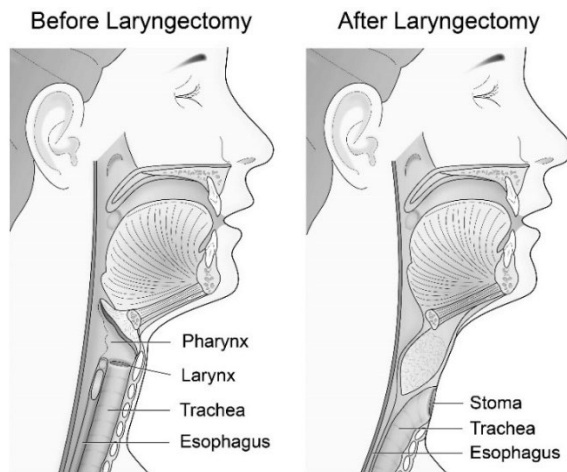


Total Laryngectomy

A total laryngectomy is surgery to remove the voice box (**larynx**). After surgery, you will breathe through an opening in your neck called a stoma. Your windpipe (trachea) and swallowing tube (**esophagus**) are now separate. Air moves in and out of your lungs through the stoma. You will no longer breathe through your nose or mouth.

Your care team will teach you how to care for your stoma, manage mucus, and use new ways to communicate.



Before Surgery

Plan ahead for ways to communicate and get help after surgery.

Complete an Authorization for Verbal Communication form at any health system where you get care. This allows a family member or friend to speak for you if needed.

Let family and friends know you may not be able to talk on the phone after surgery. Record a message on your voicemail to explain that talking may be hard for a while. Keep emergency phone numbers near your phone.

Tell your local Emergency Medical Services (EMS) that you will be having a total laryngectomy. Tell EMS that you will be a neck breather after surgery. Oxygen should be given through your stoma, not your nose or mouth.

During rescue breathing or CPR, breaths should be given through the stoma. Wear a medical alert bracelet or necklace that says you breathe through a stoma.

Right after surgery, a tracheostomy tube (**trach tube**) will be placed in your stoma to help keep your airway open. About 2-3 days later, it will be changed to a laryngectomy tube (**lary tube**). A lary tube is a soft silicone tube that sits just inside the stoma and helps protect it.

At first, you will receive humidified air through a mask over your neck. Later, you may use a heat and moisture exchange (HME), which helps warm, moisten, and filter the air you breathe.

After surgery, you will breathe through your stoma instead of your nose or mouth.

Coughing and sneezing will also happen through your stoma. Although your nose may still produce drainage, you will no longer be able to sniff or blow air through your nose.

Stoma Care

Mucus helps protect your windpipe and lungs. After a total laryngectomy, mucus will come out through your stoma instead of your mouth or nose. At first, you may make a lot of mucus. You may notice having more mucus when you are sick or around dust, smoke or other irritants.

Sometimes mucus becomes thick and forms a mucus plug. A mucus plug can block your airway and make it hard to breathe. You may feel sudden shortness of breath.

Daily stoma care helps:

- Keep your stoma healthy
- Prevent mucus plugs
- Prevent crusting
- Protect the skin around your stoma

Stoma care will become part of your daily routine. You will need to do it for the rest of your life. We will teach you and your family how to care for your stoma and lary tube.

In the hospital, nurses will provide stoma care about every 8 hours or more often if needed. A small amount of saline may be placed into your stoma to loosen mucus and help you cough it out.

If needed, nurses may use suction through your stoma or lary tube to remove mucus.

You may be given a suction machine to use at home if you cannot clear mucus with saline and coughing. Because throat swelling can make swallowing hard, nurses may also suction mucus from your mouth while you are healing.

HME (Heat and Moisture Exchange)

An HME attaches to your lary tube and covers your stoma. An HME:

- Filters dust and other particles from the air
- Helps keep your airway moist
- Helps reduce mucus buildup

It is important to wear your HME as directed. The HME should be changed every day and removed during stoma care.

Your speech-language pathologist (SLP) will show you the different types of HMEs

and how to use them.

Diet

You will not be able to eat or drink right after surgery. You will receive nutrition through a feeding tube placed during surgery. This tube is called a Dobhoff tube. It goes through your nose into your stomach. You will use this tube until it is safe for you to swallow again.

