After Treatment

Living as a Cancer Survivor

For many people, cancer treatment often raises questions about next steps as a survivor.

- What Happens After Treatment for Laryngeal or Hypopharyngeal Cancer?
- Lifestyle Changes After Laryngeal or Hypopharyngeal Cancer
- How Does Having Laryngeal or Hypopharyngeal Cancer Affect Your Emotional Health?

Cancer Concerns After Treatment

Treatment may remove or destroy the cancer, but it is very common to have questions about cancer coming back or treatment no longer working.

- Can I Get Another Cancer After Having Laryngeal or Hypopharyngeal Cancer?
- If Treatment for Laryngeal or Hypopharyngeal Cancer Is No Longer Working

What Happens After Treatment for Laryngeal or Hypopharyngeal Cancer?

For some people with laryngeal or hypopharyngeal cancer, treatment may remove or destroy the cancer. Completing treatment can be both stressful and exciting. You might be relieved to finish treatment, but find it hard not to worry about cancer growing or coming back. (When cancer comes back after treatment, it is called recurrence.) This is a very common concern in people who have had cancer.

It may take a while before your fears lessen. But it might help to know that many cancer survivors have learned to live with this uncertainty and are leading full lives. See Living
With Uncertainty: The Fear of Cancer Recurrence for more detailed information on this.

For other people, the cancer may never go away completely. These people may get regular treatments with chemotherapy, radiation therapy, or other therapies to help keep the cancer in check for as long as possible. Learning to live with cancer as more of a chronic disease can be difficult and very stressful. It has its own type of uncertainty. See When Cancer Doesn’t Go Away for more about this.

Follow-up care

If you have completed treatment, your doctors will still want to watch you closely. It is very important to go to all follow-up appointments. People with cancer of the larynx or hypopharynx are at risk for developing recurrences or new cancers in the head and neck area, so they must be observed closely after treatment. Your health care team will discuss which tests should be done and how often based on the type and initial stage of your cancer, the type of treatment you received, and the response to that treatment.

When these cancers recur, it is most often in the first couple of years after treatment, so doctor visits will be more frequent during this time. Your head and neck will be examined (often including laryngoscopy) about every other month during the first year or so after treatment. Follow-up may then be spread out to longer intervals as time progresses if there is no evidence of recurrence. Chest x-rays and other imaging tests may be used to watch for a recurrence or a new tumor, especially if you develop new symptoms.

If you were treated with radiation and it reached your thyroid gland, you may need regular blood tests to check your thyroid function. People treated with radiation may also have problems with dry mouth and tooth decay, so your doctor may also recommend dental exams. Both radiation and surgery can lead to problems with speech and swallowing. These are often evaluated and treated by a speech therapist.

Almost any cancer treatment can have side effects. Some last for a few weeks to months, but others can last the rest of your life. Don’t hesitate to tell your cancer care team about any symptoms or side effects that bother you so they can help you manage them.

It is very important to report any new symptoms to the doctor right away, because they may help your doctor help find recurrent cancer as early as possible, when the likelihood of successful treatment is greatest.

If cancer does recur, treatment will depend on the location of the cancer and what
treatments you've had before. For more information on how recurrent cancer is treated, see “Recurrent laryngeal and hypopharyngeal cancers.” For more general information on dealing with cancer recurrence, see *When Your Cancer Comes Back: Cancer Recurrence*.

**Restoring speech after total laryngectomy**

After a total laryngectomy, you will not be able to speak using your vocal cords. However, there are ways to restore speech after total laryngectomy. Losing your voice box to cancer does not mean you lose your ability to talk, but learning to speak again will take time and effort, and your voice will not sound the same. You will need to see a speech therapist who is trained in rehabilitating people who have had a laryngectomy. The speech therapist will play a major role in helping you to learn to speak.

**Esophageal speech:** After a laryngectomy, your windpipe (trachea) has been separated from the throat, so you can no longer expel air from the lungs through your mouth to speak. With training, some people learn to swallow air and force it through their mouth. As the air passes through the throat it will cause vibrations which, with training, can be turned into speech.

