

Going Home After Laryngectomy Surgery

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About this Booklet

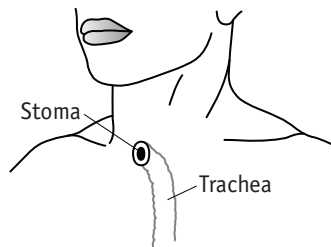
This booklet gives you information about your laryngectomy and how to take care of your laryngectomy. It also offers information about how to continue your healing process at home. After you go home, you may find helpful to refer to this booklet.

Before going home, if you have any question about the information in this booklet, please contact your surgeon, the nurse clinician or the speech language pathologist (SLP) in the unit. Once at home, you may contact your surgeon or SLP.

What is a Laryngectomy?

Laryngectomy is a surgery where the voice box (also called **larynx**) is removed and the windpipe (also called **trachea**) is brought to the skin of your neck through an opening called **stoma**. After this surgery, you will not breathe through your nose or mouth but only through your neck. You are a **Neck Breather**. The diagram below shows the changes after your laryngectomy surgery.

After your surgery, the air that you take in is no longer warmed or moistened through your nose. You will learn new ways to warm and moisten the air entering your lungs.



Some other changes associated with your laryngectomy include:

- Decreased ability to smell
- Decreased ability to taste
- Unable to blow your nose
- Unable to hold your breath and bear down

Physical Activity

After your surgery, it may take 3 to 6 weeks for you to fully recover. When you get home you may be surprised by how tired you feel. This is a normal feeling. Your energy level will improve over the next few weeks. For the first 3 to 6 weeks after your surgery your body is in the process of healing. During this time exercise is needed to increase your strength and improve your circulation.



A gradual increase of activity such as walking, will help you feel better and heal faster.

Recommendations to help you increase your activity

- Plan your day to allow time for both activity and rest.
- For the first few days at home, do the same amount of activity that you were doing in the hospital.
- Then begin walking daily. Start slowly with a comfortable distance (for example 1 block). As you are able, gradually increase how far you walk. Pace yourself.
- For the next 4 to 6 weeks, avoid heavy lifting, pushing or pulling objects that weigh more than 10 pounds such as vacuuming, gardening, carrying groceries and even picking up children.
- Listen to your body. It will tell you when to stop what you are doing and when you are ready to do more. If you do not feel better or if you cannot increase your activity 4 to 6 weeks after your, call your family doctor.

Rest and Relaxation

Rest is an important part of your recovery.

Guidelines to Help You Rest and Relax

- Alternate rest with exercise.
- Get at least eight hours of sleep every night (if possible).
- Plan two 30 to 60 minute rest periods each day during the first week at home. These can be naps or just relaxing times.



Recommendations for Your Activity

You may:

- Be driven in a car anytime.
- Drive your own car when you are able to shoulder check and you stop taking pain medications, which can make you drowsy. It is okay to drive if you are taking plain Tylenol or a Non-Steroidal Anti-Inflammatory Drug (NSAID).
- Fly in an airplane anytime.
- Shower or bathe anytime.
- Start exercise routine (gym, weights) in 4 to 6 weeks.
- Starts sports (badminton, cycling, golf, hiking, tennis, running etc.) in 4 to 6 weeks.
- Go back to work: the amount of time it takes for one to recover depends on your health and type of surgery performed. Most people are able to return to work in 3 to 4 weeks and others return in 6 to 8 weeks. If you are unsure, ask your family doctor or ask your surgeon during your follow-up appointment.
- Sexual activity uses the same amount of energy as climbing up two flights of stairs at a normal pace. Ideally, when you can climb 2 flights of stairs without getting tired and short of breath, you can return to your normal sexual activity.



Activities to avoid:

- **No** swimming, snorkeling, scuba diving, water skiing or kayaking.
- **Avoid** contact sports such as boxing, judo, rugby, and football.

