Laryngectomy discharge instructions and home care

Department of Otolaryngology

UC DAVIS
MEDICAL CENTER

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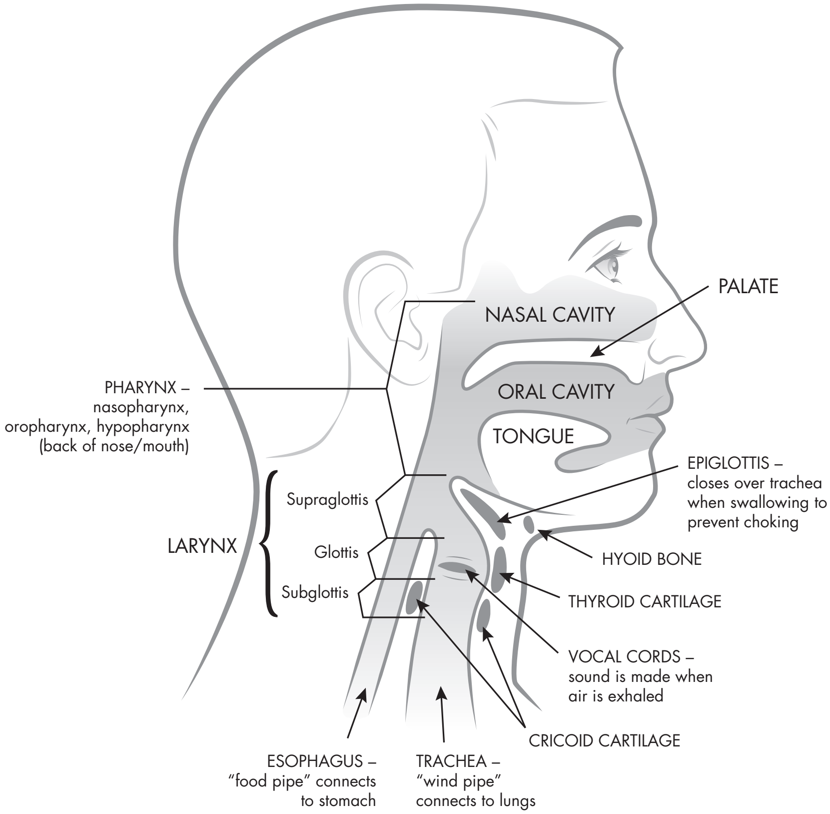
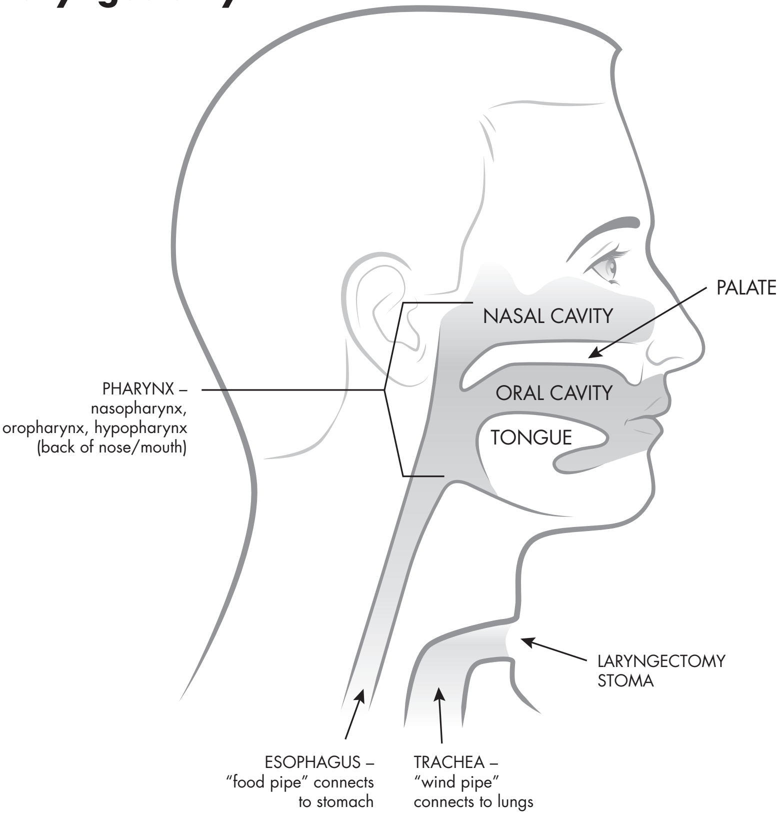
You have had a total laryngectomy – a surgery to remove your voice box (larynx). Your trachea, or breathing tube, is now connected to a hole in your neck called a stoma, a nickel-size opening in the front of your neck that connects directly to your lungs. You now breathe through your stoma (often called "neck breathing").

