

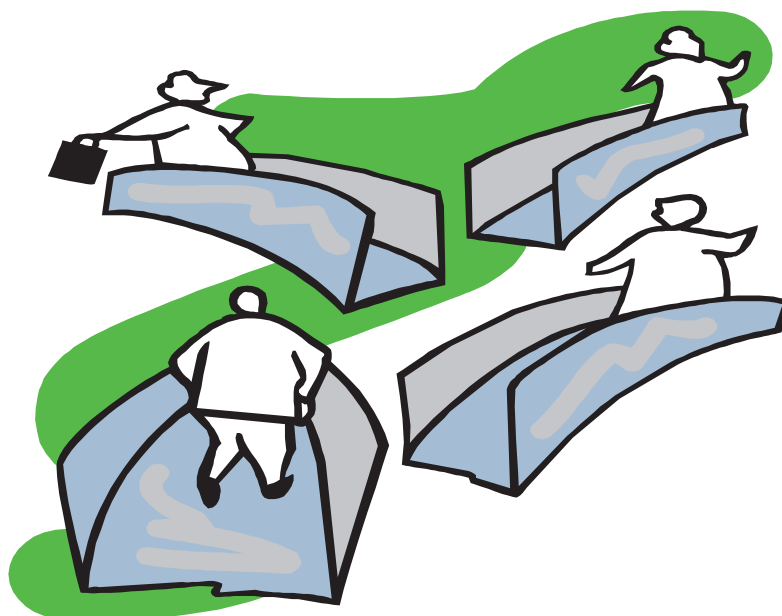


Laryngectomy

UHN

Instructions for Patients Going Home

This pamphlet tells you how to care for yourself at home after a laryngectomy.



Patient Education
Improving health through education

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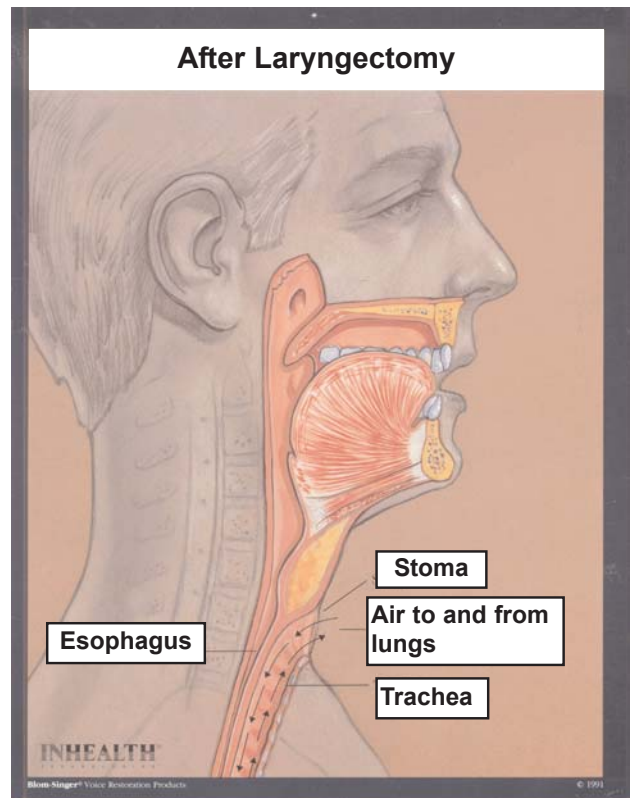
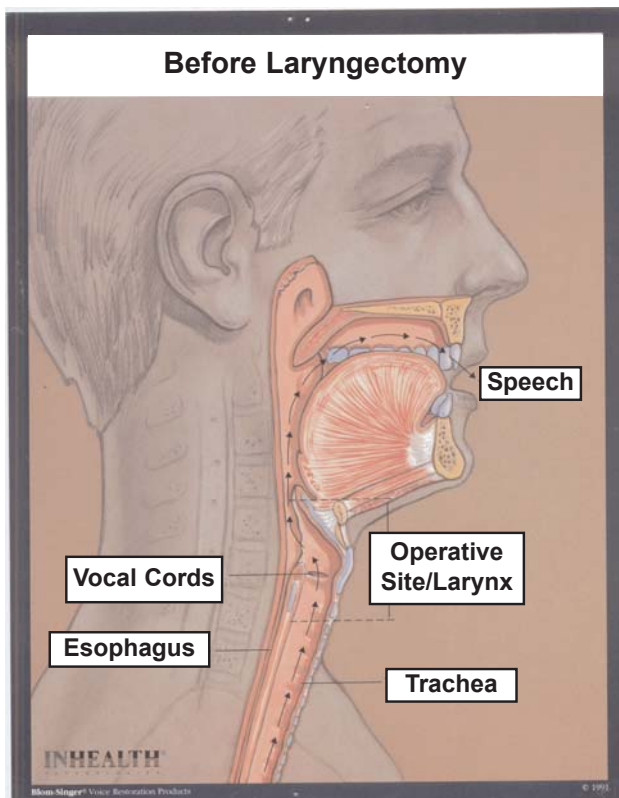
What is a Laryngectomy?

