

Total Laryngectomy

Head and Neck Surgery
Surrey Memorial Hospital

Your surgery and recovery at home

This booklet belongs to: _____

We also give you the '**Preparing for Your Surgery**' booklet.

Read both booklets carefully.

Bring both booklets to every hospital visit before your surgery.

You are having your entire larynx removed (total laryngectomy).

This booklet tells you about:

- your surgery (operation)
- how to care for your stoma
- how to care for your voice prosthesis (if you have one)
- helpful information so the move from hospital to home is as easy as possible

We, your healthcare team, suggest you do these 3 things:

- Take your time.
- Write down your questions.
- Talk to us about your concerns and ask questions.

We are here to help you and your family understand what to expect as you recover from surgery. Your healthcare team can include:

- ear, nose, and throat surgeon
- nurses
- respiratory therapists
- speech language pathologists
- and more

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Words to know

Aspiration (sounds like <i>ass-per-ray-shun</i>)	When foods or liquids accidentally go down the trachea toward the lungs, instead of down the esophagus into the stomach.
Electrolarynx (sounds like <i>uh-lec-trow-lay-rings</i>)	A battery-powered device that helps you change sound into words. Also called <i>artificial larynx</i> .
Esophagus (sounds like <i>uh-sof-fuh-gus</i>)	A hollow tube that connects your mouth and throat to your stomach. Your “food tube.”
Family practitioner	Refers to either a family doctor or nurse practitioner.
Flushing device	Tool used to clean a voice prosthesis by flushing with air or liquid.
Heat moisture exchanger (HME)	A device that attaches over your stoma to help filter, warm, and moisten the air you breathe.
Humidifier	A machine that makes the air in your home more moist (humid). A humidifier can help if you do not use a heat moisture exchanger.
LaryTube	Soft tube that supports your stoma and holds a heat moisture exchanger in place.
Laryngectomee (sounds like <i>lay-rin-jek-tuh-mee</i>)	Person who had surgery to remove their larynx (laryngectomy). Also called <i>total neck breather</i> because their mouth and nose no longer connect to their lungs.
Laryngectomy (sounds like <i>lay-rin-jek-tuh-mee</i>)	Surgery to remove the larynx.
Larynx (sounds like <i>lay-rings</i>)	Organ in your neck that helps you breathe and speak. Also called <i>voice box</i> .
Medical alert bracelet	Identification that shows you are a “total neck breather,” in case you cannot communicate in an emergency.

Mucus	Produced by your windpipe or lungs. Expect mucus to be thin in consistency, and white or clear in colour.
Pharynx (sounds like <i>fair-rings</i>)	Hollow tube that connects your mouth and nose to these hollow tubes: <ul style="list-style-type: none"> - esophagus which connects to your stomach. - trachea which connects to your lungs. Also called <i>throat</i> .
Red rubber catheter	Flexible tube used to keep your tracheoesophageal puncture open if your voice prosthesis falls out.
Shower guard	Protects your stoma when showering.
Stoma (sounds like <i>stow-ma</i>)	For laryngectomees, a permanent hole in the front of the neck, needed for breathing.
Suction machine	Assists in removing mucus from your mouth and lungs.
Trachea (sounds like <i>tray-key-yah</i>)	A hollow tube that connects your mouth and nose to your lungs. Also called <i>windpipe</i> .
Tracheoesophageal puncture (TEP) (Tracheoesophageal sounds like <i>tray-key-yo-uh-saw-fuh-jeel</i>) (Puncture sounds like <i>punk-chur</i>)	Opening between the trachea and esophagus, made by a surgeon. Where the voice prosthesis sits.
Tracheoesophageal speech (Tracheoesophageal sounds like <i>tray-key-yo-uh-saw-fuh-jeel</i>)	Type of speech that uses a voice prosthesis.
Voice prosthesis (Prosthesis sounds like <i>pross-thee-sis</i>)	Small silicone device with a one-way valve. It keeps the tracheoesophageal puncture open, prevents aspiration, and helps you make sounds for speaking.
Voicing	Making speech sounds.

Total laryngectomy

This booklet helps you understand what to expect as you recover from total laryngectomy surgery. You might need this surgery because of laryngeal (say *lay-rin-jeel*) cancer.

Read the '**Preparing for Your Surgery**' booklet for instructions on how to prepare for your surgery.

Before surgery, your mouth and nose connect to your throat (also called *pharynx*). Your throat connects to 2 tubes:

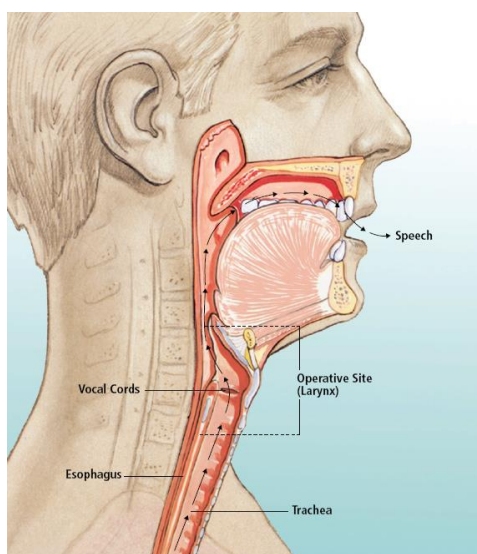
- Your esophagus (also called *food tube*) connects to your stomach.
- Your trachea (also called *windpipe*) connects to your lungs.

The larynx (also called *voice box*) sits above the trachea. It helps you breathe, eat, and speak. In total laryngectomy surgery, the surgeon (doctor who does the surgery) removes your larynx and connects your trachea to a new permanent hole in the front of your neck. This hole is called a stoma (say *stow-ma*).

