

Information for new laryngectomy patients

Department of Speech and Language

Information for Patients

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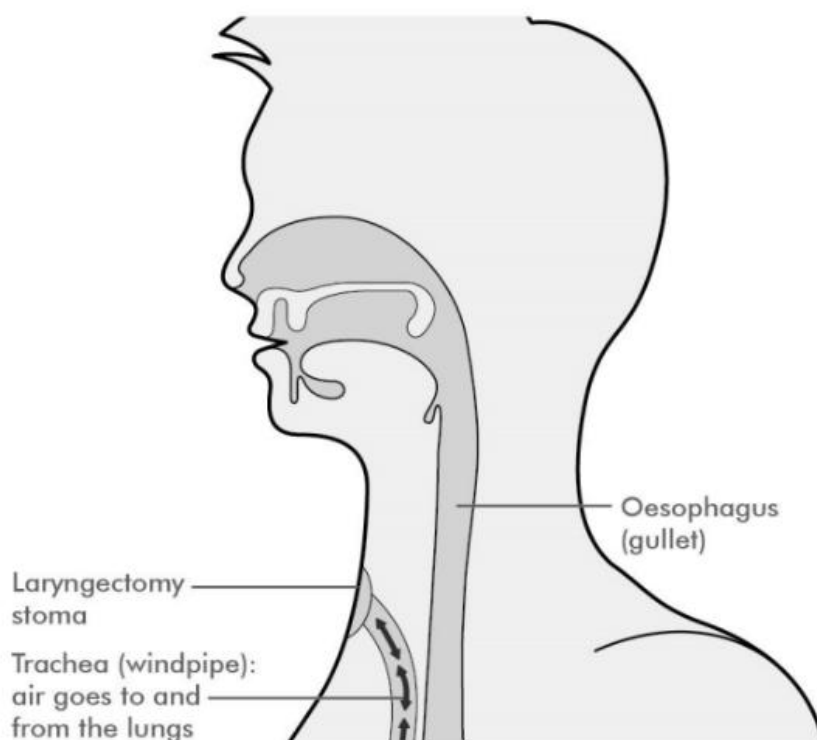
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Introduction

This booklet has been written to give you important information about your surgery and aftercare with the Speech and Language Therapist (SLT).

A laryngectomy is when your larynx (voice box) has been completely removed. There is no connection between your mouth/nose and lungs. This is a permanent change. A hole (also called a stoma) is created in your neck where your trachea (wind pipe) is connected to. This allows you to breathe. Your oesophagus (food pipe) is still connected to your mouth and stomach. The diagram below shows this.



With thanks to Macmillan Cancer Support for the diagram

Having a laryngectomy is a major operation however many patients are able to return to their normal lives and routines with ongoing support and adjustments.

How will I breathe?

You will now breathe through the hole at the front of your neck (stoma). Every person's stoma is different and therefore you will be given personal advice on how to look after this.

When you wake up from your operation you will have a hard plastic tube in your stoma (tracheostomy tube) and staples around the stoma to keep its shape. Usually in the next few days the medical team will agree for this to be removed and you will have a softer tube inserted instead (laryngectomy tube). You will be provided with the right size for your stoma.

You will have support from the nurses on the ward and your SLT in how to remove and clean this tube regularly. It will be kept in place with a soft neck band initially.

The aim long term is to be able to wean from wearing the tube all the time. Some patients are able to achieve this however others have to wear a tube overnight or even all the time. You will be supported by your SLT throughout this process.

It is important that you keep your stoma clean so that you can breathe easily. You should check your stoma at least three times a day to start with and clean it when you see phlegm in or around your stoma or when your breathing is more difficult. This will become part of your daily routine.

You will be given a nebuliser to take home with you. This will help to keep your phlegm thin. You can use this three or four times a day depending on how much phlegm you are producing. Your phlegm may change according to the time of year, and if you have a cold or are chesty. At this time you may need to increase the amount of times that you use the nebuliser.

How will I communicate?

After the operation you will have no voice but you will have other options to communicate. Initially this will be via mouthing and writing.

There are several options for you to communicate long term:

Voice prosthesis (speaking valve): There is a separate booklet "Useful information about your valve and emergency care information". This gives you information about your valve and how to look after and use it. Your surgeon and SLT will discuss whether a voice prosthesis is suitable for you. It is not suitable for everyone.

Electro larynx: A small electronic device that is placed on your neck / cheek. It produces vibrations that create sound in your mouth that you can then shape into speech. The devices are provided by your SLT and you will be given training and support on how to use it.

Oesophageal speech: Air is swallowed and pushed into the food passage (oesophagus). As the air is forced out from the food passage it vibrates the passage walls. These vibrations are then shaped into speech. Oesophageal speech is used less often as it is a harder skill to learn.

How will I swallow?

After your surgery you will be nil by mouth for at least 10 days and fed via a tube either in your nose or stomach. This may be placed either during surgery or prior to your surgery.

Once the surgical team are happy with your healing you will have a water soluble contrast study (x-ray of your swallowing). This checks that everything has healed as expected and there are no leaks.

If there are no issues with your x-ray then the medical team will agree for you to start eating and drinking. It may be gradual e.g. starting with sips of water then building to normal fluids and pureed diet. If you are eating and drinking enough prior to going home then your feeding tube will be removed.

The majority of patients after surgery are able to slowly return to a semi-normal diet. There may be certain foods you need to take caution with or avoid long term. This can depend on the type of surgery you have had or the treatments you may have before or after surgery.

Reflux is a common issue post surgery and your surgeon will advise if you require long-term medication for this.

Going home

It is likely that you will be in hospital for 2-3 weeks. Prior to going home you will be trained and signed off in competencies for looking after your laryngectomy.

You will be registered with an equipment company and will be provided with all the equipment you need prior to going home. Your GP will be contacted by this company and the prescriptions will be set up for you long term. You can contact your SLT for support if there are any early teething problems with this.

Some equipment companies offer clinical nursing teams and they can provide home visits to support your transition at home. Your SLT will discuss this with you and gain consent prior to referring you on to their team.

You will have a SLT clinic appointment booked either prior to discharge or immediately after. Our clinic appointments are at LRI ENT Outpatients Level 1 Balmoral Building. We will continue to support you with your laryngectomy care needs as able on a regular basis in this clinic.

Who to contact

Head & Neck Speech and Language Therapy Team

(Monday to Friday 8am to 4pm)

SLT Main Office LRI: 0116 258 5363

H&N SLT Mobile: 07900 714 472

H&N SLT Email: uhl-tr.headandneckcancersalt@nhs.net

Health information and support is available at www.nhs.uk or call 111 for non-emergency medical advice

Visit www.uhleicester.nhs.uk for maps and information about visiting Leicester's Hospitals.

To give feedback about this information sheet, contact uhl-tr.informationforpatientsmailbox@nhs.net

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔
ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸے دوسرے ਭਾਸ਼ਾ ਵਿਚ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਨੰਬਰ 'ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ।
إذا كنت ترغب في الحصول على هذه المعلومات بلغة أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل
Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu
જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો.

If you would like this information in another language or format such as EasyRead or Braille, please telephone 0116 250 2959 or email uhl-tr.equalitymailbox@nhs.net

We are a research hospital and you may be asked to take part in research

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