Health Facts for You

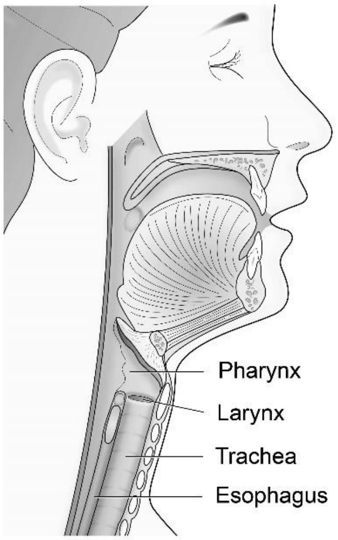
UWHealth

Total Laryngectomy

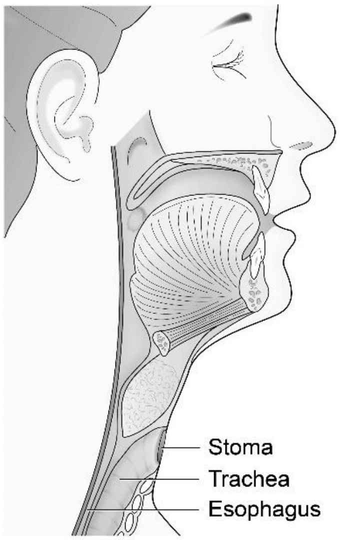
Total Laryngectomy

This is when the entire larynx (vocal cords/voice box) is removed. An opening or **stoma** is made in in the front of the neck for the trachea (windpipe). Air enters and leaves the trachea and lungs through this opening. Your trachea (windpipe) and swallowing tube (esophagus) are now separate. You will be breathing only through your neck (**stoma**).

Before Laryngectomy



After Laryngectomy



Making Plans Before Surgery

- Make sure you have filled out an authorization for verbal communication form anywhere you receive health care. This will allow for a designated family member(s) or friend to communicate for you if you can’t.
- It may be hard to talk on the phone after surgery. Before surgery let friends and family know you are having this surgery and that it will be more difficult for you to talk. You can also record a message on your answering machine before surgery to inform people who are calling that it is difficult for you to talk.
- Plan a way to get help in case of an emergency. Place emergency numbers near the phone, such as the fire department, ambulance, visiting nurse, or doctor.
- Tell your local Emergency Medical Service (EMS) that you are having a total laryngectomy and after surgery you may not be able to talk. If you dial 911, they need to send help.
- Also make sure your local EMS knows you will be a **neck breather**. Oxygen must be given through the stoma, not the nose or mouth. During CPR, rescue breathing must be done mask to stoma, not mouth to mouth
- Get a medical alert bracelet/necklace from a drug store pharmacy. These bracelets/necklaces will inform others that you breathe through a stoma in your neck.

After surgery

- A **tracheostomy tube**, also called a **trach (*trake*) tube**, will be placed in the stoma to help keep the new airway open right after surgery.
- 2-3 days after surgery the tracheostomy tube will be changed to a laryngectomy tube, often called a lary tube. The lary tube is a soft flexible silicone tube that fits just inside the stoma to help protect it.
- The laryngectomy tube can also hold a **heat and moisture exchange (HME)**. The HME warms, moistens, and filters the air you breath.
- At first, we will give you humidified air through a mask over your neck to moisten the air you breathe. You

may change to using an HME.

- You will no longer be able to sniff or blow air through your nose.
- Sneezing and coughing will occur through the stoma, not your nose or mouth.
- Your nose may still make drainage, especially if you have a cold.
- You will **not** be able to talk the same way you did before your surgery. Part of your recovery will include learning new ways of communicating.
- You will cough mucus out through your stoma.
- **If your stoma is blocked, you will not be able to breath.**

Mucus and Caring for Your Stoma

Mucus is the body's way of protecting the health of the trachea and lungs. After total laryngectomy, you will no longer cough mucus through your mouth or blow your nose. You will clear mucus through your stoma.

You may produce a great deal of mucus at first. You will also produce more mucus at times when you are in a dirty/dusty environment or if you are sick.

Mucus can become thick and cause a mucus plug. A mucus plug can block part of your airway. If you have a mucus plug, you may feel suddenly short of breath.

To have a healthy stoma, prevent a mucus plug and prevent crusting and irritation of the skin around your stoma, you will need to learn **stoma care**. Doing stoma care will be your "new normal,". You will need to do this every day for the rest of your life.

We will teach you and your family how to take care of your laryngectomy tube and stoma. We will give you a *Health Facts for You*, Tracheostomy/Stoma Care at Home #5340.

In the hospital, the nurse will provide stoma care every 8 hours at first or more often if you need it. They do this by placing a small amount of saline into your stoma. This will loosen the mucus and produce a cough reflex that brings up the mucus.

The nurses may use suction through the trach/lary tube or stoma to help you cough and remove mucus when you need it. You may be given a suction machine to use at home in case you are unable to clear a mucus plug using saline and coughing.

In the hospital, the nurse may also need to suction secretions from your mouth since swelling in the throat makes it hard to swallow.

HME (Heat and Moisture Exchange)

HME cover the stoma by attaching to the laryngectomy tube.

