

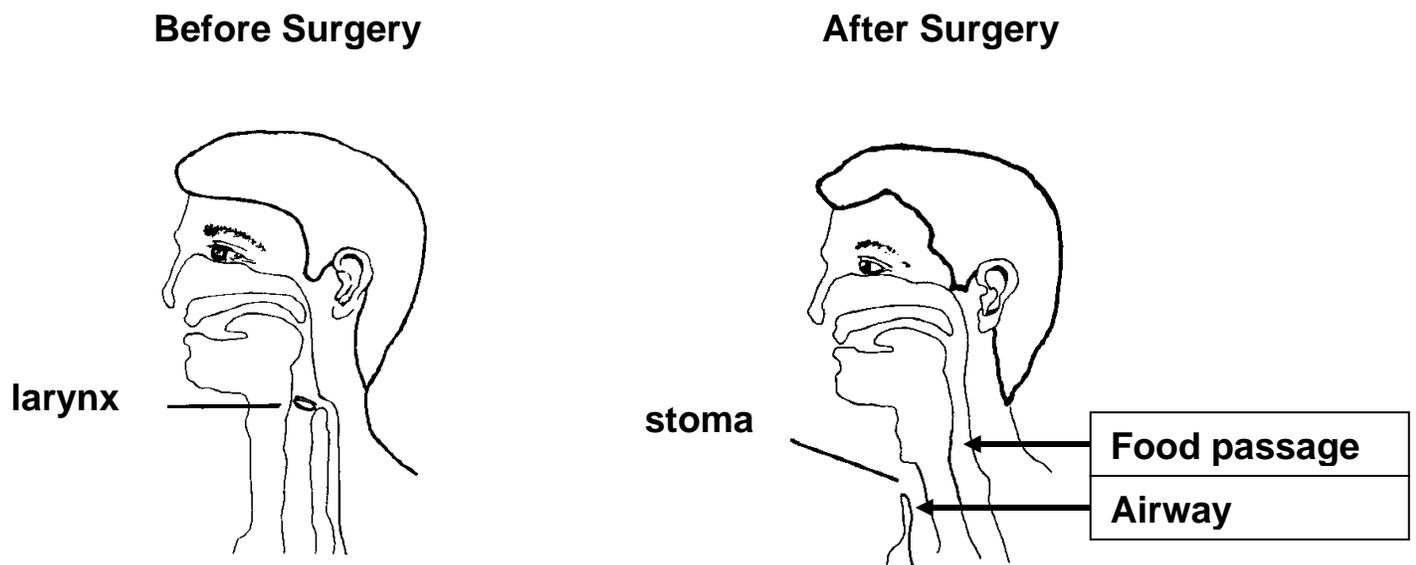
Laryngectomy Surgery

What is a laryngectomy?

A laryngectomy is an operation which removes the larynx, also called the voice box. This is the part of the throat that allows you to talk. After surgery, you breathe through a nickel-sized opening or stoma in the lower front of your neck.

The stoma is stitched open to help it heal. The stoma goes directly into your windpipe also called the trachea. You need the stoma to breathe for the rest of your life.

After the surgery, your food passage and airway are completely separate.



Is there any other surgery done at this time?

Sometimes, the laryngectomy is expanded to include other procedures:

- Neck Dissection
- Thyroidectomy
- Primary Tracheoesophageal Fistulization
- Pharyngeal Reconstruction

These are described on the next page.

❑ Neck Dissection

With a neck dissection, the surgeon removes the lymph nodes from one or both sides of the neck.

❑ Thyroidectomy

Part or all of the thyroid gland may be removed. If you have this surgery, you may need to take a thyroid replacement pill every day for the rest of your life. When some of the parathyroid glands are removed during neck surgery, a calcium supplement may also be needed.

❑ Primary