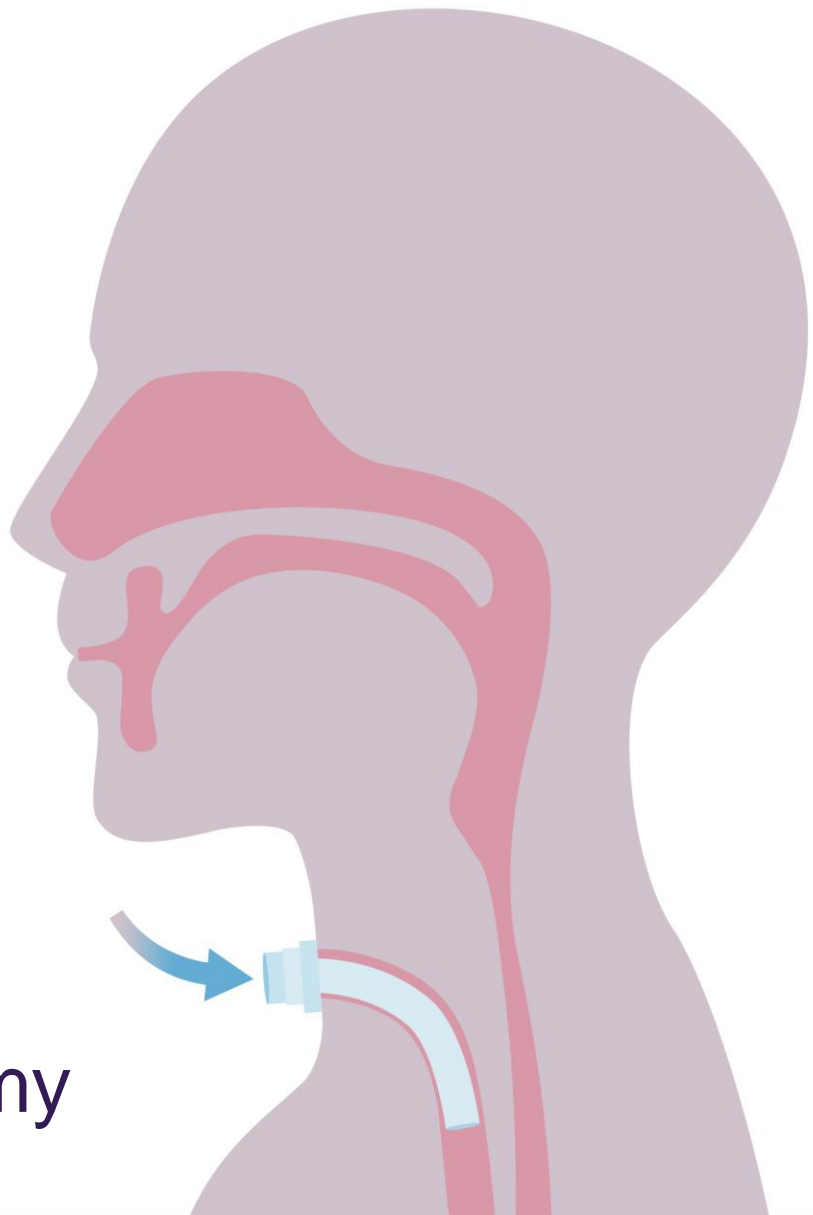


Learning About Your Laryngectomy



Hôpital
Hotel Dieu
Hospital



Hôpital Général de
Kingston General
Hospital

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Introduction

Your surgeon has told you that you have larynx cancer and that you will have a laryngectomy. This booklet is a guide to your laryngectomy surgery. The goal is for you to be as ready as possible. This booklet will help prepare you for what will happen in the hospital and how to care for yourself after your surgery. It will also help guide you to returning to your normal activities.

As you read this booklet, you may have questions or feel overwhelmed. This is completely normal, as this diagnosis and related lifestyle changes are very difficult to grasp. Write down your questions and feelings on page [34](#). Share them with your health care providers and loved ones so they know how to help the best they can.

What is your larynx?

Your larynx is your voice box. This is a very small but important part of your body; it affects how you breathe, speak and swallow.

The larynx sits at the top of your windpipe. It opens and closes like a valve. Your larynx is usually open, which allows you to breathe air through your nose and mouth into your lungs.

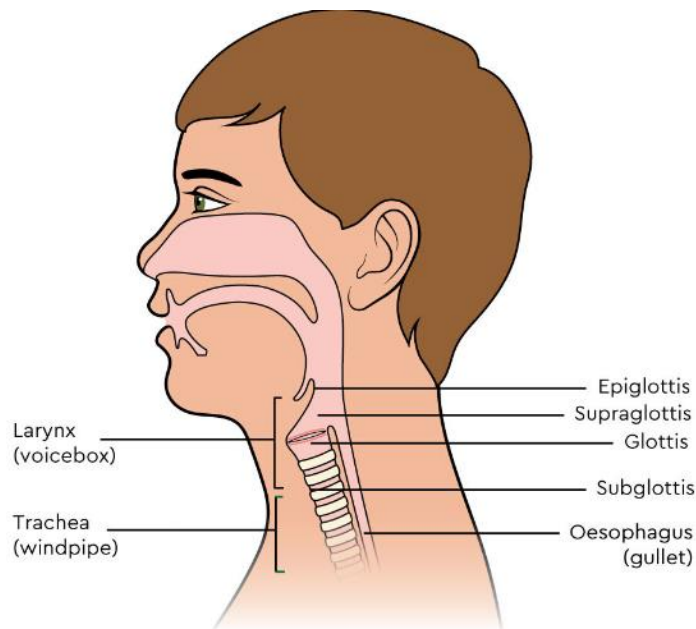


Figure 1

When you swallow, your larynx closes very tightly. It prevents food and liquid from entering your lungs. When you speak, your vocal cords move together and vibrate gently, and your voice comes out.

