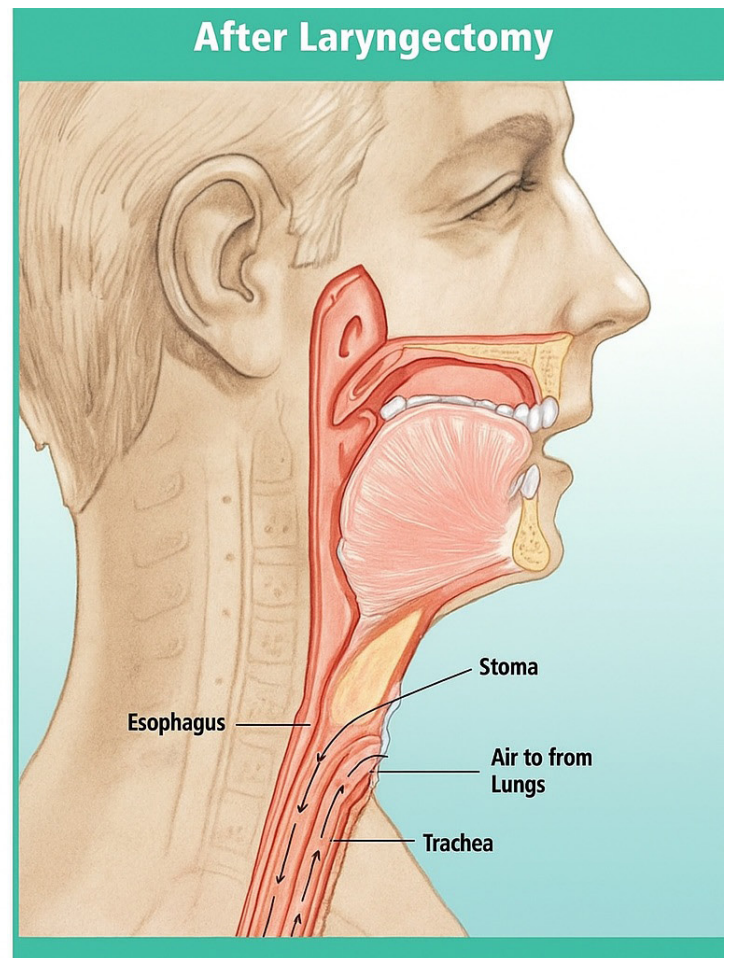
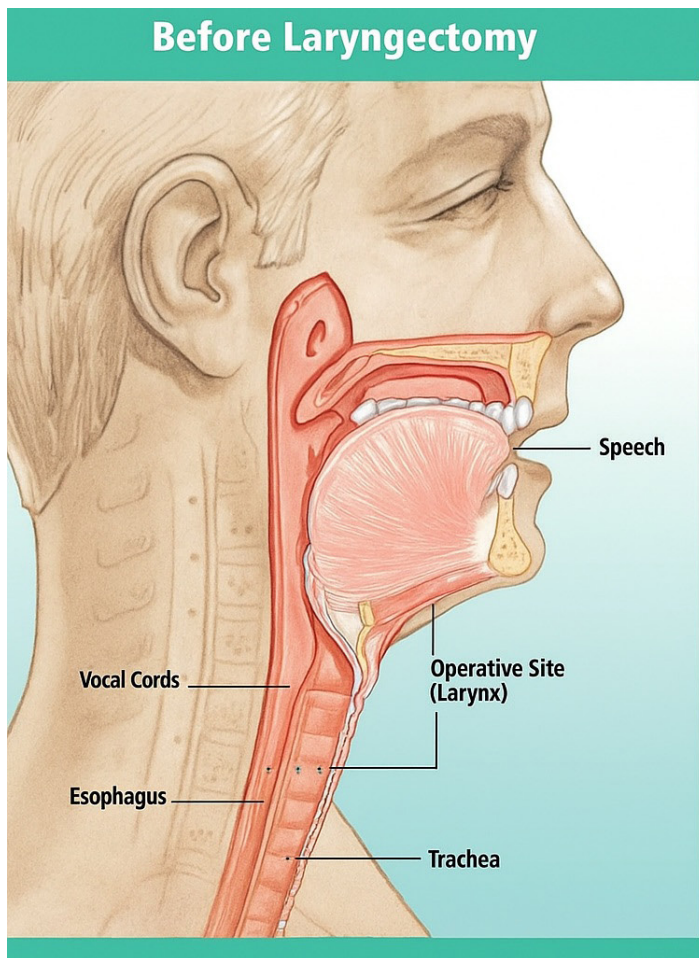


Total Laryngectomy

Total Laryngectomy

What is a total laryngectomy?