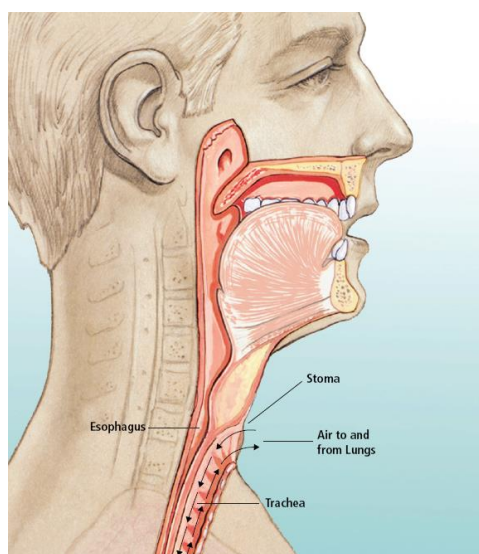
After surgery, your mouth and nose no longer connect to your lungs. You breathe through the stoma in your neck, which means you are a "total neck breather". If you need extra oxygen, it must go into the stoma in your neck.

See [Eating](#) (page 6) to read what you can expect with eating and drinking after surgery.

Also, after surgery, without a larynx, you speak differently from the way you spoke before surgery. See [Speaking](#) (page 7) for more information.



Before surgery



After surgery

Images courtesy of InHealth Technologies

Breathing, eating, and speaking: What to expect

Breathing

Before surgery, when you breathe in (inhale), air enters through your nose and mouth, travels down your trachea, and into your lungs. Air is warmed, cleaned, and moistened as it travels from your nose and mouth to your lungs.

After surgery, you inhale through the stoma in your neck, instead of through your nose and mouth. This means the air that enters your lungs is more cool and dry.

Dry air can make you cough. It can also make your mucus dry and crusty, or thick and sticky. Mucus can clump together and form “mucus plugs”. These mucus plugs can make it hard to breathe. They can also attract germs, which can cause infection.

Before surgery, you covered your mouth when you coughed. After surgery, as a total neck breather, you cover your stoma when you cough.



Keeping air moist

After surgery, because the air you inhale does not travel through your nose and mouth, it is not moistened (not humidified). You can use an HME (heat moisture exchanger) to warm and humidify the air you inhale. Keep the air you breathe moist to help keep your lungs healthy.



Image courtesy of
Atos Medical

An HME is a device that attaches over your stoma to help filter, warm, and moisten the air you breathe. Most people who wear an HME at all times cough less, make less mucus, and have less crusting (dry secretions).

After surgery, a LaryTube holds an HME over your stoma. Your SLP (speech language pathologist) can explain other ways to keep your HME in place once your stoma is healed, such as with a LaryButton or adhesive baseplate.



LaryTube



LaryButton



Adhesive baseplate

Images courtesy of Atos Medical

Total Laryngectomy

Other ways to keep air moist

These are different ways to keep the air in your home moist (humid):

- Set the humidity level in your home to 40%, if this is something you can adjust.
- Use a humidifier near your bed, but clean it often to prevent growing mold.
- Grow house plants. They make the air more humid.
- Make steam in your bathroom by closing the door and running hot water in the bathroom sink or bathtub. Sit in the bathroom while the water is running.

Keeping your mucus thin

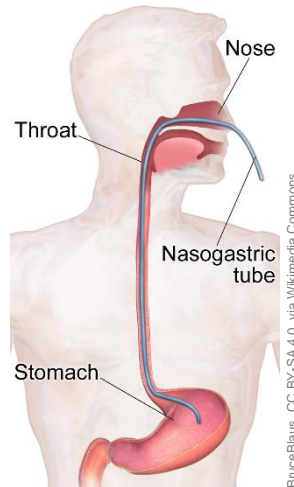
If you can keep your mucus thin, it is easier to cough it out.

Drinking enough liquid (staying hydrated) helps to keep your mucus thin:

- Drink at least 6 to 8 glasses of liquid each day (unless you have been told something different because of a medical condition).
- Drink extra liquids when exercising, after your surgeon says you can start doing strenuous activities.

Eating

After surgery, your throat needs time to heal. To help your throat heal, you cannot eat and drink. We feed you through a temporary, flexible feeding tube (nasogastric tube) that your surgeon inserts during surgery. The tube passes from your nose, down your throat, and into your stomach.



Your surgeon tells you when it is safe to eat by mouth. Usually, this is 10 to 12 days after surgery. Sometimes, the surgeon asks for an x-ray to help decide if it is safe for you to eat and drink by mouth. Once you can eat and drink enough, the nurse removes your feeding tube.

Speaking

Before surgery, to speak you move air through your voice box as you breathe out (exhale). After surgery, without your voice box, you cannot speak.

Your SLP talks to you about different ways to communicate and helps you choose what is best for you. Examples of different ways to communicate include writing, using a text-to-speech app, and forming words with your mouth without making sound. Your SLP can also talk to you about different ways of voicing (making speech sounds):

- electrolarynx (also called *artificial larynx*)
- esophageal speech
- tracheoesophageal speech using a voice prosthesis

Communicating during emergencies

It is important to share your health information in an emergency. Plan ahead for emergencies when you cannot speak.

While in hospital, you receive items that say you are “total neck breather.” Use them to tell first responders, such as paramedics, that you breathe through the stoma in your neck:

- Wear the medical alert bracelet.
- Carry the emergency information card in your wallet.
- Place the sticker on a window in your car or near the door used to enter your home.

Your SLP tells BC Ambulance your home is a “location of interest.” This is another way to tell first responders you are a total neck breather.

Add important information into your cellphone:

- Check that the names and phone numbers of your emergency contacts are correct. They can speak for you when you cannot speak for yourself.
- Consider writing a note or recording a voice message on your cellphone. Include this information:

“My name is _____. I am a total neck breather. I breathe in and out of my neck. I cannot talk.”

- Ask your cellphone company if texting with 9-1-1 is a service available to you.

Note: In an emergency, you can call 9-1-1 for help even if you cannot speak.

Electrolarynx (also called *artificial larynx*)

The electrolarynx is a battery-powered device that vibrates when you turn it on. When you hold it against your neck or in your mouth (using an adapter), the device sends vibrations to your throat to make “buzzing air.” You shape the buzzing air into words with your lips, teeth, and tongue.

