



Getting ready for and recovering from Laryngectomy Surgery



Island Health Surgery Resources



About these materials

This booklet was developed with input from doctors and health care providers. It provides specific information to help you prepare for your laryngectomy surgery and recovery.

Please read this booklet as soon as you get it!

If your surgeon or nurse gives you information that is different than what is in this booklet, please follow their directions.

This booklet is meant to be read with the *Getting ready for and recovering from Surgery* booklet; it provides general information to help you prepare for your surgery and recovery. It is important that you read both booklets. You can find copies by:

- Asking your surgeon's office, or
- Going to Island Health's *Getting Ready for Surgery* site:

<https://www.islandhealth.ca/learn-about-health/surgery/getting-ready-surgery>



Help your care team help you!

Share this booklet with your care team so they know about your plans to recover and get home as soon as possible.

Please note that the information in this booklet is current as of the date printed on it.

Surgical Services, Island Health

Preparing for Surgery



About Your Laryngectomy Surgery

Surgery Information

A laryngectomy is an operation to remove the larynx (voice box). The surgery is done to remove cancer of the larynx.

Esophagus: The tube that moves food to the stomach.

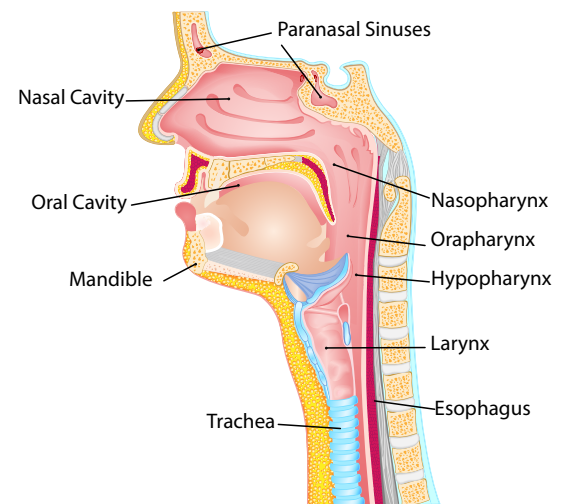
Larynx: Also known as the *voice box*, this is the organ in the throat that contains the vocal cords, which allow you to talk. The Adam's apple is in front of the larynx. Your throat (pharynx) splits into 2 tubes: the esophagus and the trachea.

Pharynx: Part of the throat that is behind the mouth and above the esophagus.

Trachea: Also known as the *windpipe*, this is the tube that moves air into the lungs.



Your likely length of hospital stay is 14 days. You may go home earlier or later, depending on your recovery.



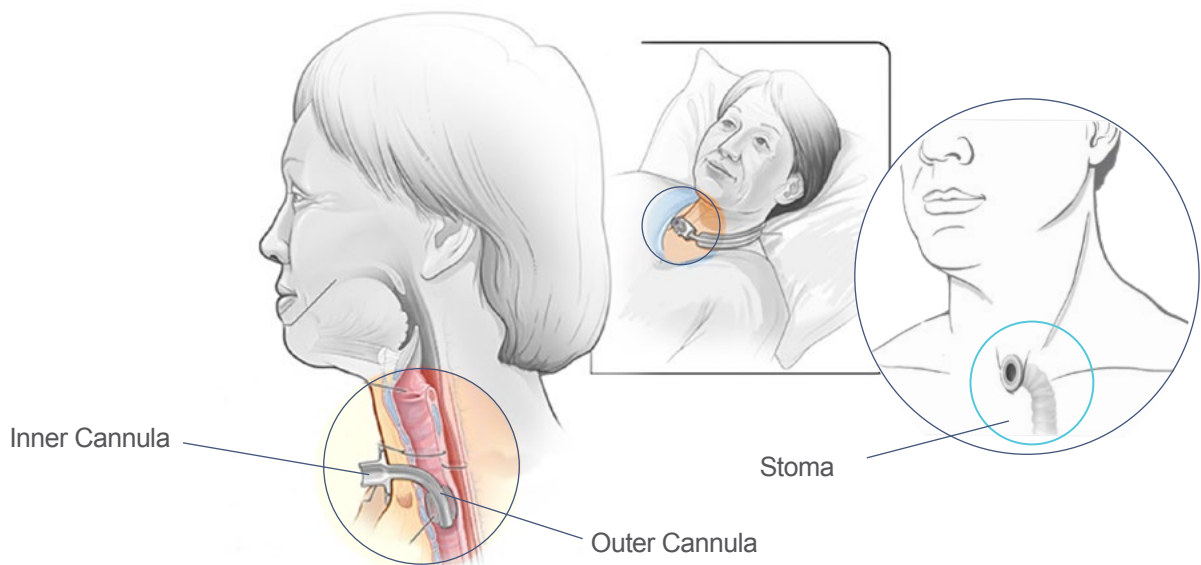
How is the Surgery Done?