Prior to Going Home

You may be seen by an **occupational therapist (OT)** before you go home. The OT will assess your level of function and recommend any equipment you may need in order to manage at home. For example: a raised toilet seat, bath stool or walker. The equipment can be borrowed from the Red Cross Society by donation for up to 3 months and it can also be purchased. The OT may also request a community OT referral to assess you in your own home environment. All this information will be given to you before you go home.

You may be seen by a **Case Manager Leader (CML)** before you go home. The CML will help you to arrange any home support you may need such as bathing, dressing, laundry or preparing meals.

Diet

During the first 7–10 days after your surgery, you have been fed through a feeding tube. After it is confirmed that there is no leakage around your laryngectomy, your surgeon will start a clear fluid diet (water, fruit juices without pulp, popsicle, tea). If you have no problem drinking clear fluids, your surgeon will advance your diet to Full Fluids (Milk, Boost, Ensure, Creamy soups, Pudding).



If you have no problem with Full Fluid diet, your diet will be advanced to Pureed or Blenderized diet. The dietitian, in collaboration with your surgeon and SLP, will adjust your diet as necessary.

It is important to drink lots of fluids (8-10 glasses of water per day if not contraindicated because of heart disease). Drinking fluids helps to prevent constipation, helps with swallowing and keep your lung secretions thin.

Prior to going home, the dietitian will provide you with information about your diet. The dietitian may also make a referral to a dietitian in your community.

Medications

Your surgeon may send you home with some medications. You will be provided with a prescription and be responsible for filling it from a drug store. Remember to take them as ordered and ask your pharmacist if you have any questions.



You will also be told whether you need to continue with your previous medications and when to re-start them. If by chance you are not told by the time you are discharged home, ask your family doctor.

Please **do not stop or change** your medications on your own. Your family doctor may change, re-order or stop them for you.

Avoid aspirin as it can increase the chance of bleeding. If you take a regular low dose of ASA, ask your family doctor prior to taking.

Please ask your surgeon or family doctor before taking any **herbal medications** (some of them can also cause a risk of bleeding).

Pain Medication

Your surgeon will provide you with a prescription for pain medication to keep you comfortable. Keeping discomfort and pain under control, it will help you to recover.

If you have pain most of the time:

Take the pain medication on a regular basis as prescribed by your surgeon. Most pain medications work best if you can take them before the pain becomes too strong.

If you find that you only have pain when doing certain activities, such as walking or bathing:

Take the pain medication about 30 minutes before the activity.

If you are concerned about becoming addicted to your pain medication, you may want to talk to your surgeon about that.

Some pain medications can make people feel drowsy or dizzy. If you notice this, please **do not** drive or use power tools. It is against the law to drive while taking narcotics.

Constipation with pain medications

Constipation is a common problem with pain medications. To prevent constipation, eat foods that are high in fibre (bran, brown rice, fresh fruits, vegetables and whole grains), drink plenty of fluids such as prune and apple juice and water. Drink 8 to 10 glasses of water each day -unless you have been told otherwise due to heart and kidney problems). Also try to keep as active as you can.



If you continue to be constipated, ask your pharmacist to recommend a mild laxative or stool softener. Try to resolve the constipation by eating food high in fiber rather than using laxatives (**not** recommended on a regular basis).

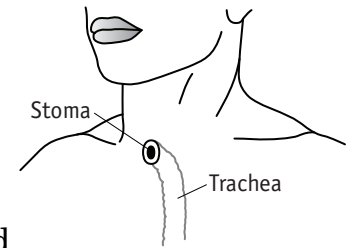
Antibiotics

You may be sent home on antibiotics for a specific time period. You will be provided with a prescription and be responsible for filling it from a drug store. Remember to take them as ordered and ask your pharmacist if you have any questions. It is important to complete the entire course of antibiotics despite feeling better.

Avoid alcohol while taking antibiotics.

Laryngectomy Stoma Care

As a result of your surgery, you are now a **permanent neck breather**. Your Laryngectomy stoma is the permanent opening in your neck through which you breathe.



When you are at home, you will need to continue cleaning and caring for your stoma as you have been taught in the hospital. Have your family participate in your routine and care - it will make the process easier.