Swallowing may be harder after surgery because:

- You may make less saliva
- Radiation treatment can make dry mouth worse
- Food may move more slowly through your swallowing tube

A dietitian and your speech and swallow therapist will help you learn ways to make eating and swallowing easier. You may need to:

- Eat smaller meals more often
- Drink liquids while eating to help food move down more easily

Smell

Your sense of smell will also change. This can affect your ability to notice:

- Smoke
- Natural gas
- Spoiled food

Communication

Because your voice box was removed, you will not be able to talk the same way you did before surgery. You will work with a Speech-Language Pathologist (SLP) to learn new ways to communicate.

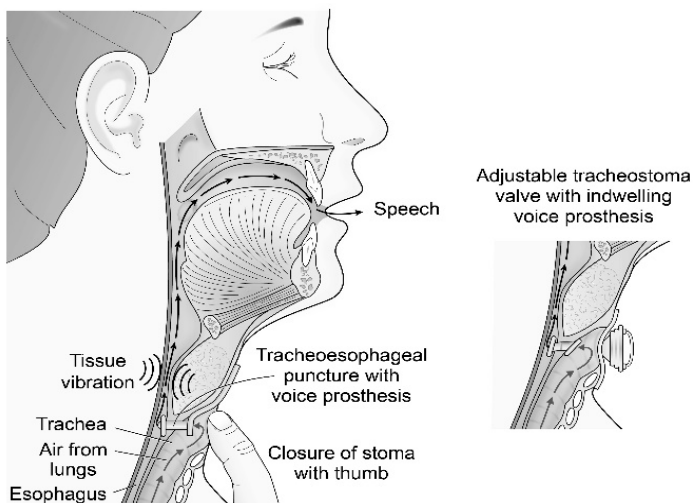
At first, you may communicate by writing, using gestures, or pointing to pictures, words, or letters. Some people use paper and pen, a writing tablet, a phone, or a tablet. Talk-to-text apps may also be helpful. Your

care team will help you find the method that works best for you.’

As you recover, your SLP will teach you about other ways to communicate. One option is an electrolarynx. This handheld device creates vibrations that help produce speech sounds. It can be placed against your cheek, neck, or used with an oral adapter. The voice sounds mechanical, but many people find it an effective way to communicate.

Another option is a Tracheoesophageal Prosthesis (TEP). This may be offered 1-3 months after surgery or after radiation or chemotherapy treatment is complete. A small opening is made between the windpipe (trachea) and swallowing tube (esophagus). A voice prosthesis is placed in the opening.

Your speech therapist will teach you how to use air from your lungs to create speech. Many people find this voice sounds more natural than an electrolarynx. The prosthesis usually needs to be replaced every 4-8 months.



Pain

Your nurse will talk with you about the amount of pain you may have after surgery. We will give you medicine to help ease pain. Your care team will review how to take your medicine and possible side effects, such as constipation.

If you had lymph nodes removed from your neck, your neck and shoulders may feel weak or stiff. This often improves with time and normal activity.

Before Going Home

Before you leave the hospital, we will teach you how to care for your stoma, lary tube, feeding tube, and surgical incisions. You will receive handouts and instructions to help you care for yourself at home.

You will learn about:

- Tracheostomy and Stoma Care at Home (HFFY #5340)
- Enteral Nutrition: Dobhoff Tube Feedings at Home (HFFY #7071)
- Preventing Tracheitis (HFFY #5317)

You will begin doing your own care while you are in the hospital. This helps you feel comfortable with these skills before you go home. If you are not able to do your own care, we will help make a plan. This may include teaching a family member or arranging home care services.

Follow-Up Care

We will schedule your first follow-up visit before you leave the hospital.

When to Call

Call or MyChart message your doctor or nurse if:

- Stoma mucus changes in color, amount, or texture.
- You have redness or skin sores around your trach or stoma.
- You have a fever of 100.5°F.
- You have pain not controlled by your medicine.
- You have any questions or concerns.

Who to Call

If you have questions, please contact your provider through MyChart or call your provider listed in your After Visit Summary or After Hospital Care Plan.

For a list of UW Health Clinics, visit www.uwhealth.org/.

Resources

Web Whisperers:

<https://www.webwhispers.org>

The International Association of Laryngectomees:

<https://www.theial.com>

The Laryngectomee Guide

<https://www.entnet.org/healthinformation/laryngectomee>

You can also get The Laryngectomee Guide as a paperback and on Kindle on Amazon.

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person's health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright © 7/2026 University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#7741.