The surgeon will make an incision in your neck and remove the larynx. Once the larynx is removed, the surgeon will close the connection between the mouth and the trachea. He will then bring the upper part of the trachea to the front of the neck to create a permanent opening. This opening is called a *stoma* (also called a *tracheostoma*).

The surgeon will insert a tracheostomy tube into the stoma. This tube helps keep the stoma open while it heals.

The tracheostomy tube has 2 parts:

1. **The outer cannula**, which is the main part of the tube and sits directly in the trachea.
2. **The inner cannula**, which fits inside the outer cannula and is removed for cleaning.



Will I Need a Neck Dissection?

The surgeon might do a neck dissection at the same time as the laryngectomy. This is done to remove the lymph nodes in the neck to check if the cancer has spread. The surgeon will discuss this with you before your surgery.

Skin from another area (usually the forearm or thigh) may be needed to replace the skin that was removed during the neck dissection. This is called a *skin graft*.

What to Expect After Your Surgery



By knowing what to expect after surgery, you can plan now to help your recovery.

After surgery, air will move in and out of the lungs through the stoma instead of through your mouth and nose.

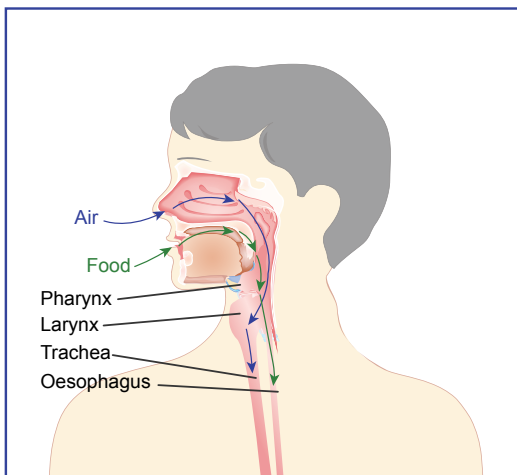
After your laryngectomy you will cough up mucus out of your stoma instead of your mouth and nose.

The stoma must be kept free of fluids, mucus, and anything else that can block the flow of air. If the stoma becomes blocked, breathing will be more difficult. Any blockage of the stoma can be very serious.

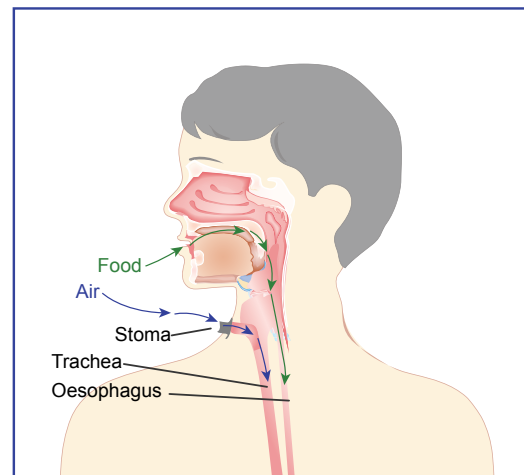
To prevent mucus from blocking the airway:

- A small mask with humidified oxygen will be placed over your tracheostomy tube.
- The head of your bed will be elevated.
- Your mouth and tracheostomy tube will be suctioned as needed.