A laryngectomy is the removal by surgery of the voice box (larynx) and the epiglottis. The epiglottis is the piece of tissue that keeps food from entering your windpipe when you swallow.

What is a Stoma?

Your windpipe is now attached to the outside of your neck, forming a small, permanent hole. This hole is called a stoma. If the stoma is small, you may also have a laryngectomy tube in the stoma, which will help you get the air you need.

You will breathe, cough and sneeze through your stoma. Unless your doctor wants you to eat different food, continue to eat as you did before the surgery. The passages in your body for taking in food and air have been separated. This will protect you from choking when you eat or drink.



Pictures courtesy of InHealth Technologies www.inhealth.com

What Changes Can I Expect After My Surgery?

Expect changes to the way you breathe, eat and speak. You will also need to get used to keeping your stoma clean and dry.

Breathing:

You will now breathe through the stoma in your neck and not through your nose. The air you breathe through your stoma will be cooler and drier than before, when you used your nose. Your nose used to warm the air and filter out small pieces of dust. You may cough more often and have more need to spit.

Eating:

Your doctor may want you to eat foods that are easy to swallow and digest. Your sense of taste and smell will now be affected. This is because you can no longer breathe through your nose. This changes your ability to smell and can change the taste of some foods.

Speaking:

Since your voice box has been removed, you will not be able to speak the way you did before the surgery. One of the things you should do is be ready in case of an emergency. Ask a friend or family member to help by recording a tape for use with the telephone, in case you need to call 911.

The message should say: "This is not a false alarm. My name is _____. I cannot talk. I need emergency assistance. My address is _____. Please send help."

What Will Happen Before I Leave the Hospital?

We will show you or a family member how to care for your laryngectomy at home. This brochure also describes how to do this.

Your doctor will give you a prescription for pain medication and make an appointment for your next visit.

The Community Care Access Coordinator in the hospital will arrange for a Home Care nurse to visit you at home every day for as long as you need. The government pays for this service.

How Do I Care for My Laryngectomy?

There are a number of steps to clear mucous from your airways to help you breathe. You and your family have been shown how to do this. A nurse will visit you every day to make sure you are doing it correctly.

Squirt and Suction

Supplies: Home Care will give you the following supplies. When you run out, you can buy more from any medical or surgical supply store:

- Hydrogen peroxide
- Normal saline (salt water)
- Polysporin ointment
- Q-Tips
- A small brush
- Tracheotomy gauze
- Mirror
- Flashlight (to see your stoma in poor light)
- Suction catheters. We will tell you if you need suction equipment
- A small brush
- Normal saline squirts (an atomizer or a syringe)
- Vaseline ointment
- Dixie cups
- Gauze squares
- Tweezers
- Humidifier
- Suction machine

Before you start:

1. Wash your hands.
2. Collect all your supplies.
3. Lay your supplies on a flat surface, near a well-lit mirror.

Squirt:

Squirting saline water into your stoma several times a day will help you cough up mucous. To do this:

1. Stand in front in the mirror and tilt your head back.
2. As you breathe in, squirt saline solution into your stoma.
3. This will make you cough and clear the mucous from your lungs.

