

INTRODUCTION TO LARYNGECTOMY CARE

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- **LARYNGECTOMY** is the surgical removal of the voice box (*larynx*).
- You will now breathe through a hole in your neck called a **tracheostoma** or **STOMA**.
- Your trachea (*airway / windpipe*) and oesophagus (*food pipe*) have become two separate passages.
- Your surgeon has created a passage between these called a **tracheo-oesophageal puncture** or **TEP** (also referred to as a tracheoesophageal fistula or TOF).
- Your Speech Pathologist will place a **one-way VOICE PROSTHESIS** through this passage.
- This prosthesis lets air flow from your lungs into your oesophagus to produce your new **VOICE**.
- This prosthesis also prevents food / fluids going from your oesophagus into your trachea – this is called **aspiration**.
- You must always have a voice prosthesis (item 1. below) or catheter (item 2.) / dilator (item 3.) in the TEP so that it remains open.

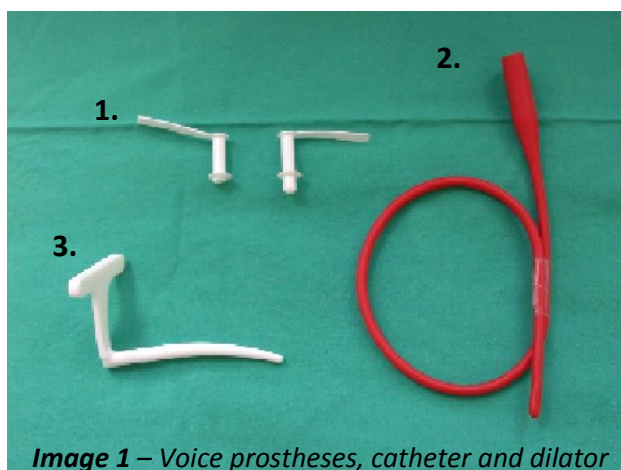


Image 1 – Voice prostheses, catheter and dilator

STOMA & VOICE PROSTHESIS CARE

- This booklet takes you step-by-step through the things you need to do to look after your stoma and voice prosthesis.
- Your speech pathologist will teach you these during your hospital stay.
- You'll be asked to practice them while you're on the ward, so that you feel confident and comfortable doing them by yourself at home.
- Like anything, they can take time to learn.
- If you have any questions, please speak to your Speech Pathologist.

MY SPEECH PATHOLOGIST IS _____

PHONE: _____

EMAIL: _____

Please see the following website for a video demonstrating these tasks:

<https://education.eviq.org.au/videos/nutrition-and-speech-pathology>

- Module 4 - Laryngectomy Care

CLEANING YOUR STOMA

Regularly cleaning your stoma is important to ensure your airway remains open and it's easy to breathe.

WHAT YOU NEED?

- ☑ Good light source
- ☑ Mirror
- ☑ Tweezers
- ☑ Moistened cloth
- ☑ Dry towel

PROCEDURE:

1. Being careful not to cause any trauma, gently remove any mucous plugs or crusts from **around** or **within** the stoma using the **TWEEZERS**.

You don't need to go much deeper than the rim of the stoma.

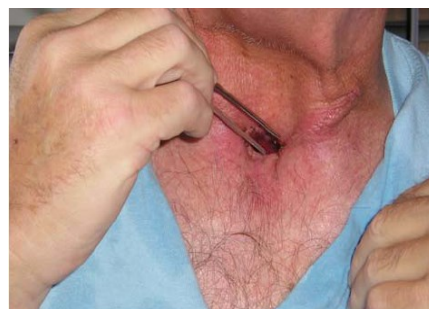


Image 2 – using tweezers to remove crusts

2. Using a **MOISTENED CLOTH**, making sure all the excess water has been wrung out, gently clean around the stomal skin.
3. **DRY** thoroughly with a clean towel.

If necessary, you can loosen any dried mucous or crusts using a NEBULISER before you start cleaning.

The nebuliser is also useful if you feel you have a lot of secretions that are difficult to clear (eg. if you're sick, or the weather is really hot / cold, etc).

CLEANING YOUR VOICE PROSTHESIS

Mucous can collect on & within the prosthesis, causing it to block. Cleaning it regularly will help keep your voice strong and consistent.

WHAT YOU NEED?

