

Laryngectomy Care in the COVID-19 Era

What Is a Laryngectomy?

A total laryngectomy is a surgery where the larynx (voice box) is removed, resulting in permanent changes to breathing and an inability to speak. The trachea (airway) is separated from the natural respiratory/digestive tract and reattached to the front of the neck (stoma), leaving patients with a laryngectomy as total neck breathers. These patients may be at increased risk during the coronavirus disease 2019 (COVID-19) pandemic. COVID-19 is very contagious and may spread by air. It can even be spread from someone who is not visibly sick yet. Given the changes in their airway anatomy, patients with a laryngectomy may be able to spread the virus more easily, requiring extra safety practices.

How Can Patients Protect Themselves?

Stay at home. This is the best way to be protected. If you must go out, keep 6 feet away from others. Wash your hands often or use hand sanitizer (with at least 60% alcohol), especially before and after touching your stoma. Touching the stoma can increase the risk of spreading the virus, so strict hand hygiene is extremely important.

Wear a heat and moisture exchanger (HME), day and night, even if you do not usually wear one. If you have enough supplies, throw your HME out after wearing it in public. Wearing an adhesive baseplate on your stoma will limit airflow around the HME. Atos Medical AB and InHealth Technologies make HMEs that have both viral and bacterial-filtering properties. Cover your nose, mouth, and stoma when you go out in public. You can use a mask to cover the stoma. A cotton cloth or loose turtleneck can also be used.

Finally, make sure to have enough supplies at home and contact your supplier to order more if needed. It is always helpful to have an emergency travel kit in case you must go to the hospital.

Tracheoesophageal Voice Prosthesis (TEP) Care

A TEP is used by some patients after laryngectomy to help restore voice. If you have a TEP, clean it regularly. If your TEP leaks there are a few things you can try to reduce the leakage. First, a TEP plug can plug any leaks that come through the middle of the TEP. If the leak is around the sides of the TEP, try thickening your liquids. If neither of these improves the leak, call your surgeon. If the TEP completely falls out, you can place a red rubber catheter in the hole where the TEP was to keep it open, and then you should call your surgeon.

COVID-19 Testing in Patients With a Laryngectomy

Swab samples should be taken from both the nose and stoma. If you need to get tested for COVID-19, ask the clinicians if they can swab your stoma as well.

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COVID safety for laryngectomees

Laryngectomees, or patients who have had their voice box surgically removed, may be at increased risk during the coronavirus (COVID-19) pandemic.

If patients are worried about having COVID-19, they should talk to their doctor about testing both the nose and stoma.

Measures laryngectomees can take to protect themselves and others:

- Stay home
- Wash hands before and after touching stoma
- If you do go out, practice social distancing (6 ft.)
- Sanitizer can also be used
- Always wear a heat and moisture exchanger (HME), especially in public
- Wear a mask or covering over the face and stoma

Caring for your TEP

- Use a TEP plug
- Ingest liquids with thickening agents
- Insert red rubber catheter if TEP falls out

FOR MORE INFORMATION

Center for Disease Control. Daily Life and Coping. <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/index.html>

Itzhak Brook. Respiratory Infection Prevention for Laryngectomees. <https://www.headandneck.org/respiratory-infection-prevention-for-laryngectomees/>

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