

**Prince Court Medical Centre
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PUSAT PERUBATAN
PRINCE COURT
MEDICAL CENTRE

**Advice to take Home
After a
LARYNGECTOMY**

This booklet is a guide and is no substitute for a full and open discussion of the risks and benefits of the proposed procedure, these should be discussed with your doctor.

The specific details of your care may vary from the matters discussed in this guide

**PLEASE BRING THIS BOOKLET WITH
YOU TO THE HOSPITAL**

After a laryngectomy you are permanently breathing in air through a 'short cut' or hole in your neck called a stoma.

Understanding Laryngectomy

Before you begin understanding the care we advise after a laryngectomy operation. It is most important that you and your family understand how your body has changed. Understanding this will enable you to make sense of practical care, and adapt it to fit your lifestyle.

What is a Laryngectomy?

A laryngectomy is an operation that involves the removal of the voice box. It is usually undertaken due to disease of the voice box, or the surrounding area.

The following diagram shows how the air enters the lungs before and after the operation of laryngectomy.

Ask the senior nurse or doctor to fill out the notations on the diagram.

(Staff note: please label food tube, lungs, windpipe, stoma. Please observe terminology).

Please write down any questions or concerns which you would like to ask the nursing or medical staff when you are admitted to the hospital.

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Please do not hesitate to contact Dr. Yeo if you have questions or concerns.

Ph: 2160 0000

For Your Information

- We advise that you do not smoke at least one week prior to surgery, to help prevent complications developing from your anaesthetic and surgery.
- Please note that there are no laundry facilities available.
- Please do not bring jewelry or large sums of money into the hospital. However, you may want some change for daily requirements such as newspapers, magazines or phone calls.

The care that you must take to help your lungs function normally is directly related to the functions that your nose and mouth used to do for you.

The normal function of the nose and mouth is to warm and moisten the air which is breathed. Your lungs have had warm/moist air for all your life. The lungs do adapt to the 'short cut in breathing' created by laryngectomy. The dryness of the air inhaled may cause irritation and damage to the lungs and increase the risk of infection.

This is why we ask you to get warmth and moisture by artificial means, until the airways are used to the change in air.

Introducing steam to the airways is the way to mimic the action of the mouth and nose, and to get warmth and moisture to the lungs.

Getting Steam

You should begin having steam three times daily for around ten minutes each time. The most common method is to use a large basin of hot water (be careful that it is not so hot as to burn you) and a towel to go over your head, which helps direct moist, warm air towards the stoma.

Having a shower counts as having steam. In fact this 'steam up' is probably the best of the day, and we recommend having a shower in the morning when your stoma tends to be dry and a bit crusty.

As you become accustomed to direct air you can reduce the frequency of steaming to twice a day.

If at any time you get thick, sticky hard to cough-up mucous, this means an increase in steam is needed.

Usually this increase in your steaming regime will only need to be for a short time. Remember though, that each person is quite different and that which suits one person may not suit another.

Some of these can be hired, so you could trail one to see if it helps you at all. However, they are relatively inexpensive to buy, and rental is relatively expensive.

Going Home Checklist

To be filled out by you and your nurse

If required:

- Sachets of sterile saline x 30
- Syringes (2mls) x 14
- Blue Chlorhexidine x 4
- Sterile gauze x 4
- Cotton buds x 15 (long handled)
- Stomal protectors x 2
- Soft tube trachy brush x 2 (1 brush)
- Fine forceps

Extras

If required:

- RepcO pump x 1
- Trache mask and nebuliser x 1

Additional Information

If required:

- Neck dissection brochure
- Stomal protection brochure
- How can I help? Information for family and friends

Medication

Take medication, including painkillers as prescribed by your doctor. If you have any queries ask the doctor or nurse for help. Medications may include drugs that are inhaled like ventolin (given for asthma and/or emphysema). If you are going home and the doctor has prescribed a drug such as this, speak to your primary nurse about the correct way to take the drug, and about how to maintain the equipment commonly used to administer the drug, ie. a pump, etc.