Before Surgery



After Surgery

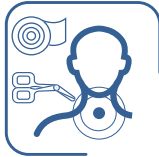




Communication

After surgery, you will use a pen and paper to help you to communicate.

The Speech Language Pathologist will work with you during your hospital stay to help you establish your new voice.



Incisions, Dressings and Drains

Your surgical site will be very swollen; this is normal. The swelling will go down every day.

You will have a drain(s) near the incision to help remove excess fluid. The nurses will empty them as required.

Your tracheotomy, inner cannula, and incision(s) will be cleaned and cared for every 4-6 hours, and as needed, while you are in the hospital. Your nurse will teach you and your caregiver how to clean and take care of these for when you get home.



Fluids and Diet

You will be given fluids through one or two intravenous (IV) tubes in your arm.

A small feeding tube will be inserted into your nose during surgery. This feeding tube goes into your stomach to give you nutrition in liquid form until the throat is healed and you can start eating. You will not be able to eat by mouth for a few weeks after surgery.



Going to the Bathroom

A catheter will be placed in your bladder to drain urine. It will be removed once you are up and walking.



Activity

Do not get up on your own until the nurse tells you it is okay.

Generally, you will recover quicker if you move about as soon as possible. Your Nurse or Physiotherapist may help you sit on the edge of the bed on the morning after your surgery.

You may get medication or have special compression stockings applied to your legs until you are able to get up and about. The medication and stockings help prevent blood clots in your legs.

The head of your bed will be elevated. You may not be able to easily move your head from side to side due to swelling. Your surgeon may also ask that you not move your head from side to side.

Your nurse will encourage you to breathe deeply and cough, and to do leg exercises while you are in bed.



Delirium

Sometimes after surgery people can develop **temporary** mental confusion. This is called *delirium*.

Delirium is more common in people who are over 75 years of age, smoke, drink alcohol, take sleeping or anti-anxiety pills, use illicit drugs regularly, or have early signs of memory loss (dementia). Tell your nurse or doctor if you have any of these risk factors before your surgery; they can help you through this difficult and sometimes frightening time.

People with delirium can act confused and may:

- Be restless and upset
- Slur their speech
- Not make any sense
- See or hear imaginary things
- Drift between sleep and wakefulness
- Mix up days and nights
- Be forgetful
- Have trouble concentrating
- Be more alert than normal
- Not know where they are
- Have trouble staying awake

Talk to your family about delirium before your surgery; they may be asked to help keep you oriented while you recover. Generally, the confusion passes within 72 hours, but it can take longer.



Laryngectomy Pulmonary Kit

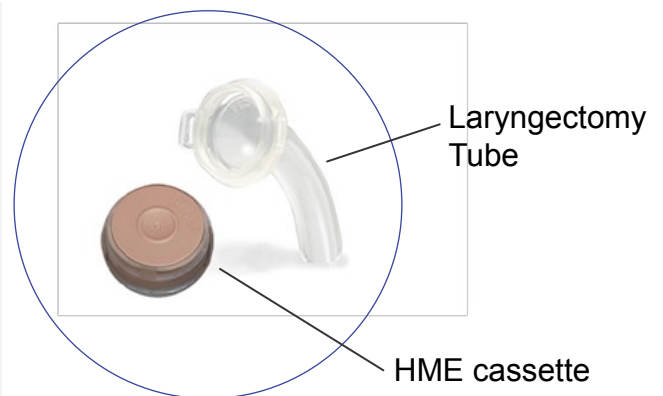
When breathing through the nose and mouth air is filtered, warmed and moistened before it gets to the lungs. With a stoma, air goes directly into the trachea and lungs without being filtered, warmed or moistened.