This is the most basic form of speech rehabilitation. New devices and surgical techniques often make learning esophageal speech unnecessary.

**Tracheo-esophageal puncture (TEP):** This is the most common way that surgeons try to restore speech. It can be done either during the surgery to treat the cancer or later. This procedure creates a connection between the windpipe and food pipe through a small puncture at the stoma site. A small one-way valve placed into this puncture restores your ability to force air from your lungs into your mouth. After this operation, you can cover your stoma with a finger to force air out of your mouth, producing sustained speech. (Some newer “hands-free” models do not require you to cover the stoma to speak.) This takes practice, but after surgery you can work closely with a speech therapist to learn this technique.

**Electrolarynx:** If you cannot have a TEP for medical reasons, or while you are learning to use your TEP voice, you may use an electrical device to produce a mechanical voice. The battery-operated device is placed in either the corner of the mouth or against the skin of the neck. When you press a button on the device, it makes a vibrating sound. By moving your mouth and tongue, you can form this sound into words. You will need training with a speech therapist to learn to use it properly.
Stoma (tracheostomy) care following total laryngectomy

Having a stoma (tracheostomy) means that the air you breathe in and out will no longer pass through your nose or mouth, which would normally help moisten, warm, and filter the air (removing dust and other particles). After a laryngectomy and tracheostomy, the air reaching the lungs will be dryer and cooler. This may irritate the lining of the breathing tubes and cause thick or crusty mucus to build up.

It is important to learn how to take care of your stoma. You will need to use a humidifier over the stoma as much as possible, especially soon after the operation, until the airway lining has a chance to adjust to the drier air now reaching it. You will also need to learn how to suction out and clean your stoma to help keep your airway open.

Your doctors, nurses, and other health care professionals can teach you how to care for and protect your stoma, which includes precautions to keep water from entering the windpipe while showering or bathing, as well as keeping small particles out of the windpipe.

Support groups formed by other patients who have also had a laryngectomy can provide essential information on stoma care and use of products for protecting and cleaning the stoma.

Help for swallowing and nutrition problems

Cancers of the larynx or hypopharynx and their treatments can sometimes cause problems such as trouble swallowing, dry mouth, or even loss of teeth. This can make it hard to eat, which can lead to weight loss and weakness due to poor nutrition.

Some people may need to adjust what they eat during and after treatment or may need nutritional supplements to help make sure they get the nutrition they need. Some people may even need to have a feeding tube placed in the stomach for a short time after treatment.

A team of doctors and nutritionists can work with you to help you manage your individual nutritional needs. This can help you maintain your weight and get the nutrients you need.

Sexual impact of laryngectomy
Laryngectomy, with the resulting tracheostomy (stoma), can change your appearance as well as your speech and breathing. Sexual intimacy may be affected by these changes, but there are things you can do that can help during intimacy. This topic is covered in detail in *Sexuality for the Man With Cancer* and *Sexuality for the Woman With Cancer*.

**Seeing a new doctor**

At some point after your cancer diagnosis and treatment, you may find yourself seeing a new doctor who does not know anything about your medical history. It is important that you be able to give your new doctor the details of your diagnosis and treatment. Gathering these details soon after treatment may be easier than trying to get them at some point in the future. Make sure you have this information handy:

- A copy of your pathology report(s) from any biopsies or surgeries
- Copies of imaging tests (CT or MRI scans, etc.), which can usually be stored on a CD, DVD, etc.
- If you had surgery, a copy of your operative report(s)
- If you stayed in the hospital, a copy of the discharge summary that doctors prepare when patients are sent home
- If you had radiation therapy, a summary of the type and dose of radiation and when and where it was given
- If you had chemotherapy or targeted therapy, a list of the drugs, drug doses, and when you took them

It is also important to keep health insurance. Tests and doctor visits cost a lot, and even though no one wants to think of their cancer coming back, this could happen.

- References
  See all references for Laryngeal and Hypopharyngeal Cancer

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**Can I Get Another Cancer After Having**
Laryngeal or Hypopharyngeal Cancer?