Suction:

If you cannot clear the mucous from your lungs by coughing, you must use a suction machine:

1. Turn on the suction machine
2. Connect the suction catheter to the suction machine
3. Check that the machine is working
4. Put the suction catheter into your stoma as far as it will go
5. Put your thumb on the opening of the suction catheter. This creates suction.
6. Keep your thumb on the opening as long as you are suctioning.
7. Turn the suction catheter from side to side when you are taking it out of your stoma
8. Rinse the catheter in saline before using it

Do not:

- put your thumb on the opening of the suction catheter while you are putting it in your stoma.
- leave the suction catheter in your stoma longer than 8 to 10 seconds. Leaving it in longer will take away your oxygen.

How Do I Clean the Stoma?

To breathe properly and to prevent infection, you must keep your stoma clean and dry.

1. If there is a lot of crusting around your stoma, dip a Q-Tip into hydrogen peroxide and gently clean the skin around your stoma. Do not put hydrogen peroxide inside your stoma.
2. Dip another Q-Tip in normal saline and gently clean the skin around your stoma again. This time you are removing the hydrogen peroxide. Peroxide can irritate your skin if it is not removed.
3. If there is not a lot of crusting, you only need to use the normal saline.
4. Use your finger to put Polysporin® ointment or Vaseline® on the skin around your stoma to protect it from irritation.

What is a Laryngectomy Tube?

Before you leave the hospital, we will give you a laryngectomy tube. This will help you breathe while your stoma heals.

How Do I Care for My Laryngectomy Tube?

The following pictures show how the parts of your tube work and fit together. You will need to understand them so you can care for your tube properly.

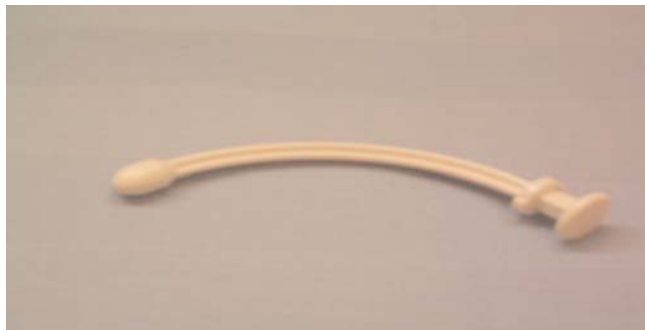
Outer cannula: This is the outer part of the tube. It sits in the windpipe.



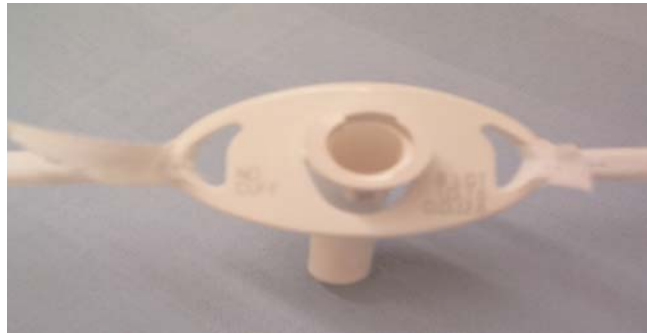
Inner cannula: This is the inner part of the tube. It fits inside the outer cannula. You will take the inner cannula out for cleaning and then put it back in.



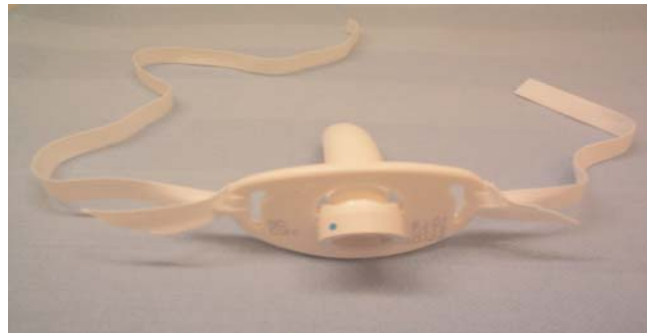
Obturator: The obturator has a smooth end. You will use it to insert the outer cannula through your stoma into your windpipe. You may not always need to use it, but it will help to smoothly guide the outer cannula into your windpipe.



