinse and a light application of bacitracin ointment. Provide wound care with cotton-tipped applicators or gauze.

D. Notify the physician for:

1. poor tolerance to oral and/or tube feedings.

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2. signs and symptoms of hemorrhage.
3. problems with the wound drainage system.
4. signs and symptoms of infection.
5. signs of fistula formation.

PATIENT

- EDUCATION:**
1. Instruct the patient to notify the physician for pain, poor nutritional and/or fluid intake, signs and symptoms of infection or drainage from wounds.

APPROVAL: Nursing Standards Committee

EFFECTIVE DATE: 12/01

REVISION DATES: 12/02, 10/03