Cancer survivors can be affected by a number of health problems, but often their greatest concern is facing cancer again. If a cancer comes back after treatment it is called a “recurrence.” But some cancer survivors may develop a new, unrelated cancer later. This is called a “second cancer.” No matter what type of cancer you have had, it is still possible to get another (new) cancer, even after surviving the first.

Unfortunately, being treated for cancer doesn’t mean you can’t get another cancer. People who have had cancer can still get the same types of cancers that other people get. In fact, certain types of cancer and cancer treatments can be linked to a higher risk of certain second cancers.

Survivors of laryngeal cancer can get any second cancer, but they have an increased risk of:

- Cancers of the mouth and throat
- Esophagus cancer
- Colon cancer
- Liver cancer
- Lung cancer
- Bladder cancer
- Kidney cancer
- Thyroid cancer

Many of these cancers are linked to smoking and alcohol use, which are also risk factors for laryngeal cancer.

Survivors of cancer of the hypopharynx can get any second cancer, but have an increased risk of:

- Cancers of the mouth and throat
- Cancer of the nasal cavity
- Cancer of the nasopharynx
- Cancer of the larynx (voicebox)
- Esophagus cancer
- Stomach cancer
- Colon cancer
- Rectal cancer
Pancreas cancer
Liver cancer
Lung cancer
Bladder cancer

Many of these cancers are linked to smoking and alcohol use, which are also risk factors for laryngeal cancer.

**Follow-up after treatment**

After completing treatment for cancer of the larynx or hypopharynx, you should still see your doctor regularly. Your doctor may order tests to look for signs that the cancer has come back or spread. These tests are also useful in finding some second cancers, particularly a new lung cancer or cancer of the mouth or throat. Experts don’t recommend any other tests to look for second cancers in patients who don’t have symptoms. Let your doctor know about any new symptoms or problems, because they could be caused by the cancer coming back or by a new disease or second cancer.

Survivors of laryngeal cancer should follow the American Cancer Society guidelines for the early detection of cancer and stay away from tobacco products. Smoking increases the risk of dying from laryngeal and hypopharyngeal cancers, as well as the risk of getting certain second cancers.

To help maintain good health, survivors should also:

- Achieve and maintain a healthy weight
- Adopt a physically active lifestyle
- Consume a healthy diet, with an emphasis on plant foods
- Limit consumption of alcohol to no more than 1 drink per day for women or 2 per day for men

These steps may also lower the risk of some cancers.

See [Second Cancers in Adults](#) for more information about causes of second cancers.

- **References**
  See all references for Laryngeal and Hypopharyngeal Cancer

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Lifestyle Changes After Laryngeal or Hypopharyngeal Cancer

You can’t change the fact that you have had cancer. What you can change is how you live the rest of your life – making choices to help you stay healthy and feel as well as you can. This can be a time to look at your life in new ways. Maybe you are thinking about how to improve your health over the long term. Some people even start during cancer treatment.

Making healthier choices

For many people, a diagnosis of cancer helps them focus on their health in ways they may not have thought much about in the past. Are there things you could do that might make you healthier? Maybe you could try to eat better or get more exercise. Maybe you could cut down on alcohol, or give up tobacco. Even things like keeping your stress level under control may help. Now is a good time to think about making changes that can have positive effects for the rest of your life. You will feel better and you will also be healthier.

You can start by working on those things that worry you most. Get help with those that are harder for you. For instance, if you are thinking about quitting smoking and need help, call the American Cancer Society at 1-800-227-2345. A tobacco cessation and coaching service can help increase your chances of quitting for good.

Eating better

Eating right can be hard for anyone, but it can get even tougher during and after cancer treatment. This is especially true for cancers of the head and neck, such as laryngeal or hypopharyngeal cancer. The cancer or its treatment may affect how you swallow or cause dry mouth, loss of teeth, changes in taste, or other problems. Nausea can be a problem from some treatments. You may not feel like eating and lose weight when you don’t want to.