What is larynx cancer?

The kind of cancer in your larynx is usually squamous cell carcinoma. There are different ways to treat larynx cancer. These include: radiation, chemotherapy, and/or surgery.

Sometimes, these treatments are combined. A laryngectomy is most commonly done to remove cancer of the larynx, but it can also be done for any severe injury to the larynx. This book will help you understand the laryngectomy surgery.

What is a laryngectomy?

A laryngectomy is the removal of your larynx. Once your larynx is removed, there is nothing to keep food, liquid or saliva from going into your lungs. To keep you safe, your surgeon will move your windpipe (trachea) to the outside of your neck. This creates a permanent stoma. It also involves a separation of the airway from your mouth, nose and esophagus.

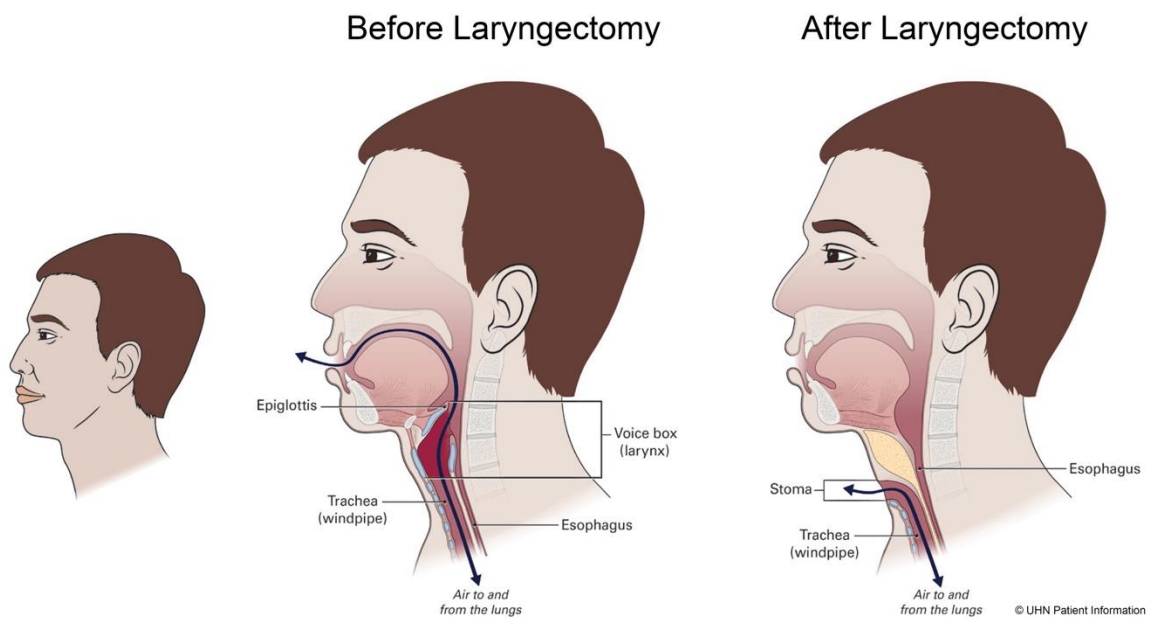


Figure 2

University Health Network (2020)

What is a stoma?

Your trachea is now attached to the outside of your neck and forms a small permanent hole. This hole is called a stoma. You will have to wear a tube in it. This is called a laryngectomy tube and it keeps the stoma open to help you get the air you need.



Stoma (Figure 3)



Laryngectomy Tube (LaryTube) (Figure 4)

You will now breathe, cough and sneeze through your stoma. After healing and completing a gastrografin swallow test, your surgeon will advise you if you can start eating and drinking unless your surgeon tells you otherwise. Because your airway and esophagus are now separated, the risk of choking or food/liquids going the wrong way is minimal.

Before Your Surgery

This next section will talk about what happens before your surgery. Your health care team will be with you every step of the way.

Please bring all of your medications in their original bottles and a list of your allergies to all appointments

How Do You Get Ready for Your Surgery?

At-Home Considerations

There are some things to consider before your surgery that may make your transition home easier. These include:

- Organizing your ride to and from surgery
- Arranging who will care for your pets/plants while you are in hospital
- Organizing meal deliveries/pre-freezing meals for the post-operative period
- Arranging someone to help you at home – you will not be able to lift more than 10lbs until cleared by your doctor

Clinic Appointment

You will have a clinic appointment with your surgeon: This is the doctor that will perform your laryngectomy. During this appointment, your surgeon will take your medical history, complete a physical exam, explain your surgery and get you to sign a consent form.

You will meet a Speech Language Pathologist (SLP). The SLP will tell you about new ways to speak after your surgery. They will also help with making sure you have access to your laryngectomy supplies, and how to take care of your stoma.