Finally

There are always doctors, nurses or speech therapists available in the Ward to discuss with you any of your problems or fears.

If possible, we would recommend that you see us rather than your local doctor, who may not be very familiar with specific problems faced by a person with a laryngectomy. We are happy to talk to your local doctor about any aspects of your care, please advise your doctor to call us.

If you have a problem concerning your laryngectomy telephone Ward 3 first. Ask for one of the permanent senior nurses on duty to assist you. There are staff experienced in solving problems for laryngectomy patients at all times of the day and night.

Nebulisers/Humidifiers

These are usually available from chemists, or from specialist suppliers of medical equipment. Most of them cost between \$30 and \$40.

Some of the available brand names are:

KAZ Safeguard 76, Steam Vaporiser
Handcraft, Automatic Steam
Vaporiser/Humidier
Euky Bear Steam Vaporiser

Some people who have a particular problem at night may buy a commercial nebuliser/steamer. This will produce enough

steam for a normal size room and is particularly useful at night. However, this is usually unnecessary.

Some brands readily available from the chemist are listed on the previous page.

Introducing Moisture to the Lungs

In the hospital you will be taught to dribble 2mls of sterile normal saline down the stoma. The saline will help loosen the often sticky secretions from the lungs. It will help you to cough up the sputum that has been loosened by the steaming. Steaming is always done first.

When you first go home, you will put sterile saline down the stoma after the steam. As your airway (trachea) gets used to the changed air that you are breathing in, the frequency of putting saline down will be reduced; until you rarely, if ever, need to use it.

If you have mucous in your stoma and it will not loosen sufficiently to cough out with steaming, you may need to reintroduce putting saline down just to loosen that mucous.

Only use the sterile saline sachets that we provide to you on discharge for dribbling down your tube. (Sterile Saline may also be purchased from the chemist). We recommend that you use a fresh sachet every day, and in hot weather, when bacteria will grow more quickly, you should store the sachet that is currently in use in the refrigerator. Also, the syringe needs to be fresh each day.

Handy Tip

Increased mucous is not always a sign that your lungs and airways are moist, in fact, it can be a sign that your lungs have increased production of mucous because they are dry. **Do not discontinue steaming because you have too much mucous.**

Cleaning

You will also be taught how to clean the stoma properly before you are discharged from the hospital. The first thing that you must always do is to wash your hands very thoroughly under running water. Use a non-perfumed soap, such as Velvet.

We teach you to use a piece of gauze, place over the end of your finger, to clean the stoma for the first few weeks after you go home.

The cleaning process should be done three or four times a day at first.

When the stoma has healed to a neat hole, usually about two weeks after you go home. You may clean the stoma with a warm, moist, clean flannel (do not use soap). By then the stoma is no longer a wound, but rather an area that must be cleansed as you would any other part of your body.

Clean your stoma twice daily when healed, usually after steaming, and of course wipe it with tissues after coughing.

Handy Tips

After cleansing the stoma apply some Vitamin E cream or paraffin to the stoma, and gently massage it in. It may help to:

1. Soften the skin around the stoma.
2. Reduce shrinking of the stoma.
3. Reduce the formation of crusts of sputum in the stoma.

The social worker is able to provide counseling, advice and information on all services and support. This is a free and valuable service.

There is a support group for laryngectomies and their partners. It is called the Laryngectomies Association. Ask the speech therapist for information about this group.

Ongoing Treatment

If you are having ongoing treatment (such as radiotherapy) please ask for additional information that may benefit you.

Physiotherapy

Your physiotherapist, may have some specific exercises for you to do (please check). Deep breathing and coughing is always important to maintain a clear chest. The simple exercise of walking also helps.

Protection For Your Laryngectomy

A pamphlet about stoma covers is available from the nurses station in the ward.