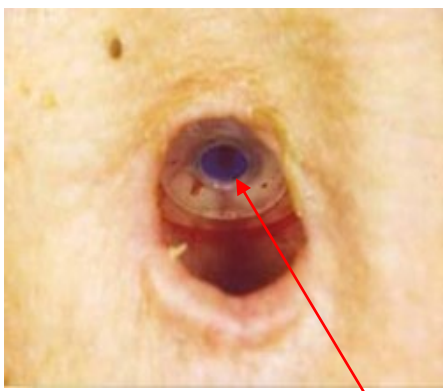
- ☑ Good light source
- ☑ Mirror
- ☑ Tweezers
- ☑ Moistened voice prosthesis brush

PROCEDURE:

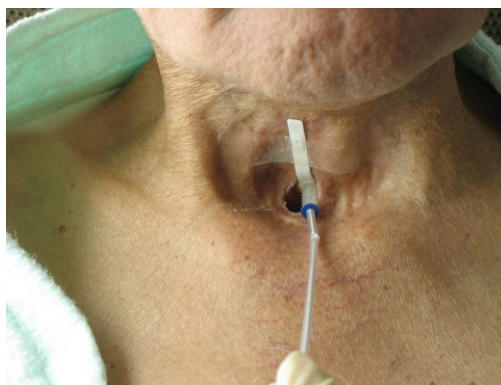
1. Using the **TWEEZERS**, gently remove any crusts of mucous from the front of the voice prosthesis.

Be very careful not to dislodge it.

2. Gently insert the moistened **VOICE PROSTHESIS BRUSH** into the **barrel** of the prosthesis.
3. Continuing to **TURN IT**, slowly pull the brush out of the prosthesis.
4. Rinse, and repeat until the brush comes out clean.



***Image 3** – voice prosthesis barrel*



***Image 4** – cleaning the voice prosthesis with the brush*

MY VOICE PROSTHESIS IS A _____

CHECKING FOR LEAKAGE

The voice prosthesis must be checked for leakage on a daily basis to make sure fluid/food isn't going into the lungs.

Leakage can be a sign that the prosthesis needs changing.

WHAT YOU NEED?

- ☑ Good light source
- ☑ Mirror
- ☑ Coloured liquid – eg. blue food dye, Ribena, coffee.

PROCEDURE:

1. Once you have cleaned the prosthesis, stand in the front of a **MIRROR**, making sure you can clearly see the prosthesis barrel.
2. Take a sip of coloured liquid, swallow and check for any **LEAKAGE** either **through** the prosthesis or **around** it.

It is important to keep watching for a few seconds, as it may take this long for the liquid to show.

3. Repeat 3 – 5 times.

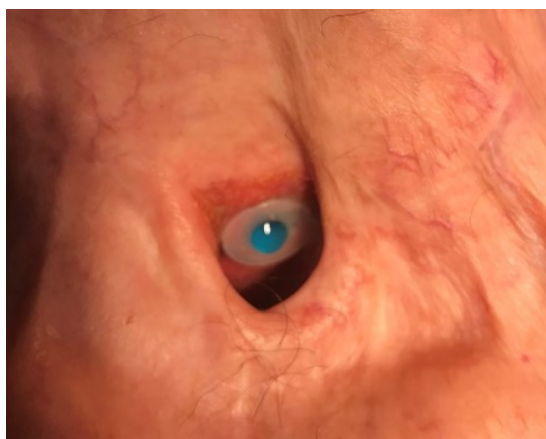


Image 5 – leakage ***through*** the prosthesis



Image 6 – leakage ***around*** the prosthesis

WHAT TO DO IF THE PROSTHESIS IS LEAKING?

LEAKAGE **THROUGH** THE VOICE PROSTHESIS BARREL (*central leakage*):

See *Image 5*.

- If only TRACE / INTERMITTENT leakage is seen:
 1. Clean the prosthesis again with the **VOICE PROSTHESIS BRUSH**. This makes sure that no food particles have lodged under the flapper.
 2. Check for leakage again with coloured liquid.

If the leakage continues, contact your Speech Pathologist ASAP to arrange a review.

- If OBVIOUS / PERSISTANT leakage is seen:

Contact your Speech Pathologist as soon as possible to arrange a review.

LEAKAGE **AROUND** THE EDGE OF VOICE PROSTHESIS (*peripheral leakage*):

See *Image 6*.

Contact your Speech Pathologist ASAP to arrange a review.

You may need to thicken your fluids in the meantime to stop the leakage whilst you wait to be seen (eg. overnight or on the weekend).

WHAT TO DO IF THE PROSTHESIS COMES OUT?

Your TEP is *not* a permanent opening.
It can close in as little as 1hr if there is nothing in the tract.

WHAT YOU NEED?

- | | |
|---|--|
| <input checked="" type="checkbox"/> Good light source | <input checked="" type="checkbox"/> Catheter |
| <input checked="" type="checkbox"/> Mirror | <input checked="" type="checkbox"/> Tape |

PROCEDURE:

1. Stand in the front of a **MIRROR**, making sure you can clearly see the TEP tract on the **back wall** of your stoma.
2. If possible, gently insert the **CATHETER** into the tract and down into the oesophagus.