Equipment you will need:

- Use only plastic or stainless steel bowl
- Salt water (see recipe below)
- Cotton swabs (Q-tips)
- Plastic tweezers
- Face cloth
- Pink bullets with salt water for instillation
- Mirror
- Flashlight to see the stoma well



Recipe for making salt water

- 1) Boil 1 cup (250 mL) of tap water in a clean pan for 10 minutes
- 2) Add half teaspoon of salt to the boiled water
- 3) Stir the salt to dissolve it in the water
- 4) Let the water cool and pour into a clean container plastic or stainless steel
- 5) Mark the date on the container and do not use after one week.

Daily Stoma Care:

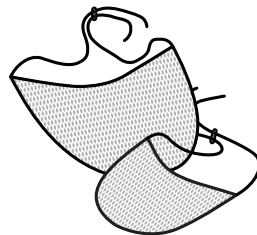
Do your stoma care at least 2 times a day (**every morning and evening**) and as needed.

- 1) It is very important to wash your hands before and after your stoma care
- 2) Look at your stoma using a mirror
 - Check skin around the stoma is healthy
 - Size of the stoma (dime, quarter, loonie)
- 3) Instill with salt water and cough out the mucous (color of the mucous should be clear to yellowish)
- 4) Moisten a clean face cloth with warm tap water and gently clean around the stoma
- 5) Remove the mucous and any crusts with tweezers or cotton swabs.
- 6) Keep the stoma site clean
- 7) Cover your stoma with a Laryngectomy bib

Laryngectomy Stoma Bibs

If you are not using a LaryTube/HME, you should wear a stoma bibs. The stoma bibs offer you the following benefits:

- Warms the air going into your lungs
- Prevents particles and insects from entering your stoma
- Prevents lung secretions from spraying out of your stoma with unexpected cough

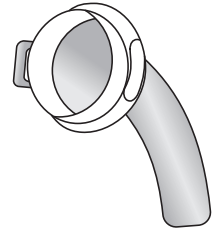


Daily Stoma Care with LaryTube and Heat Moisture Exchanger (HME)

If you have a LaryTube and HME since the day after your surgery, you will need to continue wearing the LaryTube/HME and take care of it as you were taught in the hospital.

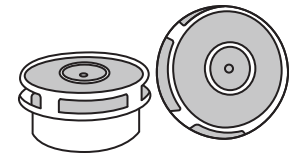
LaryTube

It is a transparent silicone tube that it is inserted into the laryngectomy stoma and secure in place with Velcro straps. The LaryTube is used to insert the HME into it. Also, the LaryTube may help to prevent narrowing of your stoma.



Heat Moisture Exchanger (HME)

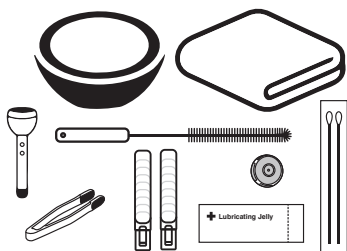
Since your laryngectomy surgery the air entering your trachea is no longer warm or moist by your nose. The HME helps to add moisture and warm the air entering into your trachea. The HME needs to be changed every day or more often if it gets wet with mucous. The HME cannot be rinsed as if it gets wet it will no longer work.



You should wear the HME 24 hours a day and only remove the HME to clean the LaryTube or to have a shower.

Equipment for cleaning Laryngectomy stoma, Larytube/HME

- Face cloth
- Plastic bowl
- Q-tips
- Plastic tweezers
- Brush to clean Larytube
- Pink bullets for instillation
- Water soluble lubricant
- New HME cassette (daily change)



Daily Laryngectomy Stoma Cleaning with LaryTube/HME

- Do your stoma care and clean the LaryTube at least 2 times per day (every morning and at night)
- Change the HME once a day
- It is better to change the HME during the morning stoma cleaning

