

Andrew Spaschak reconnected with his former high school sweetheart, Eileen, a year and a half after his laryngectomy. She has been a strong support for him ever since.



Breaking the Sound

Laryngeal cancer took Andrew Spaschak's voice. Three and a half years later, a beloved surgeon gave it back to him.

For more than 30 years, Andrew Spaschak expressed himself in song. Although it wasn't his vocation—he's had numerous careers, including selling furniture, owning carpet stores and working with computers—singing was his passion. So when his voice became hoarse in September 2014, he thought nothing of it. He was used to the sort of laryngitis one gets from singing his heart out. Fluids and rest would do the trick, he resolved.

This time, however, they didn't. By early November, Andrew's voice was barely a whisper. After two months of vocal stress, he went to the Emergency Department at **Southern Ocean Medical Center**, where **Lynn Bezpalko, D.O.**, an ear, nose and throat (ENT) doctor, examined him and sounded a swift alarm.

"He immediately said, 'There's cause for concern,'" recalls Andrew, now 59 and residing in Montville, New Jersey.

The emergency ENT sent Andrew to **Kenneth Newkirk, M.D.**, medical director of the Head and Neck Oncology Surgery Program at **Jersey Shore University Medical Center**.

"When I originally saw Andrew, he presented with symptoms—hoarseness, sore throat—that suggested

the presence of a cancer," recalls Dr. Newkirk.

A neck biopsy confirmed the diagnosis: Andrew had stage IV laryngeal cancer, cancer of the larynx, or voice box.

"Dr. Newkirk was very positive but also transparent with me," Andrew says. "He told me that it would require a lot of effort on my part to fully recover from this, but that it was possible. He didn't give me odds. He just said, 'It's possible.'"

What happened next changed more than Andrew's body. It changed his entire life.

The Ultimate Sacrifice

Dr. Newkirk told Andrew he could remove his cancer, but the price would be his voice.

"It's one thing to tell a patient, 'You have cancer and we can treat it.' It's another thing to say on top of that, 'The treatment requires a surgery that is going to be life-altering,'" says Dr. Newkirk, who recommended Andrew undergo a laryngectomy, or surgical removal of the larynx. "Many people have trouble coming to terms with that, but Andrew was really great. Once we figured out it was the best option for him, he came on board very quickly."

What for most singers would have been devastating, for Andrew was a blessing. "I was OK," he says, "because I was going to live."

Because laryngeal cancer is rare, most physicians have never performed a laryngectomy. Thanks to his specialty, however, Dr. Newkirk had performed many. Instead of traveling to New York or Philadelphia—his only option under other circumstances—Andrew could receive treatment near home, which he did on January 12, 2015, when Dr. Newkirk performed Jersey Shore's first laryngectomy in 20 years.

During the 12-hour surgery, Dr. Newkirk removed not only Andrew's voice box but also 26 adjacent lymph nodes. Afterwards, Andrew was cancer-free. And yet, his journey was just beginning.

First Came Cancer, Then Came ...

The laryngectomy was the first of two planned surgeries. Although it took Andrew's voice, the second procedure, called a tracheoesophageal puncture (TEP), was designed to give it back. But first, Andrew had to make a full recovery from cancer, which took more than three years.

Barrier

“For three and a half years I had no voice,” says Andrew, who during that time communicated primarily via email and text message. “I also am an amateur photographer, and I write poetry. So I had many avenues through which I could still communicate and be creative.”

Still, there were trying times. “I couldn’t even drive because I wasn’t allowed to turn my neck until the scar tissue healed,” Andrew continues. “There were moments of frustration, sure, but whenever I got frustrated I reminded myself I was alive.”

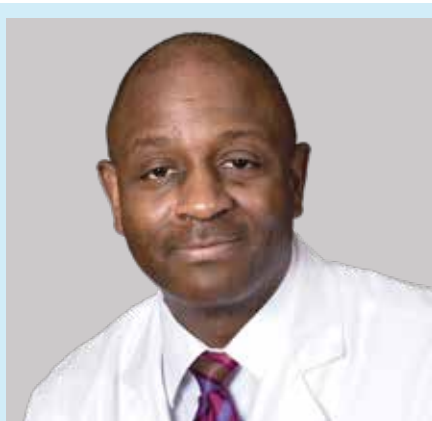
One reason Andrew’s recovery took so long is that it was punctuated with radiation therapy and chemotherapy, which Dr. Newkirk prescribed as a preventative measure to keep Andrew’s cancer from returning.