Pre-Surgical Services

You will usually have an appointment at Pre-Surgical Screening at Hotel Dieu Hospital. Things included at this appointment may include:

- Blood tests
- Chest x-ray
- Nursing assessment including a health history

Electrocardiogram (ECG). An ECG checks your heart rhythm.

What should you bring to the hospital?

- Ontario Health Card (OHIP card)
- Private insurance cards
- All medications in original containers. Include any herbal and non-prescription medications.
- List of ALL allergies and reactions (medication, food, environmental)
- Eyeglasses and eyeglass case (if necessary)
- Denture cup for your dentures (if necessary)
- Your hearing aid and storage case (if necessary)
- Housecoat and slippers (with non-slip soles) or easy to put on socks and shoes
- Learning about your laryngectomy booklet (this book)

Please remember to do the following before your surgery:

- Do not eat or drink after midnight.
- Remove any dentures.
- Tell the nurse and anesthesiologist if you have capped teeth, a dental bridge, or a dental plate.
- Do not wear makeup or nail polish.
- Do not wear perfume, cologne or personal care scented products.
- Do not wear any jewelry including rings.
- Remove contact lenses or glasses.

The Operating Room

You will receive a general anesthetic during your surgery to make you sleep. If you have any questions about the anesthetic, you can ask the anesthesiologist.

Your operating team will include: your surgeon, anesthesiologist, residents, nurses, and technicians.

Your surgery will take 4-6 hours. Your family will be able to see you after you have returned to your hospital bed.

What happens after your surgery?

After your surgery, you will wake up in the Post Anesthetic Care Unit (PACU). You may feel scared and confused, this is normal. There will be a team to guide you every step of the way. Here is a quick tour of what your hospital stay may look like after your surgery.

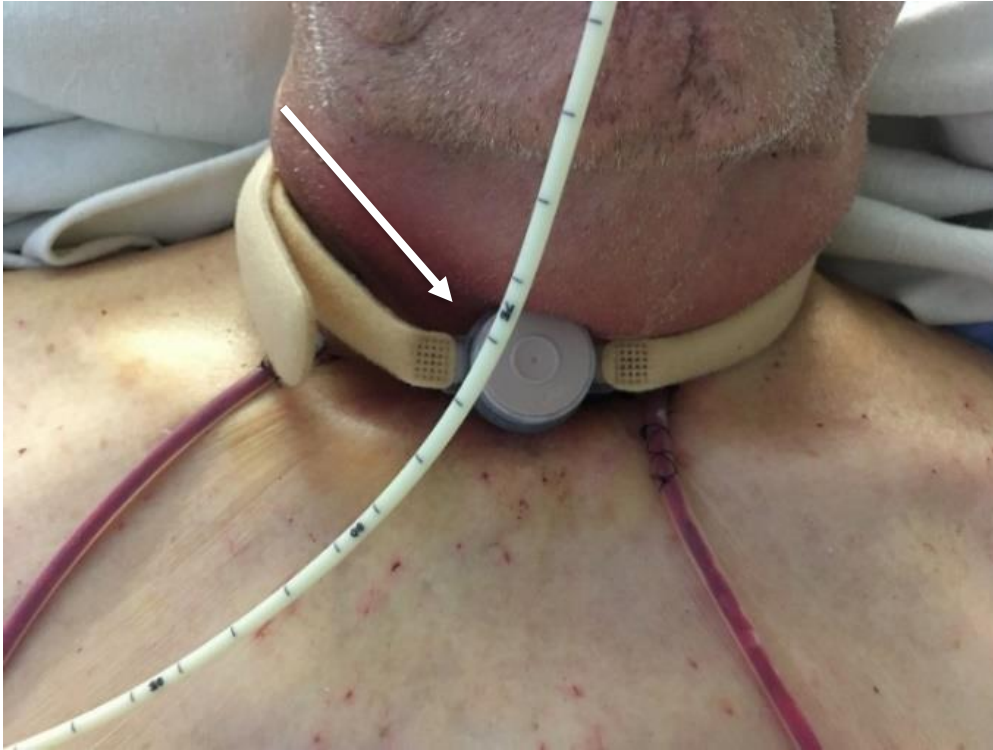
Post Anesthetic Care Unit (PACU)

- Following your surgery, you will begin your hospital stay in the PACU, sometimes called the recovery room.
- You will breathe through a laryngectomy tube that has been placed through the stoma in your neck (refer to Figure 4).
- A humidified oxygen mask is placed over your stoma to help loosen mucus, so you can cough it up from your lungs more easily.
- You may have a drain tube in your neck for a few days. This will help to remove fluid from the surgical area.



Drain Tube (JP Drain) (Figure 5)

- You will have a feeding tube that the surgeon placed during surgery. The feeding tube will either be in your nose down to your stomach.



Feeding Tube (NG Tube) (Figure 6)

- A catheter may be placed in your bladder to drain urine until you are up walking and able to empty your bladder on your own.
- The nurses in PACU will monitor your pain and provide pain medications as you need them.

Intensive Care Unit (ICU)

From the PACU, you will be moved to a Critical Care Bed.

You will be there for close monitoring for 1 or 2 days.

Your family and loved ones will be able to visit you in this area (barring any infection control restrictions).