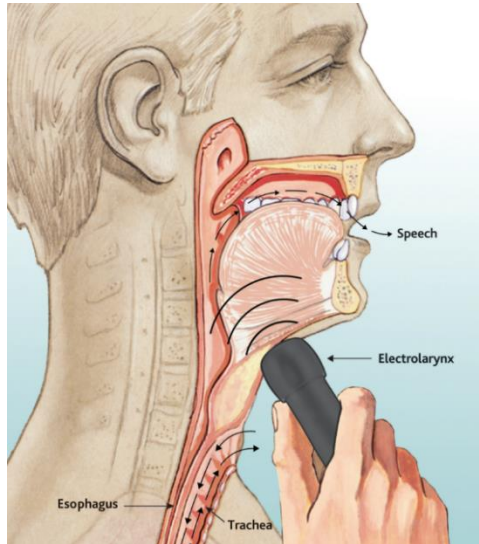


Image courtesy of InHealth Technologies

Using an electrolarynx makes your voice sound monotone, like a robot. Newer models of this device sound more natural because they have buttons that let you control volume and how high or low you sound (pitch).

Esophageal speech

Esophageal speech is another way to communicate. First, you swallow small amounts of air in to your esophagus. Then, you “belch”. As you belch, your esophagus vibrates and makes sound. You shape the sound into words with your lips, teeth, and tongue.

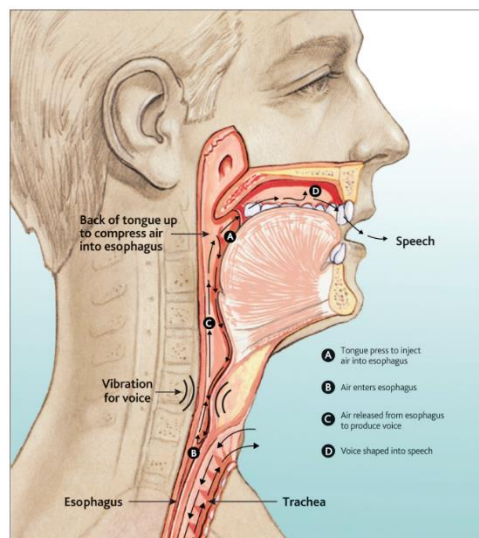


Image courtesy of InHealth Technologies

Your SLP can help you learn to communicate using esophageal speech. Every person and situation is different. Some people find esophageal speech easy to learn, but others find it difficult.

Tracheoesophageal speech using a voice prosthesis

Communicating using a voice prosthesis is called *tracheoesophageal* (say tray-key-o-uh-saw-fuh-jeel) *speech*. Your surgeon puts the voice prosthesis in an opening between your trachea and esophagus, called a *tracheoesophageal puncture* (say punk-chur). Your surgeon makes this opening during your total laryngectomy or after you have healed from this surgery.

A voice prosthesis is a small silicone device with a one-way valve. It does all of these things:

- It keeps the tracheoesophageal puncture open.
- It prevents aspiration, which is when foods or liquids accidentally go down your trachea toward your lungs.
- It helps you make speech sounds (also called *voicing*).

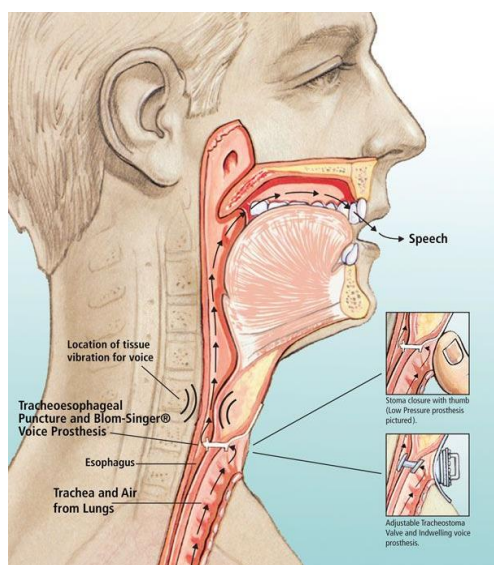


Image courtesy of InHealth Technologies

To speak using a voice prosthesis, air must pass through your voice prosthesis. First, cover your stoma as you exhale. This blocks your exhaled air from exiting through your stoma. Instead, exhaled air passes through your voice prosthesis, opens the valve, and moves up your esophagus. This air makes vibrations that make sound in your throat. Then, you shape this sound into words with your lips, teeth, and tongue.

There is more than one kind of voice prosthesis. If you choose to have a voice prosthesis, your SLP can tell you more about them and help you choose the voice prosthesis that works best for you.



Provox Voice Prosthesis



Blom-Singer Voice Prosthesis

Getting ready to go home

You do not go home right away after surgery, but we want you to start thinking about it now. Learn how to care for your stoma while you are in the hospital so you are comfortable caring for it at home.

How long you stay in the hospital depends on:

- your health before surgery.
- how you recover from surgery.

Most people can go home 10 to 14 days after surgery.

You are ready to go home when:

- ✓ Your pain is well controlled with pills.
- ✓ You can move around safely.
- ✓ Your stoma and incisions are healing.
- ✓ You know how to take care of your stoma and can manage by yourself.
- ✓ You know how to use and clean your voice prosthesis (if you have one).
- ✓ You know how to take care of your LaryTube and heat moisture exchanger (if you have them).
- ✓ You are eating and drinking food and drinks.
- ✓ Your bowels are working.
- ✓ You know what medicines (including new ones) you are taking, how to take them, and why you need them.
- ✓ You have a prescription for your medications, if needed.
- ✓ You have a ride home from the hospital.

Supplies

Your respiratory therapist and SLP show you how to use the supplies you need.

Your respiratory therapist gives you enough of these supplies to last one week: cotton-tipped swabs, sterile saline, and gauze. Your SLP arranges for extra heat moisture exchanger samples to be sent to your house.

When you come to the hospital for surgery, bring a small mirror that can stand by itself on a flat surface, such as a table, and a flashlight. Talk to your healthcare team about other supplies you need. Do not buy any other supplies before surgery.