To clean your stoma and LaryTube

- 1) Remove the LaryTube and HME
- 2) Remove the straps from the LaryTube
- 3) Wash the LaryTube in the sink with warm water and liquid soap
- 4) Use the brush to clean the inside of the LaryTube
- 5) After you clean the LaryTube, carefully look at your stoma. It should be healthy with no redness or swelling and no crust
- 6) Instill saline solution into the stoma and cough up secretions. Repeat 2 or 3 times to get rid of all secretions
- 7) With a face cloth and warm water clean the skin around the stoma and dry
- 8) Reinsert the Larytube into stoma. Before inserting the LaryTube apply a small amount of water soluble lubricant
- 9) Secure the LaryTube with the straps
- 10) Insert the HME into the LaryTube



Avoid the following:

- People who are smoking and people who have colds
- Getting constipated (drink fluids, get exercise and eat foods high in fibre)
- Using oil based solutions such as Vaseline around the stoma
- Using soap, perfumes and deodorants around the stoma
- Putting foreign objects around the stoma
- Having animals near the stoma in case of hair or fur going into the stoma
- Wearing lint producing materials around the stoma
- Wearing clothing that has loose threads, sequins or pearls close to the stoma

Humidification in your home

The humidity (the amount of water vapour in the air) in your house should be 40-60%. To measure the humidity in your house, you may want to buy a Hygrometer. Hygrometers are available from most home hardware, Home Depot or Canadian Tire stores.



If you keep your windows open and live in an area where it rains often, you may have enough humidity in your house. If you live in an area where it is cold, the furnace is on frequently and the windows are shut, you may need a humidifier to keep your secretions moist and easy to cough up.

If you decide to buy a humidifier, place it in your bedroom near you. When using a humidifier, always check for mold and mildew on your ceiling and windows sills and follow the manufacturer instructions for cleaning the humidifier.

Your New Voice

As your voice box was removed, you lost your natural voice. There are two common ways used to provide you a new voice: **trachea-esophageal speech** or **artificial larynx**.



The **trachea-esophageal speech**:

During your laryngectomy surgery, your surgeon made a small hole at the back of your trachea to connect to the esophagus (food passage). This hole is called **tracheoesophageal puncture** (TEP). After the TEP is created, to keep the TEP open at feed you, the surgeon inserted a feeding tube through it into your stomach. This is how you are fed for the first 7 to 10 days after your surgery.

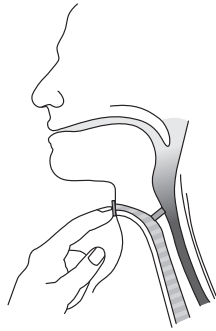
Once you are eating a full fluid diet and consuming enough calories, the SLP will remove the feeding tube and insert the voice prosthesis.

The voice prosthesis is a one-way valve that allows the air to go from the trachea to into the esophagus but prevents fluids and food from entering into your trachea and lungs.

The SLP will teach how to use the voice prosthesis for speaking and how to care for it at home. The voice prosthesis may be inserted before you are sent home from the hospital or you come back to the clinic as outpatient. The SLP will inform you.

The voice prosthesis is only for talking; it has nothing to do with breathing.

This diagram shows you how the air flows from the lungs into the trachea through the voice prosthesis into the esophagus. For the air to flow through the voice prosthesis, you must plug the stoma with your finger as in the diagram.



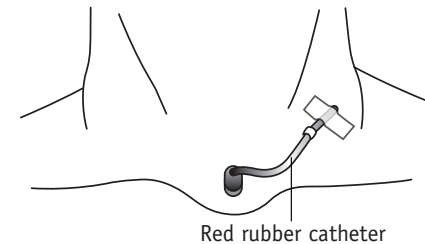
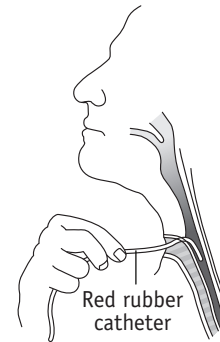
If for any reason your voice prosthesis falls out, right away you need to insert the catheter provided to you by the SLP. During teaching about the voice prosthesis, the SLP should have shown you how to insert the catheter into the TEP.