Ears, Nose and Throat (ENT) Surgery Unit

After your Critical Care stay, you will be moved to the General Surgery.

This usually happens on the 3rd day after surgery.

In this unit, you will begin to adjust to your new life after a laryngectomy.

Your nurses and healthcare team members will help you to prepare for the changes that may occur.

The Initial Changes

This next section talks about the changes that you will see right after surgery. This may be a lot to adjust to, but know that these initial changes are normal.

Breathing

Now that you are a neck breather, the air that you breathe is not as moist as it once was. Keeping the air moist will help to make it easier to breathe and help you cough up any excess mucus. While you are in hospital, a mask may be placed over your stoma to add moisture to the air. After a few days you will start to use a Heat Moisture Exchanger (HME) which will be placed into the laryngectomy tube. This device is a filter and a humidification system that will add moisture to the air you breathe in.



Heat Moisture Exchanger (HME) (Figure 7)

Mucus

At first, mucus will collect in your laryngectomy tube. There will be less mucus as time goes by. Suctioning, deep breathing and coughing will help clear your lungs of mucus. Your nurse will show you how to do these things.

After your surgery, you will no longer be able to blow your nose. To remove mucus in your nose, you will need to use a washcloth or tissue.

Saliva

You may also have more saliva in your mouth after your surgery, so you may drool. The drooling should be better in about 7 days. To lessen drooling, you may swallow more often. If you can't swallow, your nurse will help you suction the saliva from your mouth.

Talking

Following surgery, you will not be able to talk as your throat area needs rest to heal. The nurses will help you to communicate without talking by writing, texting or using a communication board with pre-typed words/phrases for pointing. Several days after your surgery, a Speech Language Pathologist (SLP) will visit you to explore other communication options (these are discussed later in the book). If a voice prosthesis was inserted into your throat during surgery, the SLP will help you learn how to use this 4-6 weeks after surgery at your first clinic appointment.

Pain

You will have some pain after surgery. If you have pain, let your doctor or nurse know by writing or gesturing that you are uncomfortable. Don't hesitate to use your call bell if they are not in sight. It is important that your pain be manageable while you are recovering from surgery.

Tests

On the General Surgery Unit, you will have blood taken for tests several times. You will also have a chest X-ray a few days after your surgery to check your lungs. A gastrografin swallow, which is a test that shows your esophagus and stomach, will be completed before allowing you start to eat and drink by mouth.

Drainage Tubes

2-3 days after surgery, your nurse will remove the drains in your neck. The catheter in your bladder will also be removed around this time.

Nutrition

You may have a change in your sense of smell and taste as you are no longer able to inhale odours through your nose. This may cause your appetite to change after your laryngectomy. A registered dietitian will help make sure you are getting enough nutrition and will help you get used to these changes.

Diet After Surgery

After surgery, you will not be able to eat or drink by mouth. At first, you will get food through a feeding tube. This tube goes in through your nose and ends in your stomach. After the gastrografin swallow test is done, your surgeon will tell you if it is ok to start eating by mouth again.

Eating by Mouth

After you are told you can eat by mouth, you will start with clear fluids (for example, ginger ale, Jell-O[®], broth, and juice). Then, you will have full fluids (for example, milk, cream, soup, pudding, and cream of wheat). The feeding tube can be removed once you are able to swallow and take fluids well.

While you are in hospital, tell the nurse if you are experiencing:

- Stomach pain
- A full feeling in your stomach
- Upset stomach or vomiting
- Diarrhea or loose bowel movements
- No bowel movements for 3 days

It is common to be constipated after a long surgery. Your doctor may put you on a bowel management regimen in order to avoid straining. This will include medications such as PEG and Senokot. If you have been taking these medications and still haven't had a bowel movement in 3 days, please inform your nurse.

If you cough out food or liquid through your laryngectomy tube, stop eating and let your doctor or nurse know right away.

Activity

It is important to exercise your legs, knees, ankles, and feet while in bed to improve blood flow. Your nurses and physiotherapist will show you different types of exercises.

Day 1 after surgery:

With help, you sit at the side of the bed or in a chair. Your health care team will show you how to support your head and neck when getting up or lying down.

Day 2 after surgery:

You should be able to walk in your room.

As you become stronger...

You will be able to increase the distance you walk each day. Moving helps build strength and helps you recover.

Please remember to wear shoes with non-slip bottoms/soles when standing up and walking.

Life After Your Laryngectomy Surgery

Social and Emotional Effects

Life after a laryngectomy is going to be different. You may adjust quickly, or this may take some time. You will find a new way of doing things. Some days may be easier, and some days may feel overwhelming. Everyone heals in their own time. Many people say that after a laryngectomy, they feel sad, or a sense of loss - this is normal.

Your family will be adjusting with you through this process. They may feel scared and tired. This may change your relationships. Continue to communicate all of these new feelings with each other.

Remember, you are not alone in this. Support groups can help you meet other people who have had the same type of surgery. You can find out how other people have handled problems that you are facing. You can learn more about your illness and about new things that can help you. Your close family members can get help too.

If interested, your SLP can put you in contact with one of the laryngectomy visitors. Laryngectomy visitors are KHSC volunteers who have undergone laryngectomy surgery and can provide support as needed. Please contact your SLP if interested.