Item	Where to buy
<input type="checkbox"/> Mirror	Pharmacy, grocery store, or dollar store
<input type="checkbox"/> Flashlight	Pharmacy or grocery store
<input type="checkbox"/> Medical tape	Pharmacy or grocery store
<input type="checkbox"/> Cotton-tipped swabs with long handles	Medical supply store or Pharmacy
<input type="checkbox"/> Sterile salt water (saline) (1 litre bottle)	Medical supply store, Pharmacy, or make at home (ask respiratory therapist for recipe)
<input type="checkbox"/> Sterile salt water (saline) bullets (5mL)	Medical supply store or Pharmacy
<input type="checkbox"/> Gauze	Medical supply store or Pharmacy — After the stoma is healed, most patients use washcloths.
<input type="checkbox"/> Tweezers with long handles and blunt end	Pharmacy, medical supply store, or online store
<input type="checkbox"/> Heat moisture exchanger (HME) cartridges	Hospital gives you 30. Medical supply store
<input type="checkbox"/> Stoma covers (cloth or foam) (Recommended if not using an HME)	Medical supply store or make at home
<input type="checkbox"/> LaryTube	Hospital gives you 1.
<input type="checkbox"/> LaryTube holders	Hospital gives you 1.
<input type="checkbox"/> Shower guard	Hospital gives you 1.
<input type="checkbox"/> Voice prosthesis cleaning brush (Replace every 1 to 2 months)	Hospital gives you 1. Medical supply store
<input type="checkbox"/> Voice prosthesis flushing device (Optional: for cleaning)	Medical supply store
<input type="checkbox"/> Disposable (red rubber) all-purpose catheter, size: _____	Hospital gives this to you.
<input type="checkbox"/> Medical alert bracelet	Hospital gives you a rubber bracelet.

Note: Find a list of [suggested medical supply stores](#) on pages 29 and 30.

Equipment

☐ Humidifier

Optional: might be helpful near your bed when you sleep. A humidifier is very helpful if you are not using a heat moisture exchanger.

If recommended by your ear, nose, and throat surgeon or respiratory therapist:

☐ My AirVo 2

☐ Suction machine

☐ Manual breathing bag (called a *resuscitation bag*)

☐ Tracheostomy mask (oxygen mask to place over your stoma if you need extra oxygen)

Supplies and information to bring with you at all times

Every time you leave home, bring the supplies needed to care for your stoma and voice prosthesis (if you have one). Keep these supplies in one bag.

This bag can include:


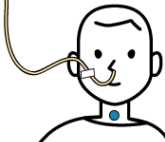







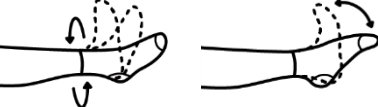

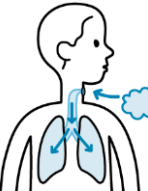

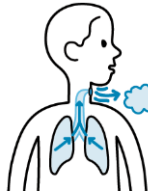

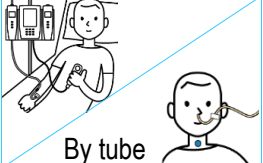
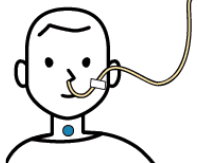






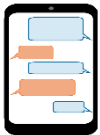



- Mirror
- Flashlight
- Cotton-tipped swabs with long handles
- Saline bullets
- Tweezers with long handles and blunt end
- Extra heat moisture exchangers
- Extra stoma covers (if not using a heat moisture exchanger)
- Voice prosthesis cleaning brush
- Voice prosthesis flushing device
- Medical tape (if using a voice prosthesis)
- Red rubber catheters (if using a voice prosthesis)
- Extra tracheostomy mask (if you need extra oxygen)

Keep contact information for the following people with you at all times:

- Ear, nose, and throat surgeon
- Speech language pathologist

Path to home guide: Total laryngectomy

This gives you an example of a person's recovery in hospital after surgery.

Category	After Surgery			
	Surgery Day	Day 1 to 3	Day 4 to 10	Day 11 to home
Nutrition	 Nothing to eat	 Liquids by nasogastric tube		 Foods that are easy to swallow and digest
Activity	Sit or stand beside bed 	2 or more times  Up in chair 	3 or more times  Up in chair 	
	Leg exercises every day 			
Deep Breathing Exercises	Every day  10 times per hour		 Hold 5 sec	
Pain control	 *PCA pump	 By tube		 In pill or liquid form
Pain medicine to keep pain at a level comfortable for you				
Tubes and lines**				
Communication		 		 Learn to talk with voice prosthesis
Write, type, move your hands to communicate, form words with your mouth without making sound, and point to board with words.				

* PCA: Patient Controlled Analgesia is a pump connected to your intravenous that lets you give yourself pain medicine when you need it.

** After surgery, expect tubes and lines such as an intravenous, trach appliance, feeding tube, incision drain, urinary catheter, and sequential compression device. They are removed when you no longer need them.

Caring for yourself after surgery

Managing pain

Remember

You can do other things to help ease your pain or distract you from the pain:

- Breathe slowly.
- Listen to music.
- Watch TV.

Tell your surgeon how you managed pain before surgery, such as with medicines, cannabis products, other substances, yoga, or meditation. This helps you and your surgeon plan how to manage your pain after surgery.

It is normal to have some discomfort or pain when you go home. This should improve slowly, but might last for a few days to a couple of weeks.

Your pain should be at a level that allows you to move, take deep breaths, cough, and do every day activities.

When you are ready to go home, your surgeon gives you instructions on how to take pain medicine. This might include a prescription for an opioid (narcotic).

Questions about medicines?

Call your local pharmacy and ask to speak to the pharmacist.

For after-hours help, call 8-1-1. Ask to speak to a pharmacist.

For the first few days:

- If your pain is at an uncomfortable level, take your pain medicine as instructed. As your pain improves, take your pain medicine less often and a smaller amount until you have little or no pain, then stop.
- At first, you might have to take a prescription pain medication. After a short time, as your pain improves, a non-prescription pain medicine should be enough to manage your pain.

Non-prescription pain medicines (also called 'over-the-counter' medicines): You buy them at the pharmacy without a prescription. You might need to take only this type of medicine if you don't have much pain after surgery.