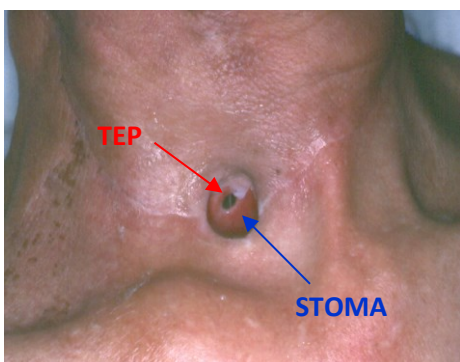
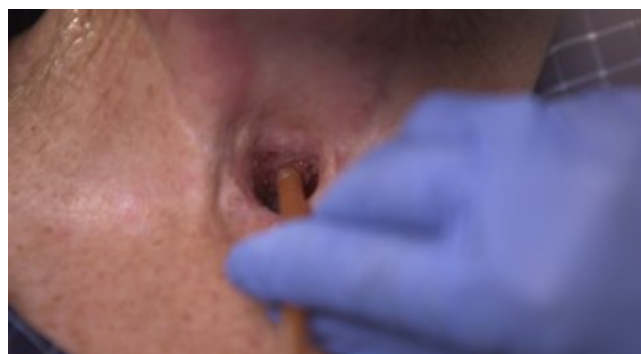


Image 7 – TEP without a voice prosthesis



*Image 8 – catheter being inserted into the TEP
(not the stoma)*

3. **TIE** the end in a knot and **TAPE** securely to your neck.
4. **Contact your speech pathologist ASAP to arrange a review.**
5. **IF YOU ARE UNABLE TO INSERT THE CATHETER YOURSELF**, remain **strictly NIL BY MOUTH** and **contact your speech pathologist ASAP to arrange a review.** If it's outside of working hours, go to your nearest Emergency Department (take this booklet and your catheter with you).

WHAT TO DO IF YOU LOSE YOUR VOICE?

**Losing your voice may mean the prosthesis needs cleaning,
or there is a problem with the prosthesis / TEP.**

1. **CLEAN** the barrel of the prosthesis thoroughly with the brush to make sure you have no mucous plugs.
2. Have a drink of **WARM WATER**.
3. If you still have no voice, **contact your Speech Pathologist ASAP to arrange a review.**

PLEASE DO NOT REMOVE THE VOICE PROSTHESIS .

APPLYING A HME BASEPLATE & FILTER

The HME system helps keeps your lungs healthy by humidifying and filtering the air you breathe.

WHAT YOU NEED?

- ☑ Mirror
- ☑ Adhesive baseplate
- ☑ HME filter
- ☑ Skin Prep / Remove wipes (if required).

PROCEDURE:

1. Remove the backing from the adhesive **BASEPLATE**.
2. **LINE UP** the opening of the baseplate with your stoma.
3. Being careful not to fold the edges, gently **PRESS** the baseplate onto your skin, smoothing out any lumps / bumps to ensure a good seal.
4. Insert the **HME FILTER** into the baseplate opening – you should feel it ‘click’ into place.

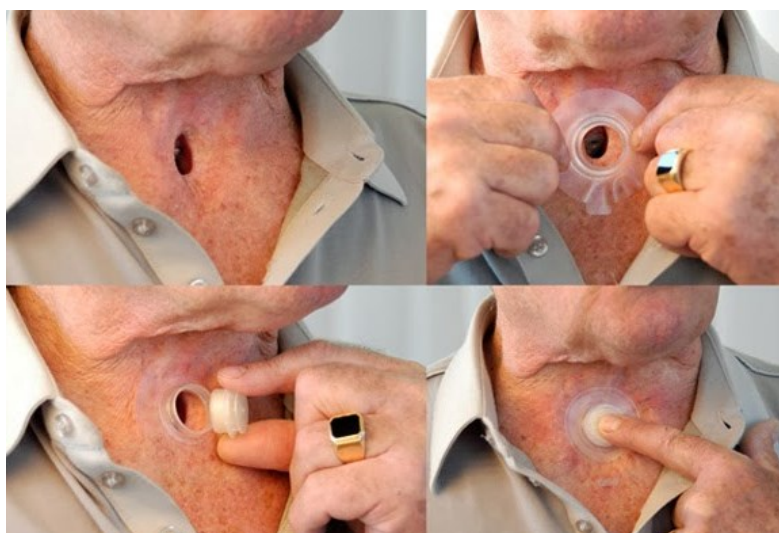


Image 8 – applying the HME baseplate and filter

5. Depending on how much mucous you have, the baseplate will need changing every 1-2 days and the cassette daily / when soiled.