

Total Laryngectomy Care at Home

A laryngectomy is a surgical procedure that is done when the larynx or voice box has been removed because of has cancer or because it is no longer functioning properly. During a laryngectomy, the entire voice box is removed. The windpipe is then brought up through the skin of the front of the neck and is now called a stoma (or hole).

After a laryngectomy, allows when you breathe, air to now enter through the opening in the neck and directly goes into the trachea and lungs. When the air is exhaled, it travels back from the lungs and exits the stoma. The stoma is your permanent route for breathing.

Managing Secretions and Communication Changes

Changes in Communication and Breathing

Normally, air enters the mouth and nose, travels past the larynx/vocal cords (also called the voice box) through the trachea, or windpipe, and then travels to the lungs. When the air is exhaled, it travels back the same path up through the vocal cords. The air vibrates the vocal cords to produce speech. After a laryngectomy, the airway is no longer connected to your nose and mouth, so the air travels in and out of the hole or stoma in the neck. Before your laryngectomy, your nose acted as a filter, humidifier, and warmer for the air you breathed. After your surgery, the air you breathe through your stoma will not be warmed or filtered and will be dry.

Daily care needs to be done to help manage mucus. This involves using saline to put moisture in the stoma and use a suction machine or a strong cough to clear the stoma and lungs regularly. The saline helps remove mucus that you cannot get rid of with coughing alone.

Below are written instructions on how to loosen and suction the mucus.

Caring for your stoma

When you are discharged from the hospital, you will need to know how to care for your stoma at home. This includes the following daily care as needed:

- Use the suction machine to remove mucus
- Clean the skin around the opening
- Squeeze saline ampule into the tube to moisten the air that you breathe through the tube and loosen mucus
- Change the HME every day or when dirty

When to change the HME cassette

- Change the HME at least every 24 hours and more frequently as needed
- Change the HME if you have increased breathing resistance, which may occur if the HME becomes saturated with mucus
- USE HME 24/7, Even when sleeping
- DO NOT rinse out HME

LaryTube Care

- Remove LaryTube with HME attached from stoma
- Scrub LaryTube thoroughly with the TubeBrush in a hot water-soap solution
- Do not use oil- based soaps
- Rinse copiously in hot water and follow with a thorough rinse in distilled water
- Pat dry
- Use medical grade water soluble lubricant and gently slide the LaryTube into the stoma

When to clean the LaryTube

- Exact frequency is patient dependent
- Several times a day, Whenever dirty
- When mucus collects in tube
- If patient become short of breath

Suction Machine

A suction machine will be ordered for you before you leave the hospital. Use this machine when you are unable to cough up your mucus secretions or if you have a mucus plug.

Mucus Management

To suction your stoma, follow these steps:

1. Gather your equipment: suction machine, suction catheter, and a container of water. You may need a mirror if you suction yourself.
2. Wash your hands unless this is an emergency and you feel like you can't breathe.
3. Connect the suction catheter to the suction machine. Turn on the suction machine.
4. Follow the suction machine instructions you received from the equipment company in the hospital and make sure the amount of suction is set to the correct pressure.

5. Without using the suction, insert the catheter about 4 to 5 inches into the stoma until resistance is met or you start to cough. Do not force the catheter into the stoma
6. Suction for only a few seconds. Remove the suction catheter from the stoma. Rest and take several breaths before you suction again.
7. If mucus is in the catheter after you suction, dip the catheter into the container of water and apply suction. This allows the water to clear the mucus from the tubing.
8. When you are done, clear the tubing with water and turn off the suction machine.
9. Your equipment provider will give you instructions on how to use and store the suction catheters and machine. Call the equipment provider if you have any problems with the suction machine.

Cleaning the Outer Edges of the Stoma Equipment

- Solution containing ½ hydrogen peroxide (3%) and ½ water
- 0.9% sodium chloride or saline solution for inhalation
- Cotton swabs or Q-tips
- Tweezers
- Oral Swabs
- Velcro Tube Holder
- Mild Soap
- Mirror
- Good Light Source
- Humidifier

After surgery, when the sutures are still in place, it is important to keep your stoma clean and free of mucus and debris. Inspect your stoma daily for crusty mucus and debris. For about 1 month after your surgery, you should gently clean the outside edges of your stoma with a cotton swab dipped in the diluted hydrogen peroxide solution. Once the outside edges of your stoma are completely healed, you only need to clean around it with the diluted hydrogen peroxide solution if dried mucus is present. You can also use tweezers to remove any crusting or mucus plugging (thick crusty mucus build up). Cleaning the outer edges of the stoma may cause you to cough.

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Patient Education



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Emergency Center

In case of any emergency, call 911 or go to the nearest emergency center. For non-emergencies during business hours, call our triage line at 904-202-7300 option 3, then option 3.

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