If you cannot find the voice prosthesis or you think that may have aspirated the voice prosthesis, you need to go right away to the nearest emergency department.

This diagrams below show you how to insert the catheter and how to secure it to your neck or chest. Once you inserted the catheter and secured it, call your SLP to make an appointment to get the voice prosthesis reinserted.

Using the catheter provided by the SLP or given to you in your **Going Home Laryngectomy Care Kit**, do the following:

- In front of a mirror insert the catheter into the TEP hole.
- Advance the catheter 6-8 inches.
- Tie a knot at the end of the catheter and tape to your neck.
- If you can insert ask a family or friend to try.



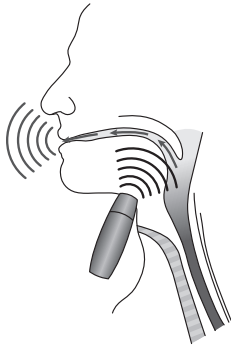
If you are not able to insert the catheter, do not drink or eat anything and go right away to the nearest emergency department. At the emergency department ask for an ENT doctor.

During the day time working hours (**Monday to Friday; 8:00 am to 3:00 pm**) contact the ENT Clinic at 604-875-4193 for the SLP to see you to re-insert the voice prosthesis.

Note: Once the voice prosthesis comes out, the opening will stay open for approximately an hour before it seals over. If your TEP site closes over, your surgeon will arrange for a day surgery procedure to have another TEP opening.

Artificial Larynx (Electrolarynx)

If you do not have a TEP for insertion of the voice prosthesis, the SLP will teach how to use the electrolarynx for speaking. The electrolarynx is a battery operated device that produces vibrations. When the device is on and held against your neck or chin, the vibrations will spread from your neck into your mouth and with your tongue and lips you will be able to speak.



Laryngectomy Support Group

The **New Voice Society of Greater Vancouver** is a support group for people like you that have lost, or will lose, their natural voice due to surgery because of cancer and or other causes. For you and for most people these experiences are traumatic and are left with a feeling of helplessness because they are unable to speak. After a time, people realize that life goes on and we can achieve oral communication through alternative methods.



The New Voice Society of Greater Vancouver is here to assist you. The members and associate members pool their knowledge and experience to help others achieve the best alternative speech (a new voice) possible. You are more than welcome to join this group. The New Voice Society of Greater Vancouver meets on the first Sunday of each month at the BC Cancer Agency at 600 West 10th Avenue from 2:00 to 3:30 pm on the 2nd floor lounge.

Contact information:

Email newvoice@shaw.ca, Phone: 604-589 5744.

Other Laryngectomy organizations:

WebWhispers: webwhispers.org

International Association of Laryngectomees:

<https://www.theial.com>

Safety

Medical Alert Bracelet

You are neck breather. **You will need to wear a medical alert bracelet at all times.** This bracelet will alert people to give you CPR via the laryngectomy stoma and not through the mouth.



The SLP will provide you with the necessary forms for you to sign and send for your bracelet and a wallet card. The bracelet should say **'Neck Breather, Laryngectomy'**

The neck breather card needs to be in your wallet or on the dashboard in your car.

Bathing and Shaving

You may shower or take a bath. Showers can be taken using care to prevent water from entering your laryngectomy stoma. Cover your stoma with a shower bib. If you are wearing a LaryTube with HME, remove the HME and use the shower shield. A hand-held shower head will give you a better control to where the water spray goes. If you do not have a hand-held shower head, adjust the shower head well below your neck and keep your back to the water when taking a shower.



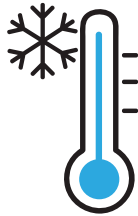
If you do happen to get some water into your stoma, you will have a coughing attack and end up with watery eyes. Your coughing will stop once you clear the secretions.

For shaving, wear a Laryngectomy bibs or your LaryTube with HME.