Faceplate: This is the flat part (flange) of the laryngectomy tube. The plate sits on your neck and holds your tube in place.



Laryngectomy ties: These hold the faceplate secure to keep your tube snugly in place.



Removing the laryngectomy tube:

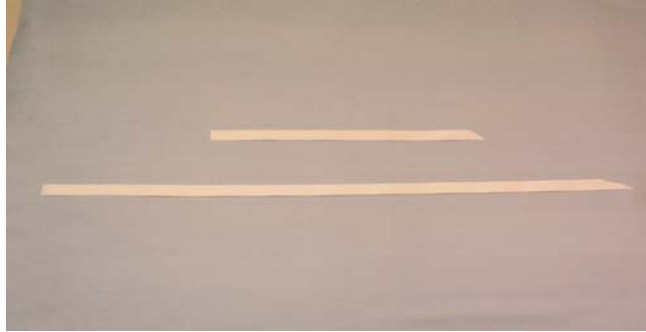
1. Sit in front of the mirror. Cut or untie the ties around your neck. Take a deep breath and remove the tube while you are breathing out. Keep breathing through your stoma.
2. After you've removed the tube from your stoma, put it into a clean Dixie cup with hydrogen peroxide. Your nurse will show you how to do this.
3. Next take the inner cannula, and clean it with the brush and hydrogen peroxide we have given you.
4. Rinse the inner cannula with normal saline or under cold running tap water. Do not use hot water, since it will make mucous stick to the tube.
5. Shake the inner cannula to remove saline or water from the inside. Don't worry if it is not completely dry.
6. Repeat these steps to clean the outer cannula. Then, clean the faceplate.

Changing the tube ties:

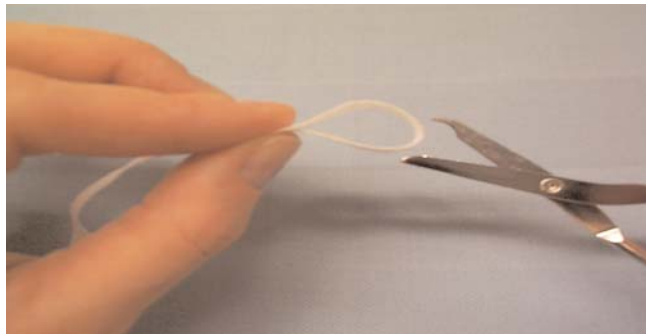
Once you have cleaned the tube, the next step is to change the ties that keep the faceplate in place. There are several ways to do this.

Method 1:

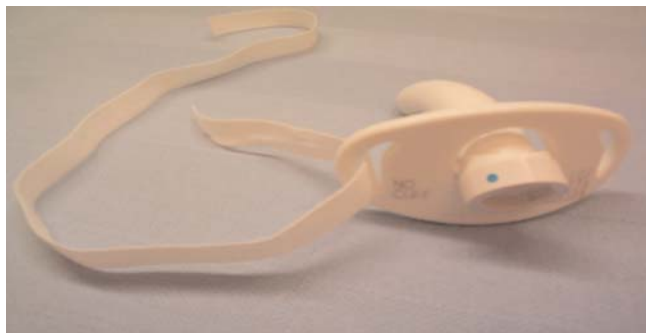
1. Cut two pieces of tie material. Cut one 15cm (6 inches) long. Cut the second piece 30cm (12 inches) long.



2. Take one piece of the tie and fold it 2cm over the end. Cut a straight slit in the fold.



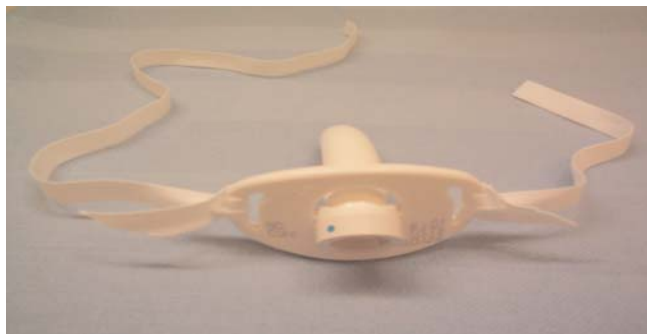
3. Put this tie through one of the holes in the faceplate (flat part of the tube).



