Caring for Yourself after a Laryngectomy

About your laryngectomy

After a laryngectomy, you breathe through your stoma instead of your nose. The air you breathe is no longer warmed or humidified. This often results in more mucus production and coughing.

The HME (Heat Moisture Exchanger) will restore the heat and moisture your body was used to 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.

What you will need to do

- **Remove, clean and reinsert tube.** 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 twice a day
  - When mucus collects in the tube
  - If you are short of breath.

- **Change the HME:**
  - At least every 24 hours
  - Whenever it becomes harder to breathe
  - Whenever the HME is saturated with mucus.

Read the Atos Medical handout to learn how to clean your tube and change your HME.

Stoma care

You must take care of the stoma every day. This will help prevent infection. When caring for the stoma, your work space, hands and equipment must be kept very clean.

Supplies

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

1. Clean your work surface with rubbing alcohol, soap and water or a disinfecting wipe.
2. Wash your hands.
3. Pour cleaning solution into the clean container.
4. Caregivers should put on clean gloves.
5. Check your stoma for signs of infection or irritation:
   - Stoma is red, warm, swollen or tender
   - Skin is red, dry, cracked or bleeding
   - More drainage or crust formation than usual
   - Change in the size of your stoma

**How to clean the stoma**

Clean around the tube while it is still in or clean the stoma when the tube is out. When you have a lot of thick mucus, you may form more crusts around the stoma. It is important to remove these to prevent skin irritation and break down.

You may use cotton swabs (also good for removing any crusts), gauze or the corner of a washcloth dipped into the cleaning solution. Use the cleaning cloth only one time with each swipe. **Don’t** re-dip it into the cleaning solution.

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

1. Start at the 12 o’clock position. 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 stoma and neck area with tap water and dry well.
- **Don’t** use any powders, lotions or ointments, unless prescribed by your doctor.
- If the skin around your stoma is very dry or cracked, you may use a small amount of mineral oil or petroleum jelly. **Do not** get this into your stoma, or you will have trouble breathing.

**If you still have crusts:**

- You may use tweezers to hold 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.

**Irrigating the airway (lavage)**

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

**Supplies**

- Mirror
- Tissues
- Clean gloves for caregiver
- Sterile saline. This can either come in pre-packaged “pillow” packets or a bottle. If using a bottle, you will also need a 3 ml syringe to draw up the saline.
How to lavage

1. Wash your hands and work surface.
2. Caregivers should put on clean gloves.
3. Sit in front of a mirror so you can see your stoma.
4. Draw up 2 to 3 ml of saline in a syringe with no needle (or open a pre-packaged saline packet).
5. Take 3 deep breaths. As you breathe in on the third breath, inject the saline into your stoma. This will probably make you cough. Be ready to catch your mucus in a tissue.
6. If your mucus is thick and hard to cough out, repeat these steps and let your health care team know.

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 laryngectomy tube.
- Rattling sounds coming from your chest.
- Trouble breathing or faster breathing.

Supplies

- If you don't have a suction catheter kit, you'll need:
  - Clean gloves
  - Suction catheter
  - Container or basin (a small paper cup works well)
- Suction machine and tubing
- Solution to rinse the suction catheter. (Your health care team will tell you which to use.)
  - Sterile water
  - Sterile saline
  - Distilled water
- Sterile saline, if you need to lavage.

Before you begin

1. The safe suction depth is: _____________. Your health care team will tell you if you need to use a different suction depth.
2. Check the vacuum gauge. Set the machine to the proper suction, if you have been instructed to do so. Your health care team will tell you the correct pressure settings. It is usually 100 to 120 mm Hg for adults.

How to perform suctioning

1. Clean your work surface with rubbing alcohol, soap and water or a disinfecting wipe.
2. Wash your hands and open your supplies.
3. Connect the tubing to the suction machine. Turn the machine on.
4. Fill the container with rinse solution.
5. Put on clean gloves.
6. Connect the catheter to the suction tubing.
7. Dip the catheter in the container of rinse solution. Close the valve to draw the fluid into the catheter. Release the valve to check that the suction machine is working properly.
8. Insert the suction catheter into the stoma only as far as the safe suction depth. Don't apply suction while inserting the catheter.
9. When the catheter is in:
   • Cover the suction valve on the catheter with your thumb. This applies continuous suction.
   • As you slowly withdraw the catheter, roll or rotate it between your fingers and thumb. **Don’t** use your entire hand or make a stirring motion. Withdrawing the catheter should take no longer than 5 seconds.