If treatment causes weight changes or eating or taste problems, do the best you can and keep in mind that these problems usually get better over time. You may find it helps to eat small portions every 2 to 3 hours until you feel better. You may also want to ask
your cancer team about seeing a dietitian, an expert in nutrition who can give you ideas on how to deal with these treatment side effects.

One of the best things you can do after cancer treatment is put healthy eating habits into place. You may be surprised at the long-term benefits of some simple changes, like increasing the variety of healthy foods you eat. Getting to and staying at a healthy weight, eating a healthy diet, and limiting your alcohol intake may lower your risk for a number of types of cancer, as well as having many other health benefits.

You can get more information in Nutrition and Physical Activity During and After Cancer Treatment: Answers to Common Questions.

Rest, fatigue, and exercise

Extreme tiredness, called fatigue, is very common in people treated for cancer. This is not a normal tiredness, but a bone-weary exhaustion that doesn’t get better with rest. For some people, fatigue lasts a long time after treatment, and can make it hard for them to be active and do other things they want to do. But exercise can help reduce fatigue. Studies have shown that patients who follow an exercise program tailored to their personal needs feel better physically and emotionally and can cope better, too.

If you were sick and not very active during treatment, it is normal for your fitness, endurance, and muscle strength to decline. Any plan for physical activity should fit your own situation. An older person who has never exercised will not be able to take on the same amount of exercise as a 20-year-old who plays tennis twice a week. If you haven’t exercised in a few years, you will have to start slowly – maybe just by taking short walks.

Talk with your health care team before starting anything. Get their opinion about your exercise plans. Then, try to find an exercise buddy so you’re not doing it alone. Having family or friends involved when starting a new exercise program can give you that extra boost of support to keep you going when the push just isn’t there.

If you are very tired, you will need to balance activity with rest. It’s OK to rest when you need to. Sometimes it’s really hard for people to allow themselves to rest when they are used to working all day or taking care of a household, but this is not the time to push yourself too hard. Listen to your body and rest when you need to. For more information on dealing with fatigue and other treatment side effects, see the “Physical Side Effects” section of our website.

Keep in mind exercise can improve your physical and emotional health.
• It improves your cardiovascular (heart and circulation) fitness.
• Along with a good diet, it will help you get to and stay at a healthy weight.
• It makes your muscles stronger.
• It reduces fatigue and helps you have more energy.
• It can help lower anxiety and depression.
• It can make you feel happier.
• It helps you feel better about yourself.

And long term, we know that getting regular physical activity plays a role in helping to lower the risk of some cancers, as well as having other health benefits.

**Can I lower my risk of the cancer progressing or coming back?**

Most people want to know if there are specific lifestyle changes they can make to reduce their risk of their cancer progressing or coming back. For many cancers there is little solid evidence to guide people. This doesn't mean that nothing will help – it’s just that for the most part this is an area that hasn’t been well studied. Most studies have looked at lifestyle changes as ways of preventing cancer in the first place, not slowing it down or preventing it from coming back.

Tobacco and alcohol use have clearly been linked to laryngeal and hypopharyngeal cancers, so not smoking or drinking can be helpful. If you smoke, it is very important to quit. Quitting improves the chances of successful treatment, lowers the chance of the cancer coming back, and may also reduce your chance of developing other new cancers (especially other head and neck or lung cancers), which is a serious problem among laryngeal and hypopharyngeal cancer survivors. Quitting can also help improve your appetite and your overall health. If you want to **quit smoking and need help**, call the American Cancer Society at 1-800-227-2345.

Adopting other healthy behaviors such as eating well, getting regular physical activity, and maintaining a healthy weight may help as well, but no one knows for sure. However, we do know that these types of changes can have positive effects on your health that can extend beyond your risk of cancer.

• **References**

  See all references for Laryngeal and Hypopharyngeal Cancer

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How Does Having Laryngeal or Hypopharyngeal Cancer Affect Your Emotional Health?

During and after treatment, you might find yourself overcome with many different emotions. This happens to a lot of people.

You may find yourself thinking about death and dying. Or maybe you’re more aware of the effect the cancer has on your family, friends, and career. You may take a new look at your relationships with those around you. Unexpected issues may also cause concern. For instance, you might be stressed by financial concerns resulting from your treatment. You might also see your health care team less often after treatment and have more time on your hands. These changes can make some people anxious.

