

LONG-TERM FUNCTIONAL OUTCOMES
FOLLOWING TRANSORAL ROBOTIC SURGERY FOR
PATIENTS WITH HYPOPHARYNGEAL CANCER

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Objectives

This study aimed to evaluate the long-term functional swallow outcomes following transoral robotic surgery (TORS) for patients with hypopharyngeal cancer. Research in this field is essential to ensure an informed decision can be made when deciding oncological treatment for this under-reported patient group.

Materials and Methods

Outcome measures across the domains of physical swallow function, diet modifications and dysphagia-related quality of life were gathered for all patients who underwent TORS for hypopharyngeal cancer at the selected NHS Trust. This was achieved by retrospectively analysing scores on the Water Swallow Test (WST), Performance Status Scale (PSS) for normalcy of diet and the M.D. Anderson Dysphagia Inventory (MDADI) obtained prior to TORS, at three-months post-surgery and after a year.

Results

Twelve patients (10 male) were included in the study, with a mean age of 64.9 years, participants most commonly had a T2 diagnosis (58.3%) with no nodal involvement (N0=50%). Survival to the time of study was 50%. WST results revealed patients were slower at drinking with reduced swallow capacity a year post-TORS, however there was no significant change in swallow ability. Four of six patients were able to eat a normal diet at one-year post-TORS, no statistical difference in PSS scores was found over time. Comparative analysis was not possible for MDADI scores due to limited data, however 50% fell within the 'optimal' scoring category (>80 points), and 50% were just below in the 'adequate' category (scoring 76-79).

Conclusions

For patients with hypopharyngeal cancer, TORS was shown to provide encouraging long-term functional outcomes, with no significant difference in physical swallow ability, adaptations to diet or self-perceived swallow function found from pre-TORS to one-year post-TORS.