Caring for Yourself after a Laryngectomy

About your laryngectomy

After a laryngectomy, you breathe through your stoma instead of your mouth and nose. The air you breathe is no longer warmed or humidified. This often results in more mucus production and coughing. It's very important to wear your humidified trach dome at all times, unless you have been fitted for an HME.

The HME (Heat Moisture Exchanger) will restore the heat and moisture your body was used to having before your laryngectomy. The HME is placed over the stoma and held in place by either the Provox LaryTube, LaryButton, or adhesive. Most people who wear the HME every day for the whole day have less coughing and mucus.

Cleaning the LaryTube

Read below if you have a LaryTube:

- Cleaning the tube keeps it free of mucus. This will help you breathe easier and reduce the chance of infection. You will need to clean your tube:
  - At least 1 time a day (your care team may say to clean it more)
  - When mucus collects in the tube
  - If you're short of breath.

- Always remove your tube before cleaning it. Use a small brush and clean with mild soap and water, unless your care team gives you other instructions.

If you don't have a LaryTube, ask your care team for cleaning steps. A LaryButton should be cleaned similar to a LaryTube, also at least 1 time a day.

Supplies

- Mirror
- Clean container
- Clean gloves for caregiver
- Cleaning solution (your care team will tell you which one to use):
  - Sterile saline
  - Sterile water
  - Soap and water (only if your care team says it's okay)
- Cleaning item of your choice:
  - Cotton swabs
  - Gauze
  - Washcloth

HMEs are not reusable. Change your HME:
- At least 1 time every 24 hours
- Whenever it becomes harder to breathe
- Whenever the HME is saturated with mucus.

Please go to the Atos Medical website for more help and info about your LaryTube and HMEs.

Stoma care

When your stoma is new, you might have to clean it more often. Doing this will help prevent infections.

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**Before you begin**

1. Clean your work surface with household cleaner.
2. Wash your hands.
3. Pour cleaning solution into the clean container.
4. Remove your tube if your doctor has said it's okay.
5. Check your stoma for signs of infection or irritation:
   - Stoma is red, warm, swollen, or tender
   - Skin is red, dry, cracked, or bleeding
   - Drainage or crust
   - Change in the size of your stoma.

**How to clean the stoma**

When you have a lot of thick mucus, more crusts may form around the stoma. It's important to remove these to prevent skin irritation and breakdown.

Use cotton swabs, gauze, and/or the corner of a washcloth dipped into the cleaning solution. Use the cleaning cloth only 1 time with each swipe. Don't re-dip it into the cleaning solution.

**Method 1:** A good method involves cleaning around the stoma 1 quarter section at a time.

1. Start at the 12 o'clock position (think of a clock). Wipe to 3 o'clock.
2. Next clean from 12 o'clock to 9 o'clock.
3. Next clean from 3 o'clock to 6 o'clock.
4. Finish with 9 o'clock to 6 o'clock.

**Method 2:** Some people prefer to wipe from the stoma outward with the gauze, washcloth, or cotton swab.

**Whichever method you use:**

- Wash the rest of the neck area with a mild soap.
- Don't get soapy water into the stoma.
- Rinse the neck area with tap water and dry well.
- Don't use any powders, lotions, or ointments, unless your doctor tells you to do this.
- If the skin around your stoma is very dry or cracked, you can use a small amount of mineral oil or Aquaphor/Vaseline. Don't get this into your stoma, or you'll have trouble breathing.

**If you still have crusts:**

- Use tweezers and gently loosen or remove crusts. If this causes bleeding, stop.
- If the crusts need to be softened, use a solution of half saline and half hydrogen peroxide to clean the area. Rinse and dry.
- You can use a water-soluble jelly (Surgilube or K-Y Jelly) to lubricate the immediate edges of your stoma.

**Suctioning**

Suctioning your airway clears away mucus when your cough is not strong enough. This is not needed if you can cough out mucus on your own.

**Signs that suctioning is needed:**

- Whistling or gurgling sound from the stoma.
- Mucus bubbling up out of your laryngectomy tube.
- Rattling sounds coming from your chest.
- Trouble breathing or faster breathing.
**Supplies for suctioning**

- A suction catheter. A Red Robinson catheter (no valve) is usually the best to use, unless your care team tells you otherwise.
- Small container to hold rinse solution, to rinse the catheter and suction tubing (a small paper cup works well)
- Solution to rinse the suction catheter. Your care team will tell you which to use.
- Sterile water
- Sterile saline
- Distilled water
- Suction machine, tubing, and/or tissues
- Mirror
- Sometimes these supplies come in a “suction catheter kit” but will have a valved catheter.

**Before you begin**

1. Always try and suction as shallow as you can, to avoid irritation and breakdown.
2. Check the vacuum gauge. Your care team will tell you the correct pressure settings. It’s usually 100 to 120 mm Hg for adults.