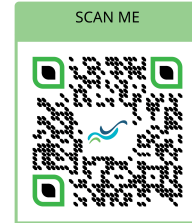
- A total laryngectomy is a surgery to remove your larynx (voice box). Your larynx is being taken out because it has a disease (like cancer).
- We will send a sample of your larynx tissue to the lab. A pathologist (doctor trained to look at changes in tissue caused by disease) will look at the sample under a microscope to find out what the disease is.
- Your primary health care provider (family doctor or nurse practitioner) will tell you the results as soon as they can. They will also tell you if you need more treatment.
- Your usual way of talking and breathing will change after your surgery.



Before your surgery

- Please see pamphlet 1395, *Planning for Your Hospital Stay After Surgery*, for important information about getting ready for surgery.
- To view the pamphlet, use the link or the QR code below, or ask a member of your health care team.
 - › www.nshealth.ca/patient-education-resources/1395

Scan the QR code on your smartphone (open the camera on your smartphone, point the camera at the code, and tap the banner or border that appears).



Surgery

The operating room (O.R.)

- You will be taken to the O.R.
- Staff will help you get onto the operating table.
- The anesthetist will give you a general anesthetic through your I.V.
- The O.R. team will look after you during your surgery. The team includes a surgeon, residents, anesthetists, nurses, and technicians.

After surgery

- You will wake up in the Post-Anesthetic Care Unit (PACU).
- The nurses in the PACU will closely monitor your:
 - › Breathing
 - › Oxygen levels
 - › Blood pressure
 - › Pulse (heart rate)
 - › Temperature
 - › Pain level
 - › Incisions (surgical cuts)
 - › I.V.(s)
 - › Any other tubes connected to you
- When you are ready, staff will take you from the PACU to your hospital room on the unit.
 - › If you need closer monitoring, staff will first take you to a special care area like the Intermediate Care Unit (IMCU) or the Intensive Care Unit (ICU), before moving you to a regular hospital room. A nurse will check on you often.

- You will not be able to talk the same way as you did before your surgery. We will give you a pad of paper to write on. Your health care team and your support person(s) will also try to read your lips. This may be frustrating. Try to be patient with yourself and others.
- You will breathe through a hole in your neck instead of through your nose and mouth. This hole is called a **stoma**.
 - › The stoma will have a tube in it. This tube is called a **laryngectomy tube or LaryTube™**. Mucus will come out through the tube when you cough. You will learn to cover your neck instead of your mouth when you cough.
 - › Take deep breaths and cough every hour to keep your lungs clear. The nurse may use a small tube to suction (suck out) the mucus from the tube in your neck.
- You will be given a mask with humidified air (air with moisture) or a heat and moisture exchanger (HME). **It is very important to breathe humidified air through your stoma, either through a mask or an HME.** Change your HME every 24 hours (1 day), or sooner, if it becomes clogged with mucus and makes breathing harder.

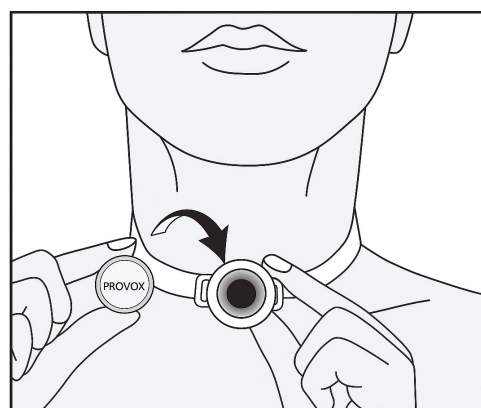
Laryngectomy tube or LaryTube™



HMEs



HME position



- You will have a permanent stoma in your neck that you will breathe through. As the stoma heals, it may get smaller and you may need a different laryngectomy tube/LaryTube™. The doctor or the speech-language pathologist (SLP) will change the tube, if needed. Your health care team will teach you how to care for your stoma.
- You may have a drain (tube) in your neck to remove old blood from under your incision. This drain is usually taken out a couple of days after surgery.