Examples of non-prescription pain medicines (and brand names):

- acetaminophen (Tylenol®)
- non-steroidal anti-inflammatory drugs, also called NSAIDs
Examples: ibuprofen (Advil®, Motrin®) ★
 naproxen (Naprosyn®, Aleve®) ★

★ **Note: NSAIDs are not for everyone after surgery.** If you have (or have had) health problems such as stomach ulcers, kidney disease, or a heart condition, check with your surgeon or family practitioner before using NSAIDs.

Opioid (narcotic) pain medications: You might get a small number of pills for severe pain.

They are meant to be taken for a short time only. Take only as much as you need to allow you to do daily activities.

Examples of opioid pain medicines:

- Tylenol #3® (codeine and acetaminophen) ★
- Tramacet® (tramadol and acetaminophen) ★
- Oxycocet®/Percocet® (oxycodone and acetaminophen) ★
- tramadol, hydromorphone, morphine, oxycodone

★ **Note:** These medications also have 300 to 325mg acetaminophen in each tablet. In total, **do not** take more than 4000mg of acetaminophen in 24 hours (too much can hurt your liver).

When also taking non-prescription pain medicines, most people need to take a lower amount of the opioid, or take the opioid less often.

Safe use of opioid pain medications

If you are using any medications with opioids (narcotics) in them, we want you to do so safely. However, serious problems can happen. Take note of the following safety information.

Before taking opioids:

- Tell your surgeon if you have sleep apnea. Opioids can make your sleep apnea worse.

Safely storing opioids:

- Store opioid medications in a secure place.
- Keep out of sight and out of reach of children, teens, and pets.
- Never share your opioid medication with anyone else.

Safely disposing of unused opioids:

- Take any unused opioid medications back to your pharmacy to be safely disposed.
- Do not** keep unused medicines at home.

Safely taking opioids:

- Your pain should lessen over the first week. You should not need to take opioid medication for more than 1 week.
- Always use the least amount of medicine possible, for the shortest amount of time.
- Common side effects include constipation, feeling sick to your stomach (nausea), a dry mouth, sweating, dizziness, and feeling drowsy.
- **Do not** crush, cut, break, chew, or dissolve opioids before taking. Doing this could cause serious harm, even death.
- While taking opioid pain medications:
Do not drive or drink alcohol.
Do not take any sleeping pills unless your doctor has said you can.

Always read the label and information from the pharmacist about how to take medicine safely.

Eating and drinking

Eating healthy helps you heal. Eat regular meals. You might find it easier to eat 5 to 6 smaller meals when you start eating by mouth.

After surgery, you do not inhale through your nose. For some people, this means they might smell and taste less than before surgery.

Need help with food choices?

Call 8-1-1.

Ask to speak to a dietitian.

Your surgeon might want you to eat foods that are easy to swallow and digest. This means you might need to prepare food in a special way when you get home, such as using a blender to purée food. This makes food completely smooth, without lumps or solid pieces. Your doctor and SLP tell you when it is safe to eat regular food.

If you have trouble swallowing, tell your surgeon or SLP. They decide which tests and treatments are helpful, depending on why you have trouble swallowing.

When you cough or suction your stoma, it is normal to see mucus. It is not normal to see food particles or coloured liquids coming from inside or around your stoma or neck incisions. Contact your SLP or surgeon right away if you see either.

Keeping your bowels regular

Constipation can happen if you are taking opioid pain medication, are less active, or eating less fibre. You might also have a hard time “bearing down” (pushing to poop) during a bowel movement because you cannot hold your breath.

You can do the following to help prevent constipation:

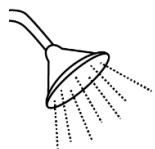
- Drink at least 6 to 8 glasses of liquid each day (unless you have been told differently because of a medical condition).
- Gradually add fibre to your diet, such as bran, prunes, whole grains, vegetables, and fruit, once your surgeon says you can start eating regular food.
- Increase your activity.

If you continue to be constipated, talk with a pharmacist or family practitioner.

Bathing

Do not let anything get into your stoma.

If you sit in a bathtub with water, keep the level of water lower than your belly button.



When taking a shower, you must keep water out of your stoma:

- Cover your stoma with a shower guard, bib, or a washcloth that is damp or dry.
- Point the showerhead at your lower chest

Take extra care to cover your stoma when:

- using powders or any kind of sprays around your face and neck.
- shaving your face and neck, to prevent whiskers from falling in.

Protecting your lungs

Cover your stoma at all times to prevent dust, dirt, and any objects from entering your lungs.

Wear a heat moisture exchanger. This is the best way to protect your lungs and stoma.

If you choose not to wear a heat moisture exchanger, wear another type of stoma cover. You can buy stoma covers from [medical supply stores](#) that sell laryngectomy products (see pages 29 and 30), or you can make your own. Fabric for stoma covers should be:

- breathable, such as foam or cotton.
- big enough and thick enough that you cannot accidentally inhale the stoma cover.



Foam stoma covers



Bib-style stoma covers

Images courtesy of InHealth Technologies

Being active



Activity and exercise give you more energy, help you build and maintain muscle strength, and help you recover. For the first few days at home, do the same amount of activity you were doing in the hospital. Do a little bit more activity every day. You can return to work or resume recreational activities when your surgeon says it is safe.

Stop and rest if you feel tired, have pain, or have trouble breathing (feel short of breath) during an activity. You might be trying to do too much. Contact your family practitioner if you feel you are not recovering or you have trouble doing more activity.

Use extreme caution around water. If water enters your stoma, it goes to your lungs and you could drown. This means all of the following:

- ✗ You can no longer swim.
- ✗ You should stay away from recreational activities like boating, fishing, and other water sports.

Usually, people hold their breath when lifting something heavy. After surgery, you can no longer hold your breath, so you might find it hard to lift heavy items, such as boxes, tables, sofas, and children.

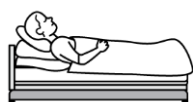
You can return to sexual activity when you feel ready and your pain is well controlled.



Your surgeon or family practitioner lets you know when it is safe for you to drive. Usually, you can drive when you can shoulder check and wear your seatbelt comfortably.

Remember: Do not drive if you are taking narcotic (opioid) pain medication.

Getting rest



In the first few weeks, it is very common to feel tired and have low energy. Rest and sleep help you heal. Some people find sleeping with their head and chest raised with pillows more comfortable.