Almost everyone who is going through or has been through cancer can benefit from getting some type of support. You need people you can turn to for strength and comfort. Support can come in many forms: family, friends, cancer support groups, church or spiritual groups, online support communities, or one-on-one counselors. What’s best for you depends on your situation and personality. Some people feel safe in peer-support groups or education groups. Others would rather talk in an informal setting, such as church. Others may feel more at ease talking one-on-one with a trusted friend or counselor. Whatever your source of strength or comfort, make sure you have a place to go with your concerns.

The cancer journey can feel very lonely. It is not necessary or good for you to try to deal with everything on your own. And your friends and family may feel shut out if you do not include them. Let them in, and let in anyone else who you feel may help. If you aren’t sure who can help, call your American Cancer Society at 1-800-227-2345 and we can put you in touch with a group or resource that may work for you. See Distress in People with Cancer or the “Emotional Side Effects” section of our website for more information.

- References
See all references for Laryngeal and Hypopharyngeal Cancer

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If Treatment for Laryngeal or Hypopharyngeal Cancer Is No Longer Working

If cancer keeps growing or comes back after one kind of treatment, it may be possible to try another treatment plan that might still cure the cancer, or at least shrink the cancer enough to help you live longer and feel better. But when a person has tried many different treatments and the cancer has not gotten any better, it tends to become resistant to all treatment. If this happens, it’s important to weigh the possible limited benefits of a new treatment against the possible downsides, including treatment side effects. Everyone has their own way of looking at this.

This is likely to be the hardest part of your battle with cancer – when you have been through many medical treatments and nothing’s working anymore. Your doctor may offer you new options, but at some point you may need to consider that treatment is not likely to improve your health or change your outcome or survival.

If you want to continue to get treatment for as long as you can, you need to think about the odds of treatment having any benefit and how this compares to the possible risks and side effects. In many cases, your doctor can estimate how likely it is the cancer will respond to treatment you are considering. For instance, the doctor may say that more treatment might have about a 1 in 100 chance of working. Some people are still tempted to try this. But it is important to think about and understand your reasons for choosing this plan.

No matter what you decide to do, it is important that you feel as good as you can. Make sure you are asking for and getting treatment for any symptoms you might have, such as nausea or pain. This type of treatment is called palliative care.

Palliative care helps relieve symptoms, but is not expected to cure the disease. It can be given along with cancer treatment, or can even be cancer treatment. The difference is its purpose – the main goal of palliative care is to improve the quality of your life, or help you feel as good as you can for as long as you can. Sometimes this means using drugs to help with symptoms like pain or nausea. Sometimes, though, the treatments
used to control your symptoms are the same as those used to treat cancer. For instance, radiation might be used to help relieve bone pain caused by cancer that has spread to the bones. Or chemo might be used to help shrink a tumor and keep it from blocking an airway. But this is not the same as treatment to try to cure the cancer.

You can learn more about the changes that occur when curative treatment stops working, and about planning ahead for yourself and your family, in *Nearing the End of Life* and *Advance Directives*.

At some point, you may benefit from hospice care. This is special care that treats the person rather than the disease; it focuses on quality rather than length of life. Most of the time, it is given at home. Your cancer may be causing problems that need to be managed, and hospice focuses on your comfort. You should know that while getting hospice care often means the end of treatments such as chemo and radiation, it doesn’t mean you can’t have treatment for the problems caused by your cancer or other health conditions. In hospice the focus of your care is on living life as fully as possible and feeling as well as you can at this difficult time. You can learn more in *Hospice Care*.

Staying hopeful is important, too. Your hope for a cure may not be as bright, but there is still hope for good times with family and friends – times that are filled with happiness and meaning. Pausing at this time in your cancer treatment gives you a chance to refocus on the most important things in your life. Now is the time to do some things you’ve always wanted to do and to stop doing the things you no longer want to do. Though the cancer may be beyond your control, there are still choices you can make.

- References

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