To help re-balance the “climate” in your lungs and help compensate for the functions of your nose, your Surgeon may decide to use a Laryngectomy tube with Heat and Moisture Exchanger (HME) cassettes.

- A **laryngectomy tube** is a soft silicone tube that helps keep your stoma open while it is healing.
- The **HME cassettes** are worn day and night. The cassette connects to the end of the laryngectomy tube and gives the air you breathe heat and moisture. By filtering the air, you will cough less. This is like how your mouth and nose normally work. The cassette is changed each morning, or more often if it is plugged. HME cassettes are very important in helping you to cover the stoma for speaking.

If your surgeon has decided to use a Laryngectomy tube with HME cassettes, the Speech Language Pathologist or nurse will bring you a Provox® Laryngectomy Pulmonary Kit (LPK) 2 to 4 days after your surgery.

Your Nurse and Speech-Language Pathologist will teach you how to care for and clean the laryngectomy tube and the HME cassette.





A New Voice

After surgery, you will need to learn a new way of speaking. You will work closely with a Speech Language Pathologist for several months after surgery to develop a new voice. The first choice for a new voice is to use a tracheoesophageal voice prosthesis, or TEP.

The TEP is the most common form of “new voice.” Your Surgeon makes a tiny hole, called a *puncture*, at the back of your trachea. The hole makes an opening between your trachea and esophagus. Your Surgeon will put a voice prosthesis into the puncture during your operation.

If the TEP is not an option for you, other speaking options will be introduced.



Caring For Your Mouth



Your mouth needs to be cleaned, even when you are not eating food.

To keep your mouth clean:

- Brush your teeth or dentures at least 2 times a day with a soft toothbrush.
- If you have dentures, remove them and wipe the inside of the mouth with a damp washcloth or gauze.
- Apply a lip balm to keep your lips moist.

Care at Home



Before going home, you will be:

1. Taught how to care for your stoma and laryngectomy tube. It is very important that you and your caregiver understand, and can show, how to take care of your stoma and Laryngectomy tube for when you get home.
2. Given a list of supplies that you or your caregiver will need to buy. The hospital will supply you with a few of these items. Once you are home, a Community Respiratory Therapist will tell you where to buy more supplies. If money is a concern, tell your nurse. The hospital Social Worker can help.



Cleaning Around the Stoma

It is important to keep the skin around your stoma as clean and dry as possible. This helps prevent soreness and infection.

While in hospital, we will teach you how to clean and care for your Laryngectomy tube. The Nurse or Speech Pathologist will help you clean the stoma and laryngectomy tube (Larytube) at least 2 times. You may need to clean more often if the tissue around the stoma is crusty, red or painful, or if the tube is full of secretions.

Always clean the stoma first thing every morning. You will be cleaning on your own by the time you are discharged.



Cleaning the Laryngectomy Tube

In hospital you will use pipe cleaners and gauze to clean the tube, but once you are at home you may switch to the brushes we provide.



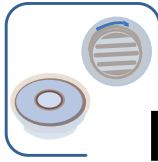
Caring for Your Stoma

It is important that you cover your stoma with tissue when you cough. Your secretions are now coming from your stoma instead of your mouth. Wash your hands after you cough or touch your stoma.

Cover your stoma at all times with a stoma cover, neck scarf, or other cover of your choice. This will keep dirt and debris out and help contain your secretions when you cough.

During colder weather when the air is dry, you will need to place an extra cover over your stoma. You may choose to wear a scarf or clothing with a high neckline. This will help keep the air moist and decrease the chance of coughing. Blood specks in the mucous may happen in the cold weather when the air is dry. Wearing your neck cover or using saline spray can help.