Try to get at least 8 hours of sleep each night. Take rest breaks and naps during the day, when you feel you need to. Try using a heat moisture exchanger while you sleep. Studies show this can result in waking less often to cough and sleeping better.

If you have trouble sleeping, talk to your family practitioner.

Managing moods and emotions

Some people have a low mood or changeable mood before, during, or after surgery. If your mood stays low or gets worse, contact your family practitioner.

Remember that you are not alone in this change. Most laryngectomees find their family and friends are concerned and ready to help in any way they can.

Many people find it helpful to share their feelings with other laryngectomees and their spouses. There are special clubs for this purpose.

Support

New Voice Society of Greater Vancouver

This is a local support group that meets every month in Vancouver. If you are interested in attending, ask your SLP for more information.

Laryngectomee Association of BC (LABC)

Email: info@labcsupport.ca

Facebook: *Laryngectomy Association of BC*

WebWhispers

webwhispers.org

WebWhispers is an international internet support group.

International Association of Laryngectomees

theial.com

The Laryngectomy Site

laryngectomy.info

Facebook groups, such as *Laryngectomy support*

Find a list of [suggested readings](#) on page 33.

Back to work

Most people can return to work after they recover. If you work near gases, fumes, or dust, you might need to make some changes at work. Talk to your ear, nose, and throat surgeon about staying safe at work. Ask your SLP about special heat moisture exchangers that provide extra protection.

What if you need extra oxygen?

If you need extra oxygen, the oxygen mask must go over your stoma. Wearing an oxygen mask over your nose and mouth does not work for you because your nose and mouth no longer connect to your lungs.



As a laryngectomee, you should wear a medical alert bracelet or necklace that says “total neck breather”. This lets medical people know to apply oxygen to your stoma when you need oxygen.

Your SLP gives you a rubber bracelet after surgery. Rubber bracelets can break. Consider buying a medical alert bracelet that does not become weaker over time.

It is important for you to know how to receive extra oxygen because there are very few laryngectomees. Because it is much more common to give oxygen over a person’s nose and mouth, medical staff can forget laryngectomees need oxygen over their stoma.

Note: If a laryngectomee is giving CPR (cardiopulmonary resuscitation), they use the “hands only” or “chest compression only” method because they cannot give mouth-to-mouth breathing.

Caring for your stoma

After surgery, your healthcare team cares for your stoma. You learn to care for your stoma before you leave the hospital so you can take care of it at home.

Always wash your hands before and after touching around your stoma and incision sites.

Call your doctor if you notice any sign of infection:

- red, warm, or swollen skin around your stoma
- blood from your stoma or skin around your stoma
- more mucus than normal
- mucus changes colour, especially from clear to yellow, green, or brown
- mucus has bad smell
- chills and fever over 38°C (100°F), using an ear or mouth thermometer

Cleaning your stoma

Clean your stoma and the skin around it in the morning and evening, every day. Clean it more often when needed. As you clean your stoma, look closely for any sign of infection.

Poor stoma care can lead to crusting (dry secretions) and mucus plugs. Crusting and mucus plugs can block your airway and make it hard to breathe. If you have a voice prosthesis, extra mucus can block it. This makes it hard to talk.

Supplies

- ☐ Bright light source
- ☐ Mirror
- ☐ Sterile salt water (saline)*
- ☐ Gauze*
- ☐ Cotton-tipped swabs
- ☐ Tweezers with blunt end

***Note:** Use sterile saline after surgery when your stoma is not yet healed and any time the skin around your stoma is red or sore. After their stoma heals, many laryngectomees use warm tap water and a clean, soft washcloth for cleaning.

Steps for cleaning around your stoma

1. Wash your hands for at least 45 seconds.
2. Sit in front of a mirror, in a comfortable position.
3. Wet gauze with saline and use it to gently clean the skin around your stoma. Wipe away from your stoma to keep things away from your airway.
4. Use cotton-tipped swabs dipped in saline to remove dry secretions inside the stoma and around your voice prosthesis.

Some dry secretions are not easily removed. Try to gently remove them with tweezers. If secretions do not move, apply a swab soaked in saline until they are loose.
5. Look closely at your stoma for signs of infection.



Note: Talk with your surgeon before using lotions or creams around your stoma.

Coughing to clear mucus

You must keep mucus out of your airway. The best way to do this is with a good, strong cough and deep breathing. Clearing your airway by coughing is much better than by suctioning.

Steps for coughing to clear mucus

1. Lean forward slightly.
2. Support yourself by leaning on a table or counter, if needed.
3. Inhale the biggest breath you can.
4. Cover your stoma with gauze, a washcloth, or a handkerchief. Do not use facial tissues to cover your stoma because they can shred and you can accidentally inhale loose fibers.
5. Cough.
6. Use gauze or washcloth to gently wipe away any mucus on your neck.



You might need to cough a few times to get all the mucus out of your airway.

If you often make mucus plugs:

- Talk with your respiratory therapist about how to loosen them with saline.
- Your surgeon or respiratory therapist can talk to you about a suction machine.
- Call 9-1-1 if you cannot remove mucus plugs after multiple attempts.

Caring for your voice prosthesis

You can help keep your voice prosthesis working as well as possible for as long as possible. Read pages 24 to 26 to learn how.

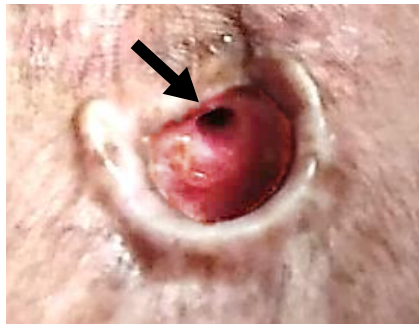
Important information about your voice prosthesis:

Do not remove your voice prosthesis unless you have been told to.

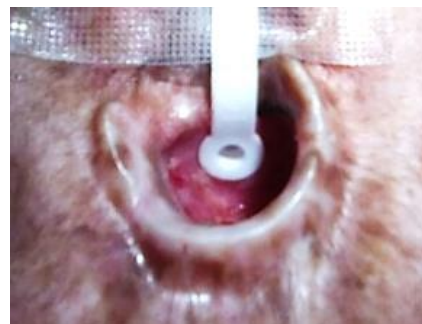
Always carry a red rubber catheter with you in case your voice prosthesis falls out by accident. See [What if your voice prosthesis falls out?](#) on page 27.