- We will pass a feeding tube through your nose and into your stomach. You will be fed through the tube for about 10 days.
- Your dietitian will tell you what kinds of food are best for you to have. Your doctor will decide when you are ready to have liquids by mouth. If you do not have any problems, over time you will be able to eat solid foods by mouth and your feeding tube will be taken out.
- A nurse will check your incisions, blood pressure, pulse, breathing, oxygen levels, and temperature often. You may be given oxygen, if needed.
- You may have some swelling and bruising on your face and neck. This will go away over time.
- You will have a catheter (thin, hollow tube) to drain urine (pee) from your bladder. This will be taken out 1 to 2 days after your surgery.
- You may have pain medication every 3 to 6 hours, as needed. **Please ask your nurse for medication if you have pain.**
- If you have nausea (upset stomach), ask your nurse for medication.
- After surgery, medications may be given through your I.V. or through your feeding tube. This depends on the type of medication. Your I.V. will be taken out before you leave the hospital.
- **Do not get out of bed for the first time on your own.** Ring your call bell for help the first few times you get out of bed. It may help to put your hand behind your head for support when you sit up.
- Your stitches or sutures will be taken out in about 7 to 10 days. Your health care team will talk with you about this.

After you leave the hospital

Safety

- Arrange a ride home.
- We recommend someone stay with you when you first get home.

Do not:

- › **Swim**
- › **Go out in a boat**
- **It is not safe for you to do these things from now on.**
- If you fall in the water, you will **not** be able to stop water from going into your lungs. **You will drown.**

Managing pain

- You will get a prescription for pain medication before you leave the hospital, if needed.

- **Do not drink alcohol while taking pain medication.**
- **Do not drive while taking pain medication.**

Caring for your incision and stoma

- Your health care team will teach you how to care for your incision and your stoma before you leave the hospital. For more information about caring for your stoma, see page 7.

Activity

- You can go back to your usual activities (**except swimming and boating**) when your surgeon says it is safe to do so.

Showering

- When you shower, wear a shower shield over your stoma to protect it from water.
 - › **Your stoma goes to your lungs, so it is important to keep it dry and stop water from getting in it.**

Your emotions

- It is common to have many emotions before your surgery, while you are in the hospital, and after discharge.
- **It is important to explore your feelings and find what makes you feel better.**
- It may help to talk about your feelings with someone you know or someone who is trained to help, like a social worker while you are an inpatient, or a counsellor or an online support group once you leave the hospital. For more information about online support groups, visit:
 - › <https://cancer.ca/en/living-with-cancer/how-we-can-help/connect-with-our-online-community>
- It may also help to talk with someone who has had a laryngectomy. If you are interested in this, ask your nurse and/or the SLP for more information.

Intimacy

- After a laryngectomy, you may worry as your appearance has changed. It may help to remember that people are loved for their whole selves, not just for their appearance. Your physical appearance is only one part of you.
- It may take time to adjust to the changes in your body. Be patient with yourself and your loved ones.
- When a person is going through a hard experience like this, it often helps to talk about their feelings. Encourage your loved ones to talk about their feelings too.

Preventing infections

- Unless you are allergic to them, these vaccines are recommended:
 - › Flu (influenza) vaccine: Get this vaccine every fall.
 - › Pneumonia (lung infection) vaccine: Follow your primary health care provider's recommendation.

Talk with your primary health care provider about these vaccines.

- Avoid crowded spaces and people who have the flu.
- During the fall and winter, stay 6 feet away from other people, including your loved ones.
- Anyone caring for you should wear a mask if they have a cold or the flu.

Caring for your stoma and your laryngectomy tube/LaryTube™

- You will leave the hospital with a laryngectomy tube/LaryTube™. **Wear this tube at all times until your stoma is fully healed.**
- Make sure the neck ties are snug but still comfortable. This helps keep the tube from falling out when you cough or move.
- Clean around your stoma and clean your laryngectomy tube/LaryTube™ at least 2 to 3 times a day (or more if needed).