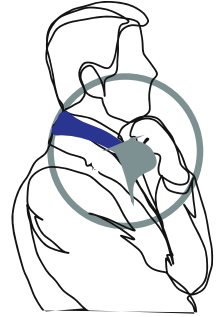




HME Cassettes

You will need to change your HME cassette every day. Your nurse will send you home with extra cassettes and information on how to order more. A card for a free box of cassettes is in your Provox® Laryngectomy Pulmonary Kit (LPK). Complete the form and send it in when you get home.

- When you need to cough, first remove the HME cassette and cover your stoma with a tissue.
 - If you cough into the cassette, remove the cassette and wipe it clean with a tissue. If it cannot be wiped clean replace it with a new one. Do not wash it, or it will stop working.
- Your Nurse and Speech Language Pathologist will show you how to remove the cassette and replace it.



Care of Your Voice Valve

The Speech Language Pathologist will give you more information on how to care for your voice valve, if you have one.

Your valve must be cleaned every morning and night. It will need to be cleaned more frequently if it gets blocked with mucus.



Bathing

When bathing or showering, turn away from the shower spray and cover your stoma with a shield or your hand. Avoid getting soap lather in your stoma as it will make you cough. Pat the area dry with towel.



Activity

You may tire easily for the first few weeks. Get plenty of rest.

Gradually increase activities over the next few weeks. Walk as much as you can, but rest often. Pain will gradually get better, but if you have more pain when you increase your activity, you are doing too much.



Returning to Work

Returning to work depends on many things including your age, health and the type of work you do. Many people who have had laryngectomy surgery have returned to their former jobs. Talk with your doctor about when to return to work.

The most important factor is you – your determination to recover and do what you feel is best for you.



Healthy Eating

Maintain your diet as directed by your Speech Language Pathologist. At the beginning, this is often a soft, moist and easy-to chew diet. At first you will find it easier to have small meals with snacks every 2 hours or so rather than 3 large meals a day.

It is important to eat nutritious foods high in calories and protein to help you heal, fight infection, and regain any weight you may have lost.

Your sense of smell will be reduced. This also reduces your sense of taste. You may find you need to add more spices and condiments to your favourite foods.

If you are feeling tired and not interested in food, high-protein, high-calorie drinks like shakes and smoothies can be an easy way to boost your nutrition.

If you require any further nutrition information, ask your Dietitian.





Going to the Bathroom

You will no longer be able to strain/push fully when you have a bowel movement. To strain/push fully, you need to be able to hold your breath and you can no longer do that. You must be very careful not to get constipated. You can help avoid constipation by:

- Being as active as possible within limits of your surgery.
- Drinking lots of fluids.
- Eating high fibre foods such as fresh fruits, vegetables, whole grain breads and cereals, or bran.
- Taking a mild laxative when needed. Ask your pharmacist or doctor to suggest one.



Follow-up Appointments



1

Within 24 hours of going home:

Make an appointment with your Surgeon for 1 month after surgery, or as directed by the Surgeon.



My appointments with my surgeon is on: _____

Make an appointment with your family doctor for 1 week after you are home. Your family doctor will help arrange for any follow-up appointments that may be needed.



My appointment with my family doctor is on: _____



2

Long-term follow-up:

Follow these guidelines or your oncologist's directions, to schedule regular appointments for cancer surveillance with your family doctor:



- Years 1-2: every 6-8 weeks
- Year 3: every 3 months
- Year 4: every 4 months
- Year 5: and after – every year



Laryngectomy support

Before or after your surgery, your Speech Language Pathologist can arrange a visit from a volunteer who has had laryngectomy surgery or you can make arrangements yourself. The volunteer can provide support, information and comfort during the recovery time.

Support Services:



Speech Language Pathologist:

Tel: 250.370.8277 or Pager: 250.360.4852

Community Respiratory Therapist (Victoria residents only)

Tel: 250.361.5252

Home Care General Enquiries:

Tel: 250.388.2273

Dietitian:

Tel: 250.370.8582

Medical Alert Bracelet:

It is a good idea to wear a medical alert bracelet that says "Neck Breather." To order one, call the Canadian MedAlert Foundation (1.800.668.1507) or order one online at www.medicalert.ca





Resources



Non-emergency health information from anywhere in BC. Talk to a Nurse, Pharmacist or Dietitian. Translation services are available in over 130 languages on request.