Normal



Leaving the security of the hospital to go home can be stressful. Removal of the larynx takes away your ability to talk the same way you did before surgery. This is why you should be comfortable with caring for yourself on your own before you go home from the hospital. Ask questions and perform your own care as often as possible to get ready for going home. If you have a caregiver, be sure they are comfortable with your care as well.

Laryngectomy



Skin care

- Use a flashlight and a mirror to look in your stoma.
- Gently clean the skin around the stoma with sterile normal saline or sterile water at least twice a day, or more often if needed.
- Check the area around the stoma and inside the wall of your trachea often for mucus and crusts that may have formed (especially in the morning because crusts can form overnight).
- Monitor the size of your stoma – if you notice it getting smaller you should call your doctor and be seen. If it gets too small or closes you will not be able to breathe.

Stoma tubes

When you come out of surgery you may have a soft silicone tube (called a stoma tube) fitted into your stoma. These tubes are also called “laryngectomy tubes,” “stoma buttons” or “stoma vents.” They help keep your stoma open while it heals.

If you are sent home with a stoma tube, it needs to be kept clean and secured in place with a Velcro strap supplied to you.

Be sure the tube is well secured but not too tight; you should be able to fit two fingers under the ties. If you notice your stoma becoming smaller or it is harder to insert the tube contact your doctor immediately.

Humidification

Your nose and mouth warm and humidify the air you breathe. Because you no longer breathe through your nose and mouth, you must replace this moisture to keep your secretions clear. Without added moisture your secretions may become thick and hard to cough out, making it difficult to breathe, and increases your risk of pneumonia (an infection). If your secretions become so thick that you cannot clear your airway, you will not be able to breathe.

To maintain moisture and help clear secretions:

1. Drink plenty of fluid to keep your secretions thin, about 10 glasses a day.
2. Keep a 9–10 gallon humidifier in your main living area during the day.
   It can be a warm or cold mist humidifier and must be cleaned every week to prevent infections.
3. Use a small bedside warm or cold mist humidifier at night.
4. Humidity monitors can help determine whether your home has enough humidification.

Until your airway is well healed and you are comfortable to breathing dry air, use a saline spray or a saline "pillow." These are pink plastic tubes filled with sterile normal saline that can easily be squirted into your stoma to keep your airway moist.

Only put sterile normal saline in your airway. Use 1–3 sprays or squirts from a spray bottle or pillow as needed.

Heat moisture exchangers (HMEs) are devices that fit into your stoma to help humidify the air you breathe. HMEs are usually placed during surgery, but sometimes after. They are sometimes called an artificial or Swedish nose. Regular use of an HME can help reduce coughing and improve your breathing.

The HME fits either onto a stoma tube that is placed in your airway or a bandaid-like device with a hole in the middle called a baseplate. The HME needs to be changed regularly to make sure it does not clog with secretions and stays clean. It is important you are able to easily and quickly remove it in case it becomes clogged and it is hard to breathe. See the manufacturer's handout you will be given for care specific to your device.

Suction

You may or may not need to suction yourself at home, but should know how to suction yourself if you are unable to cough your secretions out. If your secretions are difficult to cough up, you may need to put sterile normal saline into your stoma before suctioning. This can be done with a spray bottle or pink saline pillows, sprayed or squirted slowly while you are taking a deep breath.

Inspect your secretions; they should be clear or white with no odor. If they are yellow, green or smell bad, these are signs of an infection and you should contact your doctor. Small streaks of blood in your secretions can be normal, but call your doctor's office if there is more than a small amount of blood.

Supplies

- Suction machine
- Suction catheters
- Small container filled with sterile normal saline or sterile water for rinsing the suction tubing
- Sterile normal saline "pillows" for spraying into your stoma if needed
- Good light
- Mirror

Procedure

1. Wash your hands with soap and water
2. Position a mirror and lighting so you can see your airway
3. Turn on the suction machine
4. Connect the adapter of the catheter to the tubing of your suction machine
5. Spray sterile normal saline using the "pillow" into your airway if needed
6. Gently insert the catheter into your stoma tube 4 to 5 inches
7. Cover the suction control port with your thumb and withdraw the catheter in a rotating motion
8. Breathe deeply five or six times
9. Rinse the catheter by suctioning the sterile normal saline or sterile water
10. Re-insert the suction catheter and suction again if you need to clear more secretions

Covering your stoma

You can keep your stoma clean and healthy and prevent dust particles or pet dander from entering your airway by covering your stoma. This can also help retain warmth in the air you breathe and protect you from anything that might accidentally fall into your airway.