10. Draw rinse solution from the container into the catheter to clear it of mucus.

11. Repeat steps 8, 9 and 10 as needed to clear the airway. Be sure to rest between suction passes.

12. If you are not able to suction all of the mucus out, you will need to lavage. To do this, place 2 to 3 ml of sterile saline (not sterile water) into the stoma or laryngectomy tube. It will usually cause you to cough.

13. After you are done suctioning the stoma, you may suction the mouth or nose. **Never suction the stoma with a suction catheter that was first used in the mouth or nose.**

14. Turn off the suction machine. Throw away any dirty supplies, then **wash your hands.** (Your health care team will let you know if you can clean and reuse the suction catheter and container.)

**General information and suggestions**

**Keep these supplies with you:**

- Pre-packaged saline
- Paper and pen
- Tissues
- Medic alert jewelry to indicate you breathe through your neck. To get it, ask your local pharmacy or:
  
  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.

You should also avoid:

- **Small particles or objects that could be inhaled** (food, fuzz, sawdust, dust, loose pet hair, aerosol sprays, powders and sand).
- **Ointments.** **Don’t** use these around the tube unless your doctor says they are needed.
- **Smoke.** This includes cigarettes, 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 Lary tube 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 is also okay to wear scarves, shirts and turtlenecks.
- **Don’t allow anything to hit the laryngectomy tube.** Avoid contact sports such as football or soccer.
Communication is important

- Use a magnetic or dry erase board or a clipboard and paper.

- Plan how you will 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 phone operator if you are alone and need an ambulance, police or the fire department. (In most areas, you will still get help even if you don’t speak.)
  - Let your local first responder (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 mobile phone charged and easy to find.
  - Keep emergency phone numbers in or near your phone.

- A speech therapist will be working with you to develop your own personal type of communication.

- For information on laryngectomy clubs near you, the following organizations may be of assistance:
  - International Association of Laryngectomees (IAL)
    Box 691060
    Stockton, CA 95269-1060
    Toll Free: 866-IAL-FORU (425-3678)
    Fax: 209-472-0516
    E-mail: ialhq@larynxlink.com
    Web: www.larynxlink.com
  - American Cancer Society
    1-800-ACS-2345 or 1-866-228-4327 (TTY)

Things to know after surgery

- After a laryngectomy, patients usually are not able to hold their breath to bear down for a bowel movement. Please talk to your doctor about a high-fiber diet and the use of stool softeners.

- You will have trouble lifting heavy objects after surgery. Your strength will not return completely.

- Your sense of taste and smell will not be as good as before surgery because air no longer moves through your nose. You can try to push air through your nose by moving the back of your tongue up and down with your mouth closed so that air is pushed into the back of your nose. This may help improve your sense of smell. Your speech therapist may be able to help you if you have trouble.

Increase humidity and fluids

Humidity and fluids will help thin your mucus and keep mucous membranes moist.

- Once your ENT team says it is okay to drink:
  - Try to drink 8 glasses of non-caffeinated fluids each day.
  - Drink more fluids if your mucus is thick.

- If you develop mucus plugs:
  - Drink more fluids.
  - Use a humidifier to increase the humidity level in your home.
  - Irrigate more often
  - Wear the HME all the time.
**Call the doctor if you:**

- Have trouble breathing.
- Blood coming out when you cough.
- More mucus than usual.
- A change in mucus color or odor.
- Signs of infection or skin breakdown, such as:
  - Redness
  - Warmth
  - Swelling
  - Tenderness
  - Drainage
  - Fever

**Phone numbers**

Primary doctor: ______________________
Home care agency: ____________________
Unit_____: 612-273-_________________
ENT Clinic: 612-626-5900