Go to the nearest Emergency Department for any of the following:

- You have trouble breathing.
 - Your voice prosthesis falls into your lungs and you cannot cough it out.
 - Your voice prosthesis falls out, you do not have a red rubber catheter to insert into the tracheoesophageal puncture, and it is outside SLP working times.
- See page 32 for [SLP working times](#).



Tracheoesophageal puncture
seen within stoma



Voice prosthesis in
tracheoesophageal puncture

Cleaning your voice prosthesis

Clean your voice prosthesis in the morning, evening, and after each meal.
Clean it more often when needed.

Your SLP shows you how to clean your voice prosthesis.

What if you have a hard time making speech sounds (voicing)?

Making speech sounds is called voicing. If food, liquid, saliva, or mucus block your voice prosthesis, you might have a hard time voicing.

Follow these steps if you have a hard time voicing:

1. Clean your voice prosthesis. Follow your SLP's instructions.
2. Test your voice. Say "aaah" then count out loud from 1 to 15.

Call your SLP as soon as possible for any of the following:

- You have trouble inserting your cleaning brush into your voice prosthesis.
- You have trouble flushing your voice prosthesis.
- You have a hard time voicing after cleaning your voice prosthesis and testing your voice (steps 1 and 2 above.)



What if your voice prosthesis leaks when you eat or drink?

Follow these steps if your voice prosthesis seems to leak when you eat or drink:

1. Clean your voice prosthesis. Follow your SLP's instructions.
2. Sip coloured liquid, such as milk, coffee, or juice.
3. Look in the mirror for liquid leaking through or around your voice prosthesis or ask someone else to look. If you do not see leaking, take a larger sip of the liquid and look again:
 - a. If you do not see leaking, it might have stopped. Food or liquid might have kept the valve open temporarily.
 - b. If you see leaking or you cough while eating or drinking, make an appointment to see your SLP.

People with some types of voice prostheses can use a special “plug” temporarily to stop leaking. They can wear this plug at mealtimes, until their voice prosthesis is changed. Ask your SLP if a plug works for your voice prosthesis.



Temporary plug

When is it time to change your voice prosthesis?

Talk to your SLP about changing your voice prosthesis when you start to notice any of the following:

- Voicing is hard to do, even after cleaning your voice prosthesis.
- Leaking is seen around or through your voice prosthesis.
- Fitting of voice prosthesis is too long or too short. This means it is not sitting where it should in the tracheoesophageal puncture.

What if your voice prosthesis falls out?

Stay calm. Remember:

- When your tracheoesophageal puncture (also called *TEP*) is open, everything you swallow enters your trachea and lungs.
- If your voice prosthesis falls out and your TEP is open, you can speak by placing your clean thumb over your stoma only long enough to speak. If your TEP is closed or plugged with the catheter, you cannot speak.

If your voice prosthesis falls out:

- Do not re-insert the voice prosthesis, unless you have been taught how.
- Insert a red rubber catheter into your TEP as soon as possible to prevent it from closing. See [How to insert a red rubber catheter](#) on page 28.
- Call your SLP and ask about inserting a voice prosthesis.

Get immediate medical attention for any of the following:

- You have trouble breathing or feel short of breath.
- You think the voice prosthesis might have fallen into your lungs.

How to insert a red rubber catheter:

1. Wash your hands for at least 45 seconds.
2. Sit in front of a mirror, in a comfortable position.
3. Put on clean disposable gloves, if you want to use them.
4. Take a red rubber catheter out of its package.
5. Tie a tight knot in the catheter near the large, open end.
6. Insert the small end of the catheter into your tracheoesophageal puncture.
7. Continue inserting the catheter until $\frac{3}{4}$ of the catheter is in.
8. Tape the catheter to your neck, beside your stoma.
9. Wash your hands for at least 45 seconds.
10. Contact your SLP about inserting a voice prosthesis as soon as possible.
11. Wait 1 to 2 hours before eating and drinking.



Image © Fraser Health

If you cannot insert a red rubber catheter, ask a family member or friend to try. If they are not able to insert, seek medical help:

- If within SLP working times, call Speech Language Pathology at Surrey Memorial Hospital. See [Important Contact Information](#) on page 32. If you cannot speak, text the SLP cellphone or have a family member or friend call.
- Otherwise, go to the nearest Emergency Department.

To watch a Fraser Health video showing how to insert a red rubber catheter into a tracheoesophageal puncture:



Scan this QR code.

Visit tinyurl.com/youtubefhtep.

Suggested medical supply stores

Laryngectomy and voice prosthesis supplies

You can buy laryngectomy and voice prosthesis supplies (such as heat moisture exchangers, LaryTubes, voice prosthesis cleaning supplies, and stoma covers) from the medical supply stores listed below. In Canada, you cannot buy these supplies from a pharmacy.

Blom-Singer (distributed by InHealth Canada)

65 Spruce Street

Tillsonburg, Ontario, N4G 5C4

Phone: 1-888-437-4123

Email: canadaorder@inhealth.com

Website: inhealth.com/canada

Provox (distributed by Atos Medical Canada)

20 Simona Drive, Unit 5

Bolton, Ontario, L7E 4K1

Phone: 1-833-514-2867

Email: info.ca@atosmedical.com

Website: atosmedical.ca

My AirVo 2 and suction machine

MedPro Respiratory
9670 188 Street, Unit 101
Surrey, British Columbia, V4N 3M2
Phone: 1-888-310-1444
Fax: 1-888-310-1441

VitalAire Healthcare
9087B - 198 Street, Unit 201
Langley, British Columbia, V1M 3B1
Phone: 1-833-904-2473
Fax: 1-866-812-0202

Westcare Medical
17 Fawcett Road, Unit 108
Coquitlam, British Columbia, V3K 6V2
Phone: 604-540-8288
Fax: 604-540-8245

When to get help

Call your surgeon or family practitioner if you notice any of the following:

- You have a fever over 38°C (100°F).
- You have more mucus than normal, or mucus that changed colour (especially from clear to yellow, green, or brown), or mucus that smells bad.
- Your skin around your stoma (peristomal skin) is warm, red, or swollen.
- You notice saliva, liquid, or food leaking around your stoma or incisions.
- You notice blood from your stoma or the skin around your stoma.
- Your pain does not get better with pain medicine or stops you from moving.
- You show signs of dehydration, such as having a dry mouth, feeling thirsty, and passing only small amounts of dark urine.
- You are throwing up (vomiting) and not getting better.
- You feel more and more tired, or dizzy.
- You have a cough that is getting worse.
- You notice stinging, burning, or pain when you urinate (pee).
- You notice your urine smells bad.
- You have redness, tenderness, or pain in your calf or lower leg.