4. Pull the long end of the tie through the slit you just made. This will secure the tie to the faceplate.



5. Do this again with the second tie and the other faceplate hole.



6. Insert your tube into your stoma, using the instructions below.

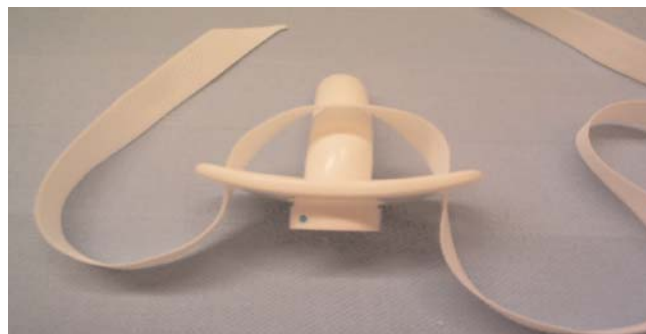
7. Wrap the ties around your neck. The 2 ends should meet at the side of your neck.

8. Knot the ties together. Keep a one-finger space between your neck and the tie.

Method 2:

1. Cut a piece of tie material 45cm (18 inches) long.

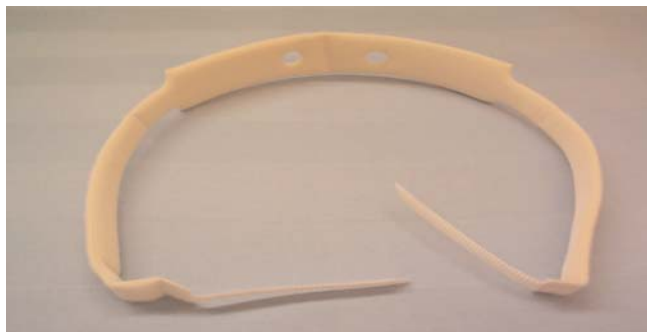
2. Insert one end of the tie through one of the holes in the faceplate. Pull the tie through and around the back of the faceplate. Insert this end through the other hole from the back of the faceplate. Pull ties even.



3. Insert your tube into your stoma, using the instructions below.

4. Wrap the ties around your neck.
5. Knot the ties together. Keep a one-finger space between your neck and the tie.

Method 3: Using a ready-made Velcro tie.



1. Put one end of the tie through one of the holes on the faceplate. Attach Velcro end to the material on the side.
4. Insert your tube into your stoma, using the instructions below.
5. Wrap the tie around your neck.
6. Put the other end of the tie through the other hole on your faceplate.



7. Attach Velcro end to the material.



8. Keep a one-finger space between your neck and the tie.

Inserting the laryngectomy tube:

When you have cleaned the tube and changed the ties, put the tube back into your stoma.

1. Make sure you have removed the inner cannula from the outer cannula.
2. Place the obturator inside the outer cannula.
3. Take a deep breath in and put the tube into your stoma.
4. Remove obturator right away and breathe out.
5. Wrap the ties around your neck. Knot the ties together.
6. Keep a one-finger space between your neck and the tie.
7. Now, insert the inner cannula into the outer cannula and turn the inner cannula to lock it in place.
8. Put gauze under the faceplate to protect your skin from irritation.

How Can I Prevent Mucous Build Up?

When you were breathing through your nose or mouth, the air you breathed was warmed and filtered. You are now breathing cold, unfiltered air through your stoma. Sometimes the lining of your breathing tubes will become irritated and mucous will build up. Mucous can also build up in your lungs. Types of mucous include:

- Thick: May be a sign that you need more humidity or to drink more fluids.
- Yellow/green: may be a sign of infection.
- Bloody or red-streaked: may be a sign that you need more humidity or you have done too much suctioning.

To prevent mucous build up:

- Drink at least 8 glasses of water a day.
- Use a humidifier or vaporizer, especially in your bedroom at night.
- Sometimes, mucous can build up and plug your tube. Your tube may be plugged if:
 - you are having a hard time breathing while you are resting;
 - you hear a "whistling" sound while you are breathing; or
 - you feel you are not getting enough air.