“I had 33 radiation treatments in a row and three chemotherapy treatments,” says Andrew, who received both therapies at Jersey Shore.

It was a lot for one person to handle. Fortunately, Andrew had Jersey Shore oncology nurse navigator Joan Hallman to lean on for assistance. “Joan was the key to everything,” says Andrew, who relied on Joan to answer all of his questions and schedule all of his treatments. “She was such a positive force in my recovery. I can’t call her anything less than an angel.”

Joan wasn’t Andrew’s only angel. Another was his partner, Eileen.

Andrew reconnected with Eileen, a former high school sweetheart, a year and a



Meet Dr. Newkirk

Kenneth Newkirk, M.D., didn’t become an ear, nose and throat (ENT) surgeon because he was interested in the head. He became one because he cared about the heart.

Learn more online at HackensackMeridianHealth.org/MeetDrNewkirk.

Kenneth Newkirk, M.D.

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Neptune

half after his laryngectomy. “For me, it was difficult [starting a new relationship without a voice], but not for her. She understood me by watching my hand gestures and reading my lips. She was great through the whole process. She’s a very loving person.”

Life After Laryngectomy

As rewarding as life has been with a loving partner, it’s even better with a voice.

“It’s like being reborn,” says Andrew, who finally received his TEP surgery in June 2018 at Jersey Shore, where Dr. Newkirk created a hole between the trachea

and esophagus that allows him to perform what’s known as “esophageal speech.”

“We installed a piece of plastic between the windpipe and esophagus, which allows air to come in through the windpipe and over the esophagus, allowing Andrew to make sound,” Dr. Newkirk says.

Although it took him a while to master his new voice, Andrew began speaking as soon as he woke up from surgery.

“My first words were to Eileen,” he recalls. “I said, ‘Thank you for your help. I love you.’ And then Dr. Newkirk came around the corner as I was getting dressed. I looked at him and smiled, then said, ‘I can talk.’ He had this wonderful, warm smile on his face. It was a very special moment for both of us.”

The moment was special because the relationship was special.

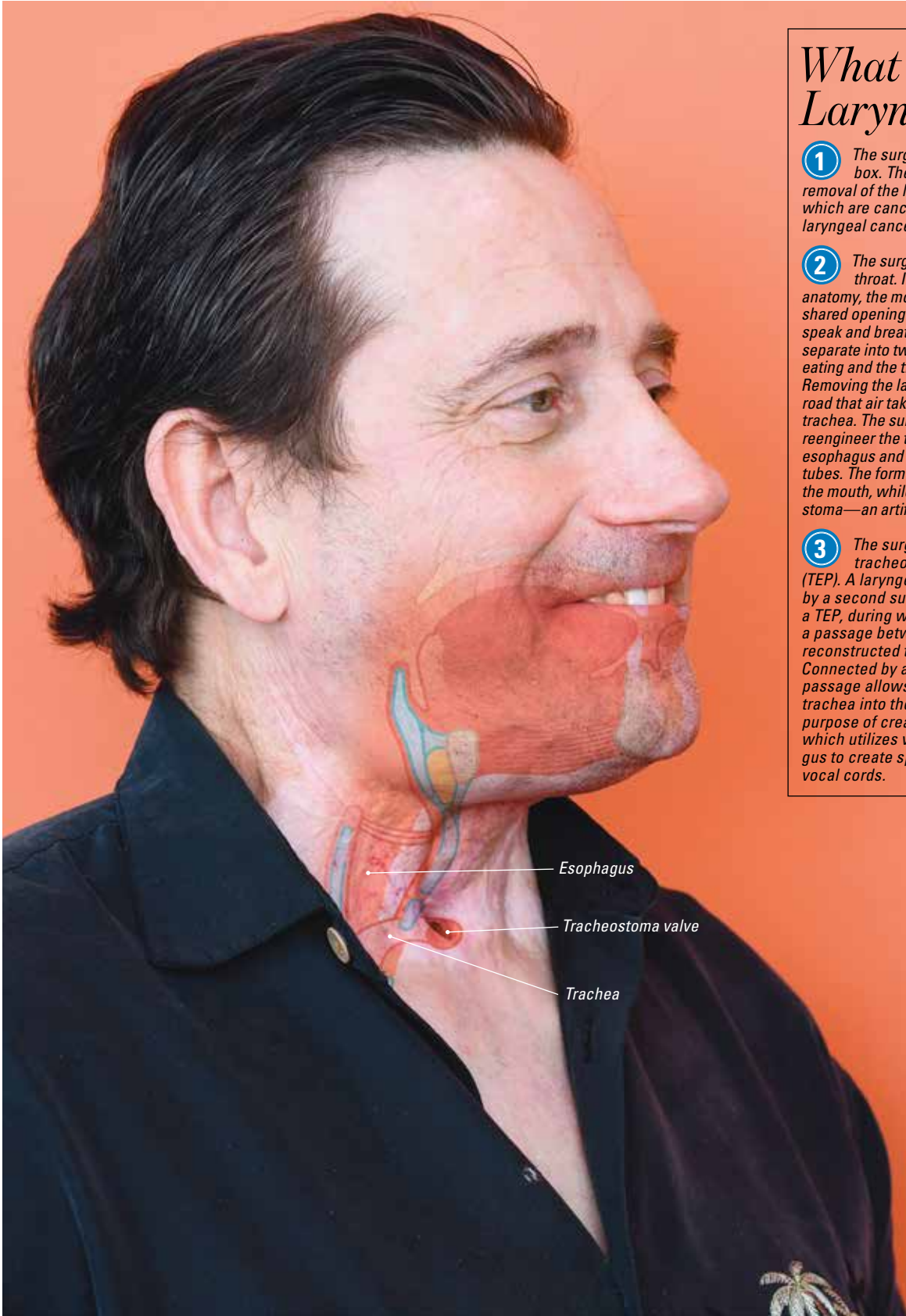
“When a doctor operates on you for 12 hours, and you remain his patient for three and a half years after that, you feel connected to him,” Andrew continues. “Because he spent so much time saving my life, I felt obligated to recover.”