**How to perform suctioning**

1. Clean your hands and work surface.
2. Open your supplies.
3. Connect the tubing to the suction machine. Turn the machine on.
4. Fill the container with rinse solution.
5. Connect the catheter to the suction tubing.
6. Dip the catheter in the container of rinse solution. If you have a valve on the suction catheter, you’ll need to put a finger over the valve to cause suction.
7. Insert the suction catheter into the stoma only as far as needed.
8. When the catheter is in:
   - If you have a valve on your catheter, cover the suction valve on the catheter with your other thumb.
   - As you slowly withdraw (take out) the catheter, roll or rotate it between your fingers and thumb. Don’t use your entire hand or make a stirring motion.
   - Withdrawing (taking out) the catheter should take no more than 5 seconds.
9. Draw rinse solution from the container into the catheter to clear it of mucus.
10. Repeat steps 7, 8, and 9 as needed to clear the airway. Be sure to rest between suction passes.
11. If you’re not able to suction all of the mucus out, you’ll need to lavage. Please see the instructions below.
12. Never suction the stoma with a suction catheter that was first used in the mouth or nose.

**Irrigating the airway (lavage)**

If your care team says it’s okay to lavage, you may place a small amount of sterile saline into the stoma. This can help you cough when you’re unable to clear your mucus on your own.

**Supplies for lavage**

- Sterile saline. This can come in either pre-packaged “pillow” packets or a bottle. If using a bottle, you’ll also need a 3 ml syringe to draw up the saline.
- Suction machine and/or tissues.
How to lavage

1. Wash your hands and work surface.

2. Sit in front of a mirror so you can see your stoma.

3. Open a pre-packaged saline packet or draw up 2 ml of saline into a syringe with no needle.

4. Take 3 deep breaths. As you breathe in on the third breath, inject the saline into your stoma. This will make you cough. Be ready to catch your mucus in a tissue, or have the suction machine ready to use.

5. If your mucus is thick and hard to cough out, repeat these steps and tell your care team.

General information and suggestions

Keep these supplies with you:

- Suction machine
- Pre-packaged saline
- Paper and pen
- Tissues
- MedicAlert jewelry to indicate you breathe through your neck. To get it, ask your local pharmacy or contact:
  MedicAlert Foundation
  1-800-IDALERT (toll free) or [www.medicalert.org](http://www.medicalert.org) (Also offers emergency response service.)

Protect your stoma

Stoma bibs are available to help keep stuff from entering your stoma and laryngectomy tube. These are made of a loose, breathable mesh to allow air flow.

Please avoid:

- Small particles or objects that could be inhaled (food, fuzz, sawdust, dust, loose pet hair, aerosol sprays, powders, and sand).
- Smoke. This includes cigarettes, vapes, pipes, fireplaces, or wood-burning stoves. Smoke will be directly inhaled and will irritate the lungs.
- Water.
  - When taking a bath, keep water as shallow as possible. When showering, you need to protect your stoma from the stream of water. The Provox LaryTube has a special shower adapter.
  - Don’t go swimming.
  - Boating poses a potential risk, as life jackets and other floating aides may not keep your stoma above water.
- Cold air. In cold weather, protect your stoma with a warm, loose-fitting scarf. It’s also okay to wear scarves, shirts, and turtlenecks.
- Don’t let anything hit the laryngectomy tube. Don’t play contact sports, such as football or soccer.

Communication is important

- Use a magnetic dry erase board, a clipboard and paper, and/or your phone/app.
- Plan how you’ll communicate to 911 in an emergency. You may want to:
  - Have someone pre-record emergency messages on a cell phone or tape recorder. You can play these to a 911 operator if you need help. (In most areas, you’ll still get help even if you don’t speak.)
  - Let your local first responders (firefighters or police) know that someone unable to speak lives at your address.
  - Consider having a home phone with a cord that plugs into the wall (a landline). Otherwise, keep a cell phone charged and easy to find.
- A speech therapist will be working with you on your communication.
• For information on laryngectomy clubs near you, contact:
  – International Association of Laryngectomees (IAL)
    Website: www.theialvoice.com

**Things to know after surgery**

• After a laryngectomy, patients are usually unable to hold their breath to bear down for a bowel movement (poop). Please talk to your doctor about a high-fiber diet and the use of stool softeners.

• Your sense of taste and smell will not be as good as before surgery. This is because air no longer moves through your nose.

**Increase humidity and fluids**

Humidity and fluids will help thin your mucus and keep your mouth and nose moist.

• When your care team says it’s okay to drink:
  – Try to drink 8 glasses of fluids without caffeine each day.
  – Drink more fluids if your mucus is thick.

• If you develop mucus plugs (thick mucus that builds up and hardens):
  – Drink more fluids
  – Use a humidifier
  – Irrigate more often
  – Wear the HME or a humidified trach dome all the time.

**Call the doctor if:**

• You have trouble breathing.

• Blood comes out when you cough.

• There’s more mucus than usual.

• There’s a change in mucus color or odor.

• You have signs of infection or skin breakdown, such as:
  – Redness
  – Warmth
  – Swelling
  – Tenderness
  – Drainage
  – Fever.

• Call 911 if you’re having trouble breathing.

**Phone numbers**

Home care agency: ________________________
ENT Clinic: 612-626-5900