If your tube is plugged with mucous, squirt your stoma with saline to try and clear it. If you are wearing your tube, take out the inner cannula and clean it. If you are not wearing the tube, use the suction catheter.

When should I call my doctor?

If you have one or more of the following symptoms, call your doctor right away or go to your local Emergency Department.

- If you are having mucous plugs often.
- If your mucous is often coloured with blood.

- If your mucous is thick and smells bad.
- If you have discomfort or pain in your chest.
- If you cannot breathe after cleaning your breathing tube.
- If your temperature stays over 38.5 degrees celsius or 101 degrees Fahrenheit for more than a day.
- If your stoma becomes small or you cannot insert your laryngectomy tube.
- If you trouble swallowing or eating.
- If you have yellow or green discharge from the edges of your stoma.
- If your pain gets worse or pain medication doesn't take it away.

What Should I Be Doing at Home?

Do:

- Cover your stoma with a scarf or "bib" when you go outside. This will stop dirt and dust from getting into your windpipe.
- Cover the stoma when showering or washing your hair. Tie a dry facecloth or hand towel loosely around your neck. Aim the showerhead at the lower chest to keep water from getting into your windpipe.
- Keep away from gases, fumes, powders and dust (examples are hairspray and room deodorizers). They will irritate your windpipe and lungs. (examples hairspray, room
- Avoid very hot and very cold conditions. They will irritate your windpipe and lungs.
- Keep a humidifier or vaporizer in your home. This is very important in the winter months when the air is drier.
- Place a vaporizer or humidifier beside your bed at night. This will help to keep you moist until you get up in the morning, and you will sleep better.
- Drink plenty of liquids such as water, juices, tea and gingerale. Don't drink much coffee or colas because they will dehydrate you.
- Ask your friends and family to help you during your recovery.
- Shop for food that is easy to prepare.
- Test how much you can move your neck before trying to drive. You may not be able to turn your neck enough to drive safely.
- Visit your doctor regularly.
- Continue to go out, see friends and enjoy life.

What Should I Not Be Doing?

Do not:

- Do not swim. You must not get water in your lungs. Be careful around water, whether you are boating, fishing or just sitting by the pool.
- Don't lift anything that weighs more than 10 lbs. Lifting heavy objects can strain your neck.
- Don't leave the house—even for short trips—without supplies to care for your laryngectomy. You never know when you may need them.

Questions You May Have While You Are At Home

Q: How often will the home care nurse visit me at home?

A: The nurse will check on you every day. These visits will stop when you both agree the time is right.

Q: How often should I do laryngectomy care?

A: In the beginning, you will need to clean your stoma and squirt with saline 3 to 4 times a day - maybe more often if you have lots of mucous. Later on, you may not have to do care as often.

Q: How do I know when I need to suction?

A: You will need to suction when you cannot clear your mucous by coughing.

Q: The skin around my stoma is very red and sore. What should I do?

A: Always keep your skin clean and dry. Put Polysporin® ointment or Vaseline® on the skin around your stoma. If you are using a laryngectomy tube, put gauze under your faceplate to protect your skin. If your skin is still red and sore, call your doctor.

Q: I noticed some blood when I coughed out my mucous. What does this mean?

A: This could mean you need more moisture. Your windpipe may be dry. Keep a humidifier or vaporizer in your home and drink plenty of fluids. Use saline squirts to keep your mucous moist. Call your doctor if you continue to have blood in your mucous.

Q: Can I shower?

A: Yes, you may shower; but do not get water in your stoma. A hand-held showerhead works best for controlling where the water spray goes.

Q: Sometimes I feel like I can't breathe. What should I do?

A: Stay calm. You may have a mucous plug or if you are wearing your tube, it may be blocked. Take out your tube. Squirt with saline and try to cough out the mucous. Suction if needed. If you still feel like you can't breathe, go to the nearest hospital emergency department.

Q: I am having trouble having a bowel movement. What should I do?

A: This is not unusual when you have had a laryngectomy. Cover your stoma when you bear down (push) to have a bowel movement. If you do not cover your stoma, the bearing down will not work and you may get constipated.