Trusted Information Creator
Patient Information Forum

NHS
University Hospitals of Leicester
NHS Trust

How to look after your stoma

Speech and Language Therapy
Information for Patients

Produced: Sept 2026
Review: 2029
Leaflet number: 548
Version: 5

Introduction

This booklet gives you information about your stoma and how to look after it.

You should clean your stoma at least twice a day, once in the morning and once at night. You will be advised by your speech and language therapist (SLT) or clinical nurse specialist (CNS) if you need to clean your stoma more often than this.

How to clean your stoma

What you will need:

- nebuliser
- gauze
- water (can be warm)
- good light source
- mirror
- the heat moisture exchanger (HME) that you use (see pages 2 and 3 for details)
- plastic tweezers
- skin preparation (if applicable)
- adhesive removers (if applicable)
- trache swabs (as advised)

Before you start

1. Remove any coverings, including, HME cassette, base plate/lary cover, tubes and any visible adhesive debris with adhesive removers if required.
2. Set up your light source and mirror so you can see your stoma clearly.
3. Nebulise your stoma.

Cleaning

Cleaning of your stoma should be done thoroughly and may take five to ten minutes

1. Dip the gauze into the water and squeeze any excess out.
2. Wrap the gauze around your index finger and hold in place.
3. Clean around your stoma.
4. Discard dirty gauze and repeat steps 1-3 with a new piece of gauze. Once all debris has been removed the stoma should be sufficiently clean.

If there are any stubborn crusty areas, then spend some time gently cleaning them. This will help to soak the crust and make the debris easier to remove. **Do not clean inside the stoma**.

Do not pull hard at crusty areas that are not ready to come off. Repeated nebulising should help soften these areas to allow the crust to be wiped away with gauze.

Tweezers should only be used if you can see a plug of mucus which is blocking the stoma and making breathing difficult.

5.Once clean, allow the stoma to air dry.

6. If advised, use skin preparation around the stoma once the surface is completely dry.

7. Replace tubes, bibs, base plates and HME as appropriate.

Humidification of your stoma: Heat Moisture Exchange (HME)

Before your operation the air that reached your lungs passed through your nose and mouth where it was moistened, filtered and warmed.

After your operation the air that enters your stoma is dry and dusty. It is therefore essential that you humidify (moisten) the air that you breathe in to prevent your chest secretions (phlegm) becoming dry, thick and infected.

To do this you must use a heat moisture exchange (HME) option over your stoma that warms, humidifies and cleans the air going into your stoma.

It is best to use baseplates or LaryTubes with HME cassettes. The protection from the HME cassette allows the tiny hairs (cilia) inside your lungs and airways to continue their job of moving secretions away from your lungs. This will help your lungs to work better and protect you from chest infections and viruses.

We advise you to start using this system as soon after your operation as possible. There are other options available but they do not provide the same protection.

Follow the link below to watch a video about the benefits of using an HME:

https://www.youtube.com/watch?v=Q-tETbEkNZ4

Important information

Bathing

Some people worry about bathing after laryngectomy. There is no reason why you cannot have a bath or shower, but you must be careful that no water enters your stoma. Shower shields are available from the suppliers below.

Swimming

Swimming is not advised.

General advice

- Be careful not to spray aerosols close to your stoma as this may irritate your airway.
- During hot weather ensure that you protect your stoma from the sun.
- Do not use cotton wool, cotton buds or tissues, as small fibres may be inhaled causing irritation in the airway which is often difficult to relieve.
- Your sense of smell may now be reduced and you may struggle to taste food.

Emergency advice

If you are having difficulty breathing please contact 999 and ensure paramedics place the oxygen mask over your stoma **not** your mouth. You may also choose to wear a medical emergency bracelet to inform others that you breathe through your stoma.

There is also a telephone text service. For information visit www.emergencysms.org.uk

Please ask your speech and language therapist if you have any questions about the information above.

Suppliers of Laryngectomy equipment

ATOS

Telephone: 0115 7841 899

Email: info.uk@atosmedical.com

https://www.atosmedical.co.uk

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 براہِ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿਚ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਨੰਬਰ 'ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ।

إذا كنت ترغب في الحصول على هذه المعلومات بلغةٍ أُخرى، 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

Re-use of this leaflet is restricted by Creative Commons license