HealthLinkBC

- phone: 8.1.1 from anywhere in BC.
7.1.1 for deaf and hearing-impaired assistance (TTY)
- email: www.healthlinkbc.ca



The International Association of Laryngectomees

- **Tel:** 1.866.425.3678
- **Email:** ialhq@larynxlink.com
- **Web:** <https://www.theial.com/>



The Canadian Cancer Society

- **Toll Free:** 1.800.663.7892
- **Email:** vanisland@bc.cancer.ca
- **Website:** www.cancer.ca



WebWhispers

Laryngectomee support on the internet.

- **Web:** www.webwhispers.org



BC Cancer Agency's Vancouver Island Cancer Centre

2410 Lee Avenue,
Victoria, B.C., V8R 6V5

- **Toll Free:** 1.800.670.3322
- **Victoria Tel:** 250.519.5500
- **Website:** <http://www.bccancer.bc.ca/>



Other Island Health Surgery Resources you might find helpful:



Island Health's Getting Ready for Surgery site:

<https://www.islandhealth.ca/learn-about-health/surgery/getting-ready-surgery>



Compliments and Concerns

Quality care is important to all of us. You have the right to give feedback about your care and know you will be treated fairly. Your feedback gives us an opportunity to improve the care and services we provide.

If you have a compliment, complaint or concern, you can speak directly to the person providing your care, or you may contact the **Patient Care Quality Office**.



Patient Care Quality Office
Royal Jubilee Hospital
1952 Bay Street Victoria, BC V8R 1J8
Memorial Pavilion, Watson Wing, Rm 315
Toll-free: 1.877.977.5797 / Greater Victoria: 250.370.8323
patientcarequalityoffice@viha.ca

<https://www.islandhealth.ca/patients-visitors/patient-care-quality-office>



Health Concerns

Who to Contact:

Call 911 if:

- Your tracheostomy/HME tube falls out and you are unable to reinsert it.
- You have chest discomfort with sweating, nausea, faintness or shortness of breath.
- You have shortness of breath that gets worse and is not relieved by resting.
- You have fainting spells.
- There are bright red blood in stool or urine, or when you cough.
- You have sudden problems with speaking, walking or coordination.

Call your Surgeon if:

- You have difficulty breathing or shortness of breath.
- You notice the stoma size is getting much smaller.
- You notice bleeding – enough to soak through a tissue.
- The drainage from your incision/stoma/tracheotomy changes in appearance or color, especially yellow or green.
- You feel increased tenderness, redness, or warmth.



Tell us what you think!

After reading this booklet please respond to the following statements. Your answers and comments will help us improve the information.

Circle one number for each statement:



**strongly
disagree**

**strongly
agree**



I read all of the information provided.

1 2 3 4 5

Comments

The information is easy to read.

1 2 3 4 5

Comments

The information is easy to understand.

1 2 3 4 5

Comments

Reading this information helped me prepare for
and recover from my surgery.

1 2 3 4 5

Comments

The information answered my questions.

1 2 3 4 5

Comments

I would recommend this information to other patients.

1 2 3 4 5

Comments

I prefer to have this information in:

_____ A book just like this one

_____ Separate handouts on each topic that I need

Comments

I would have liked MORE information about:

I would have liked LESS information about:

What changes would you make in this booklet to make it better?

I am: ___ a patient ___ a family member

Tank you!

Please give this evaluation form to your health care provider or mail to:
Manager of Surgical Quality
Surgical Services 2nd Floor, Memorial Pavilion
Royal Jubilee Hospital
1952 Bay Street
Victoria, BC V8R 1J8