Here are several groups that you can reach out to:

Resources for Laryngectomies	www.webwhispers.org/index.asp
Bounce Back Online Module for Emotional Coping	https://online.bouncebackonline.ca/
International Association of Laryngectomees	1-866-425-3678
Atos Laryngectomy Guide	Laryngectomy.info
Canadian Cancer Society Canadian Cancer Society Ontario, Smokers' Helpline Offers a free, confidential service that provides support and information about quitting smoking and tobacco use. Available via telephone and texting.	613-384-2361 (KFL&A Division) 1-888-939-3333 (Monday to Friday) Phone: 1-877-513-5333 Text: Text iQuit to 123456 Website: https://www.smokershelpline.ca/static/how-we-help

Smoking Cessation Groups: KLF&A Health Unit	613-549-1232 ext. 1333
Alcoholics Anonymous	613-549-9380
Anxiety and Coping: MindShift™ CBT App Free evidence-based anxiety relief available in French and English.	Download on the App store or Google Play.

New Ways of Communicating

It is important to understand that you will not be able to talk as you used to. However, there are new ways you can communicate with other people. Your doctor and SLP will tell you about the different ways to talk: using an electrolarynx, voice prosthesis, text to speech, etc. You will work together to find the best way for you.

Electrolarynx

An electrolarynx, is a medical device about the size of a small electric razor used to produce speech by those who have lost their voice box. The most common device is a handheld, battery-operated device that is usually pressed against the skin under the jawbone which produces vibrations to allow speech.

Voice Prosthesis

Your SLP/Surgeon may recommend a voice prosthesis as a new way of communicating. A voice prosthesis is a small silicone one-way valve that has been inserted during surgery. It sits in a small hole in the wall between the airway (trachea) and your food pipe (esophagus). The voice prosthesis directs air from the trachea into the esophagus, which will vibrate the tissues in your throat. These vibrations are then shaped by your mouth into speech. The voice prosthesis will require changing at regular intervals and your SLP can assist with this.

Esophageal Speech

This is a method of speaking in which air is swallowed into the esophagus and then released causing the tissues in the esophagus to vibrate. These vibrations make sounds similar to speech. This method of talking is less common as most people are able to use a voice prosthesis or an electrolarynx.

Care in the Hospital

Caring for the Laryngectomy Tube

The laryngectomy tube (or larytube) is a silicone tube placed into your trachea and is held in place with neck ties. It helps to prevent the stoma from narrowing and it holds the Heat Moisture Exchanger (HME).

The tube should be washed with soap and water twice per day and as needed. You will be given a brush to help with the cleaning.

Before you leave the hospital, you will learn how to:

- Suction the laryngectomy tube
- Clean the tube
- Change the ties

It is important to feel comfortable doing these things before you go home. Refer to page 20 for step by step instructions on how to perform these skills.

Preparing to Go Home

You may feel anxious about how you will manage at home. Your need and eligibility for health care services such as nursing, dressing supplies and equipment rental to help you manage at home will be assessed. If needed, a Care Coordinator from South East Local Health Integrated Network (SELHIN) Home and Community care will call you to arrange services.

Go over this checklist before you go home and write down any comments or questions you may have that you would like to review with your nurse. You will also be provided a discharge summary, which will outline details of your stay and procedure, as well as expectations and restrictions at home. This is written by your doctors and will be reviewed with you by your nurse prior to your discharge.

✓	Medication	Comments/Questions
	I know what medicines to take at home.	
	I know how to take my medications.	
	I know what my medications are for.	
	I know the name and phone number of my drugstore.	
	I have my prescriptions.	
	I feel confident about anything medication-related.	

✓	Appointments	Comments/Questions
	I have an appointment card.	
	I know where and when my appointment is.	
	I feel confident about anything appointment-related.	

✓	Food	Comments/Questions
	I can prepare, swallow and eat pureed food with no problem.	
	I feel confident about anything food-related.	

✓	Supplies	Comments/Questions
	I know what supplies and equipment I will need at home to care for my stoma.	
	I know how to get these supplies and equipment.	
	I know that the supplies and equipment will be ready when I go home.	
	I know how to use the supplies and equipment.	
	If I need help to buy supplies or equipment, I know where to get help.	
	I feel confident about anything supplies-related.	

✓	Self-Care	Comments/Questions
	My family and I know how to care for my laryngectomy tube and stoma.	
	I know how to suction my laryngectomy tube.	
	I know how to change my laryngectomy ties.	
	I know how to look after my stoma.	
	I know how to bathe and shower easily.	
	I have a way to communicate.	
	I know how to use humidified air at home (if not using an HME).	
	I know who to contact if I have difficulties.	
	I know of support resources available to me.	
	I feel prepared and able to adjust after my surgery.	

At Home: Laryngectomy Tube and Tie Care

This next section will help prepare you to care for your laryngectomy tube at home through suctioning, cleaning, and coughing.

Supplies Needed At Home

- Tracheostomy care tray
- Dressing
- Clean gauze
- Neck cotton or velcro ties
- Brush or pipe cleaners
- Clean cotton-tipped swabs (i.e. Q-Tips™)
- Tweezers
- Suction catheters (tubes)
- Suction connecting tube
- Portable suction machine
- Saline solution
- Clean disposable cup
- Clean plastic bowls
- Clean washcloth
- Scissors
- Flashlight
- Mirror
- Tray or box to keep your supplies

Suctioning

If you cannot cough mucus out of your laryngectomy tube, you will need to suction it out. The nurses and respiratory therapists at the hospital will show you how to do this. The visiting nurse at home can help if you have questions. You will be supplied with a suction machine and the supplies you will need.

You will need:

- Suction catheters (tubes)
- Suction connecting tube
- Suction machine
- Saline solution or tap water
- Clean disposable cup
- Mirror
- Glove
- Flashlight

Steps for suctioning:

1. Wash your hands with soap and water.
2. Sit in a comfortable place with a good light and a mirror.
3. Fill the cup with sterile saline.
4. Turn on the suction machine using the on/off switch. Set the pressure between 100 and 120mm/Hg.
5. Put a glove on the hand that you will use to suction.
6. Take the suction catheter out of its package and connect it to the tube from the suction machine.
7. Take several deep breaths.
8. Gently push the suction catheter into the opening in your neck about 10 – 13cm (4 to 5 inches). Do not cover the suction catheter opening or port with your fingers when inserting the catheter.
9. As you slowly pull the catheter out, apply the suction by covering and then uncovering the suction catheter port with your finger. Turn or rotate the suction catheter as you pull it out. Suctioning should not take longer than 10 seconds. Pushing the catheter into the opening in your neck, and suctioning may make you cough. This is normal.
10. Clear the catheter by suctioning a little saline from the cup. This is done by putting your finger over the catheter port while the catheter tip is in the saline.
11. Repeat the steps as needed to clear your airway. You will usually need to suction 2 or 3 times.
12. Turn off the suction machine by flipping the on/off switch.
13. Dispose of the gloves and catheter.
14. Wash your hands well.

What your mucus is telling you:

- Your mucus should be white or clear.
- If your mucus is thick, this may mean that you need to drink more fluids throughout the day, or that you need more moisture in the air you breathe.
- If your mucus had a small amount of blood in it (may appear pink), this means that you have to be gentler when suctioning and that you need more moisture in the air you breathe.
- If your mucus has a large amount of blood in it (may appear red), seek medical attention. This may be a medical emergency.
- If your mucus is brown, green or yellow, this may be a sign of infection. If it continues for more than 3 days, notify your healthcare provider.

Cleaning the Laryngectomy Tube

You should clean the laryngectomy tube (larytube) at least twice a day to avoid problems such as crusts. You may clean it more depending on the amount of mucus that you have, especially if it is making it hard for you to breathe. The amounts of times each day that you need to suction may change with the seasons or with chest infections. If you are ever concerned, contact your healthcare provider.

You will need:

- Soap & Water
- Washcloth
- Brush
- Dry Towel

Steps for daily cleaning

1. Wash your hands well with soap and water.
2. Remove the larytube.
3. Clean the larytube with soap and water using the brush provided.
4. Clean the skin around the stoma with a wet washcloth.
5. Dry the rim of the larytube and skin around your stoma with a dry towel.
6. Reinsert the larytube.
7. Wash your hands well.

Changing the Laryngectomy Ties

1. Attach tube tie to larytube by inserting the plastic hooks into the larytube slots on both sides of the larytube.
2. Apply lubricant to the larytube and insert larytube into the stoma.
3. Wrap the tube ties around your neck.
4. Secure the Velcro.
5. Ensure the ties aren't too tight by always leaving room for two fingers under the ties



Laryngectomy Tube with HME and Tie
(Figure 8)



Laryngectomy/Trach Ties
(Figure 9)



LaryTube (Figure 10)

Clearing Your Lungs

Coughing and deep breathing exercises are important to help remove the mucus from your lungs. Hold some clean tissue near your stoma, take some deep breaths, cough secretions up to your stoma and wipe away. Drink plenty of fluids to keep your mucus from getting thick. Try to drink 8 to 10 glasses of water per day!

Laryngectomy Tube/Button

After you have healed, you may be able to transition from wearing a larytube to a laryngectomy button. A laryngectomy button (or a larybutton) is a shorter tube that you insert into the stoma that will allow you to use your voice prosthesis to talk. Your surgeon will decide when you reach this stage and your SLP will help to make sure you are fitted with the right size. Larybutton fitting is usually completed at your first clinic appointment following surgery.

Covering Your Stoma

Cover your stoma to keep dust and other material from entering the opening. A cover also warms and moistens the air you breathe in. A high neckline like a turtleneck or scarf gives enough covering. You can also use a stoma cover or bib to cover your stoma. Your SLP can review a variety of other neckwear options for laryngectomies.

Do not use pads or scarves that have loose threads or cotton filling.

Do not use tissues because they have fibers that could enter the opening. Do not put anything deep in the stoma.

Cleaning Your Stoma

Before you leave the hospital, you will be taught how to clean your stoma. This will become easier with practice. Taking good care of your stoma is important to avoid infections or any events that may require you to come back to the hospital.

Your stoma should be cleaned at least twice a day and as needed.

1. Wash your hands with soap and water.
2. Check your stoma each morning for crusts and mucus
(You can also use a flashlight to help visualize your stoma if needed)
3. Use a clean cotton cloth to gently wipe mucus from the stoma.
4. Moisten any dried secretions with a damp gauze, or use cotton-tipped swabs/ tweezers to gently remove crusts.
5. Use a warm washcloth and water to clean the rest of your stoma.
6. Gently dry the outside of your skin so it is not damp.
7. Wash your hands when you are done.

Never cut up small pieces of gauze to clean around your stoma as they can fall into your windpipe.

Do not use cotton wool to clean around your stoma to avoid inhaling small fibres that can irritate your airway.

Place your hand near your stoma to feel the air as you inhale and exhale. This will reassure you that your airway is clear.

Glycerin

The skin around your stoma may become sore. Only use water-soluble products, such as glycerin, around your stoma.

Bed Covers

Some people worry that their bed covers will cut off air to the stoma at night. Don't worry. The stoma is large enough for you to breathe easily.

Bathing and Showering

You will be provided with a shower cover which is a device that can be worn in the laryngectomy tube. It prevents water from entering the stoma/airway. Contact your SLP about this device if you have not received one.



LaryTube (Figure 11)

If you do not have a shower cover, shower below the level of your stoma only, or have tub baths. If having a tub bath, be sure to keep your stoma well above the water and consider filling the tub with a lower amount of water to prevent water from entering your stoma. When showering, stand with your back toward the shower head to keep water out of your stoma.

You can also...

- Cup your hand over your stoma
- Cover your stoma with a washcloth

Things to Avoid

Environmental

- Air pollution and aerosol sprays (perfumes and deodorants can irritate your lungs).
- People who smoke.
- People with colds.
- Crowds.
- Cold air for long periods of time.
- Dry, dusty environments.
- Going outside without your HME.
- Unprotected sun exposure on your stoma. This can cause a painful sunburn!

Activities

Lifting anything over 10 pounds in the immediate post-operative period; your doctor will tell you when you can resume normal activities.

- Swimming or any activity that may put you in danger of falling into the water.
- Getting constipated to avoid stress on your incision line.
- Cutting your neck when you shave.
- Getting aftershave in your stoma.
- Going outside without your stoma bib/cover/HME.
- Leaving home without your supplies.

Other Things to Avoid

- Animals near your stoma.
- Smoking. See page [14](#) for resources to help you quit.
- Poor diet.

How Can I Keep the Air in My Home Humidified?

When you breathe, the air goes into your stoma; it no longer goes through your mouth or nose. Before surgery, your nose was used to warm and moisten the air when you breathe. Since you breathe through your stoma, you may need extra moisture in the air in your home. Moisture helps keep your mucus thin and easy to cough out. Dry air can cause mucus to get plugged in your airway and laryngectomy tube, making it more difficult to breathe.

The best way to find out the humidity in your home is to get a humidity scale or hygrometer. Most agree that a range of 40-60% relative humidity is best in your home. Relative humidity of over 60% can cause health concerns.

You can add humidity to the air you breathe in by:

- Wearing a heat moisture exchanger (HME) consistently; this is a small filter that fits into your laryngectomy tube to protect the stoma. It helps humidify, filter and warm the air you breathe.
- Wearing a moistened stoma bib/cover.
- Drinking plenty of fluids. Try to drink 8-10 glasses of water per day!

You can add more humidity to the air in your home by:

- Placing a humidifier in your main living area.
- Keeping a small vaporizer running in your bedroom at night.
- Placing a shallow pan of water on radiators or in the corners of the room.

The Vaporizer

Vaporizers can have germs growing in stale water. It is important to change the water and clean the machine every day following the manufacturer's instructions.

Always check for mold and mildew on your ceiling and window sills if using a humidifier.

At Home: Your Daily Life

Nutrition

Getting all of your nutrients is very important in staying healthy. To do this, you should prepare before surgery by stocking up on high protein and high-calorie foods. Also, you should have the equipment required to prepare these foods for when you come home from the hospital.

This would include:

- A food processor or a blender
- Canned creamed soup (i.e. cream of tomato, cream of mushroom)
- Chicken, beef or vegetable broth
- Pudding
- Ice cream
- Milk or soy beverage
- Yogurt or Greek yogurt
- Cooked cereal (i.e. oatmeal or cream of wheat)
- Cottage cheese
- Custard
- Gravy
- Powdered milk
- Applesauce/pureed fruit cups
- Vegetable/fruit juice
- Vegetable/fruits that can be pureed

You may also want to get nutritional supplements, such as Ensure[®], Boost[®] or Carnation Breakfast Essentials[®].

Your dietitian will provide you with instructions and tips on how to balance your meals, such as:

- Drinking enough fluids to stay hydrated (fluids that have nutritional value like milk, vegetable/fruit juice, milkshakes, and smoothies are good)
- How to increase the protein and calories of your foods
- How to prepare the different food textures you may require

To prevent problems while eating, you should:

- Sit upright to eat
- Eat slowly
- Chew your food well
- Sip fluids during your meal if dry foods are difficult to swallow
- Focus on your swallowing
- Try different head positioning and consult with your SLP for recommendations/exercises.
- Avoid using a straw when drinking

Once you progress to the soft diet, you may have difficulties with certain foods. You may need to avoid:

- Foods with seeds or skins
- Dry, crumbly foods such as hamburger
- Sticky foods such as peanut butter
- Gummy foods such as fresh bread
- Hard to chew foods such as tough steak or nuts

Remember: it is important to eat a well-balanced diet while on the pureed, minced or soft diet.

Tip: Some people may find that their sense of smell and taste is decreased. Try spicing up the foods you eat.

Also, be careful! You can no longer blow on hot foods to cool them down, check the temperature with your finger.

Rest & Activity

- You will feel tired for a few weeks when you go home.
- You will need to take one day at a time and alternate rest periods with activity.
- You should try to get at least 8 hours of sleep at night.
- You will need to gradually increase your activity which will help build up your strength and make you feel better sooner.
- Walk every day, building up gradually.
- Start with short walks around your house, then go outside and walk a short distance slowly. Remember, you will need to walk back to where you started.
- Pace yourself and remember that everyone progresses at their own rate.
- Pay attention to your body and if you're uncomfortable, stop what you are doing and rest.
- Your doctor will tell you when you are ready to resume normal activities.

Going Back to Work

You may be eager to get back to work, or you may want more time to rest. Going back to work depends on when you feel well enough. If your job requires heavy lifting, you may find that you need to do your work in a different way. Talk to your doctor about plans to get back to work.

Keeping Healthy & Staying Safe

Flu Shots

Ask your doctor if you require a flu shot.

When Should You Contact Your Doctor?

Report these signs and symptoms to your doctor if they appear:

- Swelling or tightness around your neck or stoma
- Redness or purple skin around your incision
- Bleeding from the stoma or drainage from your incision
- Difficulty swallowing and/or eating
- Difficulty breathing or noisy breathing that sounds obstructed.
- Streaks of blood or pus in your sputum
- Colds or respiratory infections. Check with your doctor about using over-the-counter medications. Avoid drugs that dry out the linings of your air passages (i.e. Antihistamines)
- Increased pain that is not relieved by your pain medications.
- Food or liquid coming through the middle or around your lary tube or voice prosthesis (if present)

Signs of Stoma Infection:

- Redness
- Tenderness
- Drainage around the opening

Signs of Respiratory Infection:

- Fever (Temperature >100 F or >37.7 C)
- Chills
- Increased mucus
- Change in mucus colour
- Foul odour of mucus
- Night sweats

Emergencies

Everyone should learn how to do CPR (cardio-pulmonary resuscitation). Your family members should learn mouth-to-stoma CPR to help you in case of emergency. They must remember that they cannot check breathing from your nose or mouth. In an emergency, they must do mouth-to-stoma breathing, not mouth-to-mouth or mouth-to-nose. You can get an emergency wallet card from your SLP that shows a rescuer how to perform CPR.

Contact your telephone company to inquire what emergency services they provide. Develop an emergency plan with a family member, neighbour or friend.

Dial 911 for help in an emergency. Since speaking may be challenging, it might be helpful to have a friend or family member record a message stating that you are in trouble and need medical help right away. In an emergency, you would simply dial 911 and play the pre-recorded message.

Sample message: “This is not a false alarm. My name is _____ and I cannot speak. This is an emergency. Please send help. My address is _____.”

Alternatively, TEXT with 9-1-1 is an available service that allows you to text 9-1-1 on your cell phone instead. To use this service, you must register with your wireless service provider (e.g. Bell, Rogers, etc.) and ensure that your cell phone is compatible. For more information, visit www.textwith911.ca

For those who live alone and may not be able to use the phone to call or text 911, there is something called Lifeline. This is a system that can be set up in your home to link you directly with the ambulance, fire and police. All you would need to do is press on the Lifeline button. If you are interested in Lifeline, please let us know.

Do I Need a MedicAlert® Bracelet?

Yes, you should wear a MedicAlert® bracelet every day. This bracelet will tell people that you are a neck breather if you ever need CPR. During CPR, breathing must be performed mouth- to-stoma, not mouth-to-mouth. Your bracelet should say ‘neck breather: laryngectomy.’ While in hospital, your SLP will give you information on how to order a MedicAlert® bracelet. Alternatively, rubber ‘Neck Breather’ bracelets will be provided to you along with other laryngectomy supplies.

Final Thoughts

After reading this booklet, you should have a better idea of the procedures leading up to your laryngectomy, and how things will be afterward. Adjusting to change takes time, and everyone's healing process is different. Remember, you have support systems in the hospital and in the community. Please do not hesitate to ask your health care team any questions that you may have, or to go through this booklet with you as many times as you need.

Contact Details

How do I contact my surgeon?

You will have a follow up appointment with your surgeon in 1 to 3 weeks after you leave the hospital. Your appointment will be in the Cancer Centre.

During this visit, your surgeon will check your incision and review your blood work (if required). Talk to your surgeon about any concerns you have at this time. If you need to contact your surgeon for any post-operative issues or to reschedule your appointment, please call:

Dr. J. Franklin and Dr. T. Phillips: 613-544-3400 extension 3618

Dr. N. Cohen: 613-544-3400 extension 3620

How do I contact my SLP?

You will be seen by your SLP at the same time that you see your surgeon. This will be 1 to 3 weeks after you leave the hospital at your first Cancer Centre clinic appointment.

If you have any questions or concerns for your SLP, please call:

Barbara Lakins: 613-544-3400 ext. 3194 (HDH site)

613-549-6666 ext. 4545 (KGH site)

Laura Mears: 613-549-6666 ext. 6212

Email: laryngectomySLP@kingstonhsc.ca

Lined writing area consisting of 24 horizontal lines for notes.

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October 2023