Dr. Newkirk, on the other hand, insists Andrew has only himself to thank. “Getting through a surgery like this, and then treatment afterwards, really is dependent on the patient,” he says. “We can do all the surgery we want, but if you’re not vested in your own recovery, it will be a very difficult road. What made recovery possible for Andrew was his commitment to his care.”

Although Andrew remains cancer-free, he must sustain that commitment for the rest of his life. Twice a day, for instance, he must clean out his throat. And once or twice a year he’ll need to visit **Hackensack University Medical Center**, where a specialty-trained speech pathologist will replace his TEP implant.

But Andrew doesn’t mind the maintenance. It’s a minor inconvenience with major benefits, not the least of which is a new outlook on life. “When I went through this process, I learned just how wonderful some people can be and how much they matter,” says Andrew, who felt inspired by the care bestowed on him by doctors, nurses and administrators at Jersey Shore. “It’s amazing to see all these people supporting you. And they don’t even know you. It makes you feel like living.”

Andrew won’t allow himself to be estranged from his hobbies, including music. “I can’t sing anymore,” he says, “but I can sure play guitar. And that’s good enough for me. There is life after a laryngectomy, and it’s a good life.” 🎸



What's a Laryngectomy?

- 1** The surgeon removes the voice box. The operation begins with removal of the larynx and vocal cords, which are cancerous in patients with laryngeal cancer.
- 2** The surgeon reconstructs the throat. In the normal human anatomy, the mouth and throat provide a shared opening through which to eat, speak and breathe. Further down, they separate into two tubes: the esophagus for eating and the trachea for breathing. Removing the larynx means bulldozing the road that air takes from the mouth to the trachea. The surgeon must therefore reengineer the throat by turning the esophagus and trachea into two separate tubes. The former remains connected to the mouth, while the latter terminates in a stoma—an artificial opening—in the throat.
- 3** The surgeon performs a tracheoesophageal puncture (TEP). A laryngectomy often is followed by a second surgical procedure known as a TEP, during which the surgeon creates a passage between the patient's reconstructed trachea and esophagus. Connected by a plastic implant, the passage allows air to pass from the trachea into the esophagus for the purpose of creating esophageal speech, which utilizes vibrations in the esophagus to create speech in the absence of vocal cords.

Esophagus

Tracheostoma valve

Trachea