You can use an HME or tie a stoma cover around your neck instead. Stoma covers are available for purchase online or you can make your own. Be sure nothing too heavy covers the stoma and that nothing with small particles or loose parts that can enter your airway is near your stoma.

Showering

Showers may be taken with special care to block the stoma from water. If you have a movable showerhead, move it so the stream of water hits your body well below the neck area. A protective stoma shower guard can be purchased online, or you can wrap a cotton towel loosely around your neck.

Food and nutrition

You may be able to eat by mouth or you may have a feeding tube when you go home. Ask to speak with a dietitian or speech pathologist if you have questions about diet or eating.

Good nutrition is important for wound healing. You may find you need to add more fiber and fluids to your diet to avoid constipation, which can be common after a laryngectomy. Your stoma may make it more difficult for you to "bear down" and you may need to take stool softeners to help with bowel movements. Your doctor or nurse can answer any questions you have.

Communication

After surgery, you will need to rely on writing, hand gestures and facial expressions to communicate. Over-articulation, or exaggerated movement of the lips, can help in lip reading. Some people find it easiest to communicate by writing on a dry erase board, paper or tablet device.

There are several options for assistance with speech development. You may be referred to a speech pathologist with the UC Davis Center for Voice and Swallowing. Your hospital care team can help answer these questions and provide recommendations.

California Telephone Access Program

The California Telephone Access Program (CTAP) provides telephone equipment free of charge. As a laryngectomy patient, CTAP can provide you with an electrolarynx and TTY device (a phone with a keyboard). Using TTY, typed messages relay to an operator who reads the messages and makes your calls.

CALIFORNIA TELEPHONE ACCESS PROGRAM

1-800-806-1191 (English)
1-800-949-5650 (Spanish)
Additional information and languages are available online at **californiaphones.org**

Emergency communication

If you call 911 on a land line, the operator will be able to determine your address without you speaking. Their policy is to dispatch a medical responder to investigate the problem if they can't hear anyone on the line. If calling 911 from a cell phone, the operator will not be able to determine where you are.

Visit your nearest fire station to introduce yourself as a laryngectomy patient. Tell them you cannot speak in the normal way and show them your stoma where you breathe. Tell them if they ever respond to your home that they must help you breathe through your stoma, not your mouth and nose.

Resuming normal activities

We encourage you to be as active as possible when you return home. Walk as often as you can and sit in a chair instead of lying in bed. This will help with your recovery and prevent complications such as pneumonia and blood clots. Avoid activities that may cause strain, like lifting, bicycling, jogging, weight lifting or aerobic exercise until your doctor tells you it is safe.

After you have healed, water-related activities are dangerous as you have no way to hold your breath underwater. Water can enter your lungs and you may drown.

Always use sun screen and protective clothing to help prevent dark scars. Use caution when shaving as your neck may be numb after surgery and be careful not to get soap in your stoma.

Traveling

When traveling, you should bring any equipment and supplies you may need to care for your laryngectomy with you, including emergency equipment:

- Suction machine
- Suction catheters
- Saline spray or pillows
- Stoma tube and ties

Safety tips

- Call your doctor if you have any:
  - blood or pus leaking from your incision sites
  - signs of infection including fever above 100.4F, bad-smelling mucous, increased pain, warmth or redness
- Avoid dust, mold, fumes, sprays and smoke
- Do not swim; you will not be able to breathe if your stoma is under water
- Avoid heavy blankets or covers over your stoma
- Use a Medic Alert bracelet that includes “Neck Breather” and the phone number 1-800-432-5378
- Because your sense of smell is different, you may not detect smoke or gas leaks – consider home alarms that help you detect these and let your family know to be extra careful
- Visit the nearest fire station and introduce yourself as a laryngectomy patient

Emergency instructions

- If your stoma is getting smaller, contact your doctor's office immediately as you will need to be seen (if your stoma closes or gets too small you will not be able to breathe).
- If you are having trouble breathing, try putting sterile normal saline in your stoma and suctioning.
- Call 911 if you cannot breathe.
- You and your family should learn CPR for laryngectomy patients (sources are available online).

Notes

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UC DAVIS
MEDICAL CENTER

Department of Otolaryngology
2315 Stockton Blvd.
Sacramento, CA 95817

916-734-5400
medicalcenter.ucdavis.edu

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