

ORIGINAL ARTICLE

Impact of Total Laryngectomy on Return to Work[☆]



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KEYWORDS

Laryngectomy;
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Quality of life

Abstract

Introduction: Total laryngectomy is one of the most mutilating oncological operations. There are no specific studies evaluating return to work after this surgery.

Patients and methods: A cross-sectional study was performed on a sample of 116 laryngectomized patients who were disease-free and had a minimum follow-up of 2 years from total laryngectomy. A survey was conducted to find out their employment situation before and after surgery. At the time of surgery, 62 (53%) were working, 40 (35%) were retired and 14 (12%) were in a disability situation.

Results: 60% had professions with low qualification requirements, the largest group being construction workers. Of the 62 patients active at the time of total laryngectomy, 29 became inactive and 33 (53%) maintained their work activity. The most important factors in maintaining work activity were the level of professional qualification and the method of vocal rehabilitation. Eighty percent of the patients with high-intermediate qualification maintained their jobs, compared to 35% of those with low professional qualifications ($P<.001$). Seventy percent of the patients with voice prostheses maintained their work activity, compared to 31% of the patients rehabilitated with oesophageal voice ($P=.004$). Logistic regression confirmed these as independent variables for continuing to work.

Conclusions: This is the first study that analyzes the impact of total laryngectomy on the work situation. The most important factors for a return to work were having a high-intermediate skilled job and the use of voice prosthesis as a method of vocal rehabilitation.

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PALABRAS CLAVE

Laringectomía total;
Retorno laboral;
Cáncer de laringe;
Calidad de vida total

Impacto de la laringectomía total en la situación laboral**Resumen**

Introducción: La laringectomía total es una de las cirugías oncológicas más mutilantes. No existen estudios específicos que evalúen el retorno laboral después de la misma.

Pacientes y métodos: Se realizó un estudio transversal de una muestra de 116 pacientes laringectomizados que se hallaban libres de enfermedad y con un seguimiento mínimo de 2 años desde la laringectomía total. Se les realizó una encuesta dirigida a conocer la situación laboral, tanto previa como posterior. En el momento de la cirugía 62 (53%) estaban activos laboralmente, 40 (35%) estaban jubilados y 14 (12%) tenían una situación de invalidez.

Resultados: El 60% tenía profesiones con bajo grado de cualificación, siendo el grupo más numeroso los trabajadores de la construcción. De los 62 pacientes laboralmente activos en el momento de la laringectomía total 29 pasaron a inactivos y 33 (53%) mantuvieron la actividad laboral. Los factores más importantes para mantener la actividad laboral fueron el nivel de cualificación profesional y el método de rehabilitación vocal. El 80% de los pacientes con cualificación alta-intermedia mantuvieron su trabajo, frente al 35% en los de cualificación profesional baja ($p < 0,001$). El 70% de los pacientes con prótesis fonatoria mantuvo la actividad laboral, frente a un 31% de los pacientes rehabilitados con erigmofofonía ($p = 0,004$). La regresión logística confirmó estas variables como independientes para seguir trabajando.

Conclusiones: Este es el primer estudio que analiza el impacto de la laringectomía total en la situación laboral. Los factores más importantes para volver a trabajar fueron tener un trabajo cualificado alto-intermedio y la utilización de prótesis fonatoria como método de rehabilitación vocal.

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Introduction

Cancer of the head and neck is one of the commonest tumours in our country, and fifth in frequency in males. Cancer of the larynx is the most prevalent of the head and neck carcinomas in our environment.^{1,2} Despite the introduction of organ preservation protocols, total laryngectomy (TL) is one of the most frequent operations for advanced laryngeal cancers, either as initial treatment or as rescue surgery.²⁻⁴

TL is considered one of the most mutilating oncological operations.^{3,5} It involves the sequela of a permanent tracheostomy that has considerable impact on quality of life, and then there is the need to achieve a new voice either by voice prosthesis, oesophageal voice or throat microphone. Recent years have seen notable improvements in the rehabilitation of the laryngectomised patient, fundamentally due to the generalised use of voice prostheses and heat and moisture exchanger systems.⁶⁻⁹

Return to work is a key element in achieving the best possible quality of life for patients after TL. In 2010, Verdonck-de Leeuw et al.¹⁰ published a study performed in Holland that assessed the return to work of 53 patients treated for a head and neck carcinoma, and 83% of the patients achieved this objective. More recently, Isaksson et al.¹¹ published a study performed in Sweden on 66 patients in active employment at the start of their treatment, 53% of whom returned to work.

To our knowledge, there are no specific studies on return to work after TL. The objective of this study was to examine the impact of TL on employment, quantifying the

percentage of laryngectomised patients that return to work after cancer treatment, and to analyse the factors that affect return to work.

Patients and Methods

A cross-sectional study on a sample of laryngectomised patients who were consecutively monitored in our department throughout 2014. One hundred and sixteen patients were included who had undergone laryngectomy due to a squamous cell carcinoma of the larynx or hypopharynx and were disease-free, with a minimum follow up of 2 years after the TL.

All of the patients took part in a survey to find out their employment situation prior to the TL, at the end of treatment and at 2 years' follow-up. For the purposes of this paper, the employment activities were grouped into 2 large groups: high to intermediate-skilled occupations (university or intermediate levels—white collar workers) and manual or unskilled professions (construction workers, agricultural workers, metal workers, workers in bars and restaurants, etc.—blue collar workers).

At the time of their TL, 62 patients (53%) were working, 40 (35%) were retired and 14 (12%) had been in a disability situation prior to their TL. The mean age of these 116 patients at the time of their total laryngectomy was 59.5 (range between 30 and 88 years). There were 107 males (92%) and 9 females. Fifty-seven percent used voice prostheses for their voice rehabilitation, in some cases combined

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