Foreign Bodies

Hair, dust or food that goes into your stoma will make you cough. Protect your stoma when you go out by wearing Laryngectomy Bibs or LaryTube with HME. This will prevent foreign bodies from going into your stoma and lungs. Avoid areas that are dusty and smoky.

Cold Air



Very cold air will cause drying and irritation of your windpipe and lungs. Cover your stoma with Laryngectomy bibs or wear your LaryTube with HME. Then, wear a warm, lint-free scarf loosely over your stoma to help you warm the air before it enters your stoma.

Life Line

If you live alone or spend lots of time alone and may not be able to use the phone to call 911, there is something called **Life line**. This is a system that can be set up within your household and link you directly with the Ambulance, Fire and Police. All you would need to do is press on the Life line button. You will be provided a pamphlet about this service.



Going Home Laryngectomy Care Kit

You will be provided with some supplies listed below. You can purchase additional supplies from any medical supply store.

- 10 Q-tips
- 2 Plastic Tweezers
- 2 Sterile Salt water bottles
- 15 Salt water Instillers
- 3 or 5cc syringes (without needles)
- 4 small tracheostomy bowls
- 1 Catheter for emergency insertion if the voice prosthesis falls out

Going Home Criteria

Prior to sending you home, your surgeon will make sure your:

- Your blood tests are within the normal range or coming down towards the normal range
- Your temperature is within the normal range
- Your stoma is healing
- You are able to take care your laryngectomy stoma independently or with family support
- You are drinking enough fluids to maintain your hydration
- You are walking safely, not necessarily at your baseline prior to coming into hospital
- You are able to manage at home (with or without community/family supports)



Follow-up Appointment



You need to call your surgeon's office to make a follow-up appointment. During this appointment, your surgeon will review your overall recovery progress, inform you of the results of the surgery and tell you if any further treatment is required.

Avoiding Cold/Flu and Chest infection

After your laryngectomy surgery, you are at higher risk of catching a cold/flu or chest infection. To help prevent these problems, please follow the following suggestions:



- Avoid people who have a cold/flu
- Get your pneumonia shot
- Every autumn, get your flu shot
- During the flu season (late October to mid-March) try to avoid crowded places such as shopping malls
- Wash your hands frequently
- Cover your stoma with a Laryngectomy Bib or wear your Larytube with HME



Please Contact your Surgeon or Family Doctor if you notice:

- Chills, fever, a temperature over 38.5°C (100.5°F) for 2 straight readings, when measured 4 hours apart by mouth
- Your prescribed pain medication is not relieving your pain.
- Increased redness, swelling or purulent foul drainage from the stoma/incision.
- Your mucous secretions become yellow, green, brown or have foul smell
- Constant bleeding from the stoma (enough to soak a tissue or handkerchief).
- Breakdown of skin around the stoma/incision
- Decrease in size of your stoma, making breathing difficult
- Nausea and/or vomiting that last beyond 24 hours.
- Difficulties with swallowing resulting in decrease appetite and constant weight loss.
- If the voice prosthesis falls out.
- If you experience any pain, aching or redness in your calves or swelling of the legs, go to the nearest emergency room.

Note: If you cannot get a hold of your surgeon or family doctor, you need to contact another doctor (walk-in clinic or emergency department).

If you do come to the emergency department, it would be helpful to inform the nurse and physician that you recently had surgery, and the name of your surgeon.

Vendors List For Laryngectomy Care Supplies

ATOS Medical

Website: www.atosmedical.ca

Email: info.ca@atosmedical.com

Tel: 1-905-857-2867

Fax: 1-905-857-2868

Auto Control Medical

Website: www.autocontrol.com

Email: order@autocontrol.com

Tel: 1-800-461-0991

InHealth Technologies

Website: www.inhealth.com/Default.asp

Email: order@inhealth.com

Toll free: 1-800-477-5969

Toll Free Fax: 1-888-371-1530

If your medical insurance does not cover the cost of your laryngectomy care supplies, you can claim your laryngectomy care supplies purchases on your tax return.



Making better
decisions together
with patients
and families

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