Cleaning around your stoma

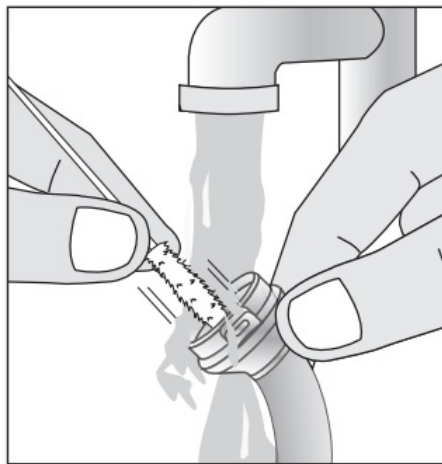
1. **Wash your hands.**
2. Take out your laryngectomy tube/LaryTube™.
3. Wet a cotton swab or soft face cloth with drinking water or sterile water and carefully clean around your stoma.
4. Gently clean away any mucus from around the stoma with the damp swab or face cloth. When the stoma is clean, gently pat the area dry. **Do not** rub.
5. Put in a clean laryngectomy tube/LaryTube™. Secure the ties around your neck and through the openings on both sides of the laryngectomy/LaryTube™. Make sure you can fit 2 fingers comfortably between your neck and the ties.

Stoma covers

- Wearing a stoma cover:
 - › stops dirt and dust from entering your airway.
 - › warms the air on cold days.
 - › may help to prevent unexpected coughs.
- You can buy stoma covers at some drugstores. These covers can also be custom-made using a pattern to knit, crochet, or sew one. Please ask your nurse or SLP about buying or making stoma covers, if needed.
- If you are using an HME, you do not need a stoma cover.

Cleaning your laryngectomy tube/LaryTube™

1. Wash your hands.
2. Use warm drinking water to clean your tube.
3. If needed, use a mix of half drinking water and half hydrogen peroxide or mild dish detergent to loosen secretions.
 - › You can use sterile water (see recipe on page 13) instead of drinking water to clean your laryngectomy tube/LaryTube™.
 - › You can use a brush or disposable pipe cleaners to clean the tube. If you use a brush, make sure it is cleaned well and air dried after each use.



4. Rinse the tube very well. Do a last rinse with drinking or sterile water.
5. Dry the tube using a paper towel or a soft cloth and secure the ties. If the ties are soiled or wet, put on new ties.

Supplies

- Your health care team will talk with you before you leave the hospital about what supplies you will need and where to get them. Keep your supplies in a clean, dry area. It is best to have a place that is used only for storing these supplies.
- You can get supplies at many places, like:
 - › The Halifax Infirmary pharmacy
 - › Your local pharmacy or drugstore
 - › Medigas Atlantic or VitalAire
 - › Atos Medical Canada
 - › www.atosmedical.ca
 - › InHealth Technologies®
 - › www.inhealth.com

Humidity

Keeping your secretions thin

- Humid air helps to keep your secretions thin. This lets you cough them out easily and avoid having to suction your laryngectomy tube/LaryTube™.
- Before your surgery, your nose acted as an air conditioner by humidifying and filtering the air you breathed. After your surgery, the air entering your stoma is dry and not filtered.
- Dry air can cause plugs of mucus that can clog your airway. These plugs also cause bacteria to grow and may cause infection. This can make your secretions thick and hard to cough out, and may make it harder to breathe.
- Try to keep the relative humidity in your home at **40 to 60%**. You can measure humidity with a tool called a humidistat. You can buy a humidistat at most hardware stores.
- **To prevent your secretions from getting thick:**
 - › Drink 6 to 8 glasses of fluids a day. Water is best. Check with your primary health care provider to make sure this is safe for you.

- You may wish to wear an HME. Your SLP will talk about this with you.
- You may wish to use an ultrasonic humidifier.
 - › **It is important to follow the instructions for using and cleaning the humidifier.**
 - › Only use **distilled water**. You can buy this at most drugstores.
 - › Keep the humidifier running beside you or use the mask with the attached hose.
 - › Clean the mask and hose with dish detergent and water. Rinse well with sterile water and let air dry.
- **You need more humidity if your secretions are:**
 - › Thick
 - › Dry
 - › Crusty
 - › Hard to clear
 - › Streaked with blood
- Use your humidifier or an HME as much as needed to keep your secretions thin enough to cough out. It may also help to sleep in a cool room.
- **If you are still having problems:**
 - › Ask a nurse or a respiratory therapist (breathing specialist) to teach you how to instill (put drops into) your airway with saline (salt water).
 - › You can also use a small mist bottle with sterile water to keep your airway moist when you are away from your humidifier for short times.
- **Mouth care is very important.** Rinse your mouth with saline or plain water, or brush your teeth.
- If you have problems clearing the mucus from your stoma, you may need to have a suction machine. Talk with your nurse about this, if needed.
- If you are having problems clearing mucus from your airway and humidity is not helping, talk with your primary health care provider.