Cannot contact the surgeon or family practitioner?

Have any questions about your recovery?

- ▶ Call Fraser Health Virtual Care **1-800-314-0999** or chat live online at fraserhealth.ca/virtualcare, 10:00 a.m. to 10:00 p.m., every day.
- ▶ Call **8-1-1** (HealthLinkBC.ca) to speak to a registered nurse any time, day or night.

▶ **Call 9-1-1** if you have any of the following:

- trouble breathing or shortness of breath
- chest pain
- sudden, severe pain

9-1-1



Image by OpenClipart -
Vectors from Pixabay

HealthLinkBC is available in 130 languages.

For an interpreter, say your language in English. Then wait until an interpreter comes on the phone.

Important contact information

Speech Language Pathology, Surrey Memorial Hospital (SMH)

Phone: 604-585-5666, extension 778318

Cellphone: 236-332-9194

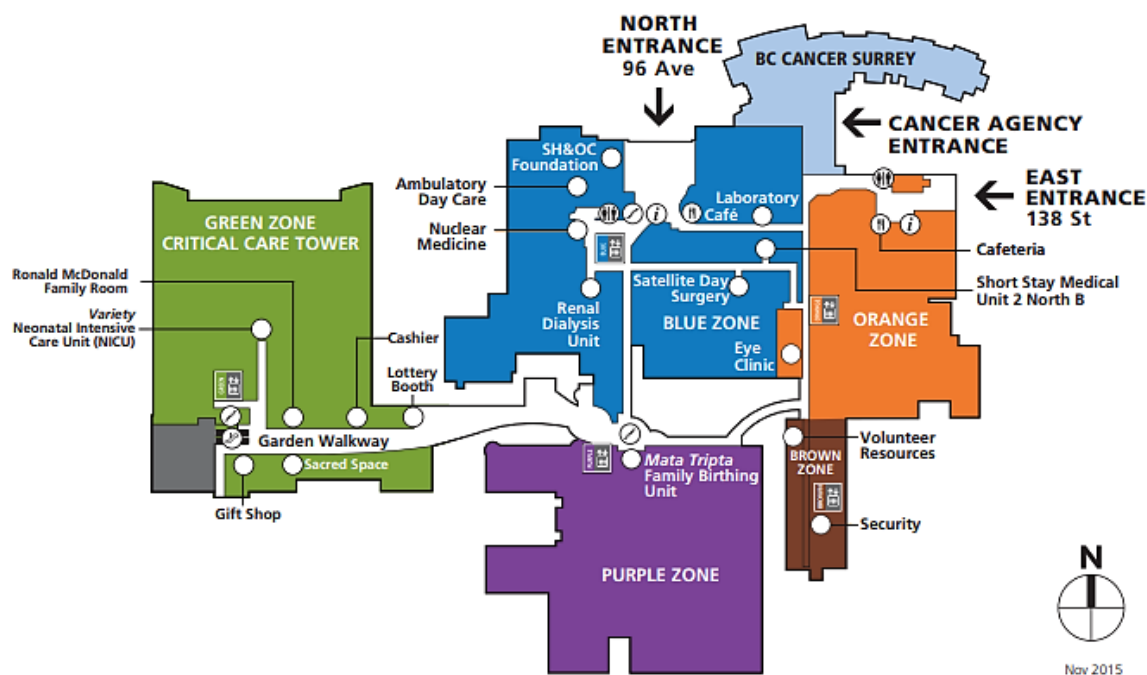
Contact your SLP during these working times:

- Monday to Friday: 8:00 a.m. to 4:00 p.m.
- Saturday, Sunday, and statutory holidays: 8:00 a.m. to 5:00 p.m.

Note: Saturdays, Sundays, and statutory holidays, SLPs can help you over the phone only and cannot change your voice prosthesis.

Your SLP changes your voice prosthesis in Ambulatory Day Care at SMH.

You can find Ambulatory Day Care on the main floor, near the north entrance, off 96 Ave.



Community Respiratory Services

Phone: 604-514-6106

Community Respiratory Services is a Fraser Health program in the community. The program provides funding for in-home oxygen therapy, respiratory therapy services, respiratory education, and support services.

Suggested readings

The Laryngectomy Guide, by Itzhak Brook, MD

Dr Brook discusses medical, dental, and psychological challenges of laryngectomees, and other topics (such as side effects of radiation and chemotherapy, speaking, airway, stoma, voice prosthesis care, eating, swallowing, and travel.)

Free to download at tinyurl.com/3wuunkkv.

Available for purchase as a paperback book at dribrook.blogspot.com.

Handbook for Laryngectomy Patients, published by the British National Association of Laryngectomy Clubs

Free to download at tinyurl.com/NALCinfoleaflets.

Self Help for the Laryngectomy, by Edmund Lauder

Available for purchase at tinyurl.com/33fyh85k.

The Modern Laryngectomy, by Katrina Jensen, MA, CCC-SLP, PLLC

Available for purchase at practicalslpinfo.com/publications.html.

My notes

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Appointments after surgery

See your family practitioner 7 to 10 days after going home from the hospital.

My appointment is on: _____

See your SLP (speech language pathologist) 7 to 14 days after going home from the hospital.

My appointment is on: _____

See your surgeon 7 to 14 days after going home from the hospital.

My appointment is on: _____



www.fraserhealth.ca

This information does not replace the advice given to you by your healthcare provider.

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