The HME helps to filter dust and other airborne particles and help to prevent loss of moisture from the trachea. **It is very important to wear an HME.** The HME is changed daily and is removed for stoma care. Your speech therapist will show you different HMEs and how they work.

Nutrition, Swallowing and Smelling

You will not be able to eat or drink after surgery until the area is healed and swelling has gone down. You will take fluids and nutrition through a tube put in place during surgery. This tube is called a **Dobhoff.** The tube passes through your nose and throat to your stomach. You will be fed through this tube until you are ready to swallow again.

Swallowing and eating can be difficult. You may have less saliva which helps food move down the swallowing tube. Having less saliva can become worse if you have radiation treatments. Another thing that can make eating more difficult is that your sense of smell is also different after total laryngectomy. Some examples of important things that may smell different are- you may not smell smoke, gas or rotten food. A nutritionist and your speech and swallow therapist will work with you and provide tips you can use to help make swallowing easier.

You will have to eat more frequent, smaller meals and drink liquids while eating to help food move through the esophagus easier.

Communication

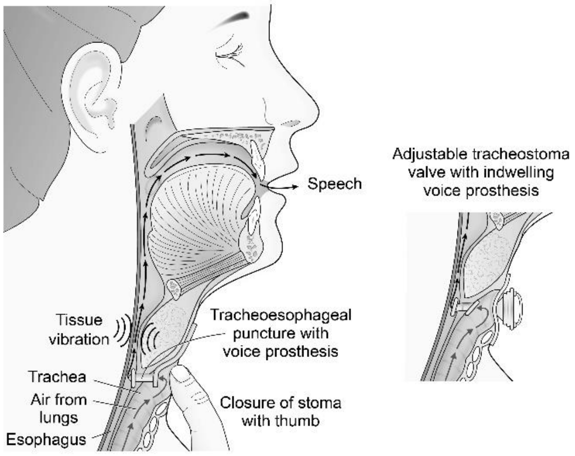
Because your voice box has been removed, you will not be able to talk like you used to. You will need to learn to communicate in other ways. You will work very closely with a **Speech-Language Pathologist (SLP)** to learn new ways to communicate and talk. Below are just a few options we start with. You will get more information working with your SLP.

While in the hospital, you can write, use gestures, or point to pictures, words, or letters. Some people like to use a magic slate to write notes or use pen and paper. Some patients use their personal phones or a tablet. You will be shown different talk-to-text Apps that can also be helpful. Your nurse and therapist will help you find what works best. We will supply paper and pens or pencils. We can also loan you an iPad while you are in the hospital.

As you continue to recover, a speech therapist will meet with you to explain other ways to talk. You will be shown an **electrolarynx** which uses vibration to create speech sounds from your mouth when held against your cheek, neck or in your mouth (with an oral adapter). This speech is very mechanical, but also very effective and a good way to start giving you your voice back.

Once you have healed more from surgery, your surgeon and speech therapist may offer the option of placing a **Tracheoesophageal Prosthesis (TEP).** Typically, 1-3 months after total laryngectomy surgery **or** after radiation/chemotherapy treatments are completed, you may be able to have a tracheoesophageal puncture.

A hole is created between the trachea (windpipe) and esophagus (swallowing tube). This can be done in the clinic or in some cases it is done as an outpatient surgery. A small tube, called a voice prosthesis, is put in the hole (see image below). Your speech therapist will teach you how to exhale air from your lungs into the esophagus and out through your mouth. As you hold your finger over your stoma or HME, your voice is produced. This speech is much more natural sounding than the Electrolarynx. The prosthesis would need to be changed about every 4-8 months.



Pain
Your nurse will talk with you about using a pain rating scale and what level of pain you may expect. We will give you medicine to help ease pain. Your care team will explain how to take the pain medication and discuss the side effects, including constipation.

If you had extra surgery to remove the lymph nodes in the neck, your shoulders and neck may be weak and stiff. This should improve with time and normal use.

Before Going Home
When you are ready to learn how to care for yourself at home, your nurse will give you handouts and teach you how to perform the needed steps to care for your stoma, lary tube, feeding tube and surgical incisions. We will teach you these cares:

- **Trach or stoma care at home** which includes skin care and cleaning of the trach tube HFFY #5340.
- **Enteral Nutrition: Dobhoff Tube Feedings at Home HFFY #7071**
- **Preventing Tracheitis** HFFY #5317.

You will begin self-care while in the hospital so that you are able to care for yourself before you go home. If other health problems prevent you from doing your own care, we will plan for this. This may include teaching a family member or calling a home care agency to help you.

Follow-Up Care
We will schedule your first follow-up visit for you before you go home. 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
ENT Clinic
Monday-Friday 8:00 a.m. - 5:00 p.m. **(608) 263-6190.**

After hours or on weekends, the clinic number is answered by the paging operator. Ask for the ENT doctor on-call. Leave your name, area code and phone number. The doctor will call you back.

Toll free
1-800-323-8942.

Helpful Websites
Web Whisperers:
https://www.webwhispers.org

The International Association of Laryngectomees:
https://www.theial.com

The Laryngectomee Guide free download:
https://www.entnet.org/healthinformation/laryngectomee

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