Call your primary health care provider if you have:

- › Bleeding from your stoma
- › Swelling around your stoma
- › New redness or redness that is getting worse around your stoma

Speech rehabilitation (rehab)

- After your larynx is taken out, you will not be able to talk the same way as before your surgery. The SLP will teach you a new way of talking.
- Right after your surgery, the nurse and the SLP will teach you about stoma care (see page 7) and safety (applying for a MedicAlert® bracelet).
- Once you have started eating by mouth, you will start learning to use your voice. This may be done in 1 of 3 ways:

1. Tracheo-esophageal speech

- › During your surgery (or sometimes months later), your surgeon will make an opening that connects your windpipe (tube from your throat to your lungs) to your esophagus.
- › They will put a small silicone prosthesis (a device that replaces a missing body part) in the opening.
- › When you cover your stoma, air from your lungs is sent through the prosthesis into your esophagus. The tissues vibrate to make sound. This sound travels to your mouth, where you use your tongue, lips, and teeth to talk.

2. Esophageal voice

- › You will learn to push air from your mouth into your esophagus.
- › This makes the tissues vibrate to make sound. The sound is then released into your mouth to talk.

3. Artificial larynx

- › This is a battery-operated device that makes a new “voice”. You hold the device against your neck or cheek. Sound moves into your mouth, and you use your tongue, lips, and teeth to talk.
- The SLP will help you choose the way that works best for you.
- After you leave the hospital, you will see an SLP in your area for therapy.

Nutrition

- You can eat and drink as usual after your surgery. We recommend that you:
 - › Eat slowly and chew all foods well.
 - › **Do not** eat hard, scratchy foods (like nuts, tough cuts of meat, and raw carrots) for the first **4 weeks** (1 month) after your surgery.
 - › Eat healthy foods to help your body heal. Try to eat small meals often and eat a wide variety of foods. If you have lost weight recently or are concerned about your eating habits, ask to talk with a dietitian.
 - › Drink lots of fluids (like water, juice, and milk). This will help with:
 - › Swallowing
 - › Keeping your bowel movements (poops) regular
 - › Keeping your lung secretions thin enough to cough out
- If you are on fluid restrictions because of another health problem, talk about this with your doctor.
- Limit drinks with caffeine and alcohol. They can make you dehydrated (not enough fluids).

Other problems

- Please talk with your primary health care provider if you are having a lot of:
 - › Gas
 - › Bloating
 - › Heartburn
- Talk to a dietitian about how to keep your bowel movements regular. **You will not be able to push or strain if you get constipated (not able to poop).**

Recipe for sterile water

1. Pour tap water into a clean pot with a lid.
2. Cover the pot with the lid. Bring the water to a boil and keep boiling it for 15 minutes.
3. Let the water cool with the lid on so no germs get in.

To store sterile water:

1. **Clean the jars and lids.**
 - › Place clean jars and their lids in a large pot.
 - › Fill the pot with water to fully cover the jars.
 - › Bring the water to a boil and keep it boiling for at least 1 minute.
2. **Cool and fill the jars.**
 - › Use tongs to remove the jars and lids. Be careful not to drop or break the jars.
 - › Place the jars upside-down on a clean towel to air dry.
 - › Once the jars have cooled, pour the sterile water into the jars.
 - › Put the lids on and close them tightly.
3. **Store the water.**
 - › Put the jars in the fridge.
 - › Use the water within 48 hours (2 days).

Follow-up care

- You will get an appointment to see your surgeon at the ENT Clinic:
Victoria General (VG) Hospital
Dickson Building, 3rd floor
5820 University Avenue
Halifax, NS B3H 1V7
- At this appointment, your surgeon will make any other follow-up appointments, if needed.

Call your primary health care provider if you have:

- › Fever (temperature above 38 °C or 100.4 °F)
- › More swelling, pain, and/or redness in your neck
- › Shortness of breath or trouble breathing
- › Wheezing

If you cannot reach your primary health care provider, go to the nearest Emergency Department right away.

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