Rest and Activity

Regular exercise is important, so increase it gradually. You may feel tired at first, so why not take one to two hours rest as you did in hospital for the first couple of weeks. Ask your doctor before you restart sports. Swimming is possible only with specialist training and advice. Do not attempt swimming without doctors approval.

Sleeping

Sleep in a comfortable position. You may find sleeping on two pillows more comfortable for your breathing.

You must seek attention from the dietitian and/or doctor if:

1. You are having trouble swallowing or keeping food down, or if you are needing to eat progressively softer food, or even fluids instead of your normal food.
2. If you are steadily losing weight for no particular reason. Inform your doctor if you have an appointment soon after noticing the loss. If your appointment is more than one week away, then you must contact the ward or dietitian.

Laryngectomy patients can be prone to constipation. It is harder to push down when using your bowels because you cannot hold your breath.

Bathing/Showering

You must shower and bath as normal, remember the steam is helping your breathing!

You must not allow water to enter your stoma. A shower protector is advised to protect your stoma in the shower. The speech therapist or nurse can show you this. You are able to purchase a shower protector from the speech therapist.

Tips

1. Get someone to help you in and out of the bath if you are unsteady.
2. A bath mat and handles reduce the risk of slipping.

Support Services

Laryngectomy is a life changing operation. In such times you or your family and friends may require additional support.

The social worker is available to all laryngectomees. Your social worker is (ask the nurse to fill this out for you).

You may have special requirements for your stoma care.

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(The nurse is to fill this out, please include aspects of caring for a soft tube if appropriate).

You should also tell your doctor if any lumps develop in the neck or near the stitch lines, these can be quite innocent but need to be checked out, without delay.

Shrinking of the Stoma

Most often as the stoma heals it shrinks slightly. The minimal size your stoma should be is the size of the top of a biro or pencil.

If your stoma shrinks too much, insufficient air may be able to reach your lungs. This is dangerous and results in symptoms such as:

1. Shortness of breath
2. Dizziness/blackouts
3. Inability to efficiently cough up sputum
4. Noisy breathing

Sometimes radiotherapy post-operatively can increase the tendency for your stoma to shrink.

If you are worried your stoma is too small, please consult your specialist doctor immediately. Relatively simple steps can be taken to stretch it up again.

What To Look Out For / To Report To Your Doctor

1. Unexplained breathlessness
2. Severe persistent coughing
3. Bleeding around the stoma site
4. Coughing up blood
5. Change in colour or consistency of sputum
6. Fever
7. Soreness around the stoma
8. Any ooze or severe redness around the stoma.

Communication

Your speech therapist,, (ask your nurse to fill this in) will have already spoken to you about communication methods that are right for you.

There are commonly three ways a laryngectomy can learn to speak again.

1. The Servox: an artificial voice machine which produces sound. The machine is placed on the neck, where the sound travels through the skin and into the mouth. The tongue and lips are moved to make speech as before.

2. The Valve: a valve that is put into a tiny hole created by the surgeon at the time of operation. The hole is created between the windpipe and the food tube. It allows entry of air into the upper food tube, where muscles move to make sound. The tongue and lips are moved as before to make speech as before.

The care and use of the Valve will be explained in depth by your speech therapist.

3. Oesophageal sound: this is where sound can be produced by pushing air back into the food tube using your tongue. This air causes muscles in the food tube to move and create sound, which with practice can be used for speaking.

Many laryngectomees find it advantageous to learn more than one form of speech. Together with the speech therapist explore your options.

Diet

If you have difficulty swallowing, please make sure you have seen your dietitian before you go home. Ask your nurse to fill out this name and arrange this for you.

If you are unable to take in the foods your body needs to heal and become well again, you may require supplements, the dietitian can advise you on this, and on a range of cooking ideas.

Here Are A Few Tips

1. Make sure your teeth are in good condition and that your dentures fit well.
2. Eat as wide a variety of foods as possible, so you get all your essential protein, carbohydrates, vitamins and minerals.
3. Include fresh fruit and vegetables in your diet.
4. Keep up your fluid intake, this will help keep your bowels working properly.