

Dysphagia Outcomes Following Trans-Oral Robotic Surgery (TORS) in Oropharyngeal Cancer

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Abstract

Evidence suggests long-term swallowing outcomes post-TORS are positive though identification of factors that increase risk of impairment and consistent approaches for early post-operative management are required. A retrospective case review was completed for 30 consecutive patients in one Centre. Patients underwent TORS for diagnostic purposes (19) or therapeutically for malignant oropharyngeal cancer (11). This study examined swallow outcomes in the post-operative period. This study was approved by Barts Health NHS Trust. Data about swallow outcomes were available for 19 patients referred to Speech & Language Therapy (SLT). Eleven patients were not referred to SLT in the acute post-operative period, though 3 of these were later referred with dysphagia. Dysphagia was present in all 19 patients referred to SLT. All patients had a period of nil by mouth (mean 1.04 days; range 0-7) and/or modified consistency intake on the Performance Status Scale (PSS_HN) normalcy of diet subscale. The Functional Oral Intake Scale (FOIS) demonstrated variability between patients post-surgery. Three patients required gastrostomy placement. No patients were nil by mouth at the time of discharge. Results show a high prevalence of post-TORS dysphagia, which improves in the majority of patients, in line with previous literature. Results are discussed by aim of surgery (therapeutic, diagnostic) and findings discussed to assist future pre-operative counseling and prognostic information regarding swallowing. This study is beneficial in providing information about course of dysphagia in patients undergoing TORS and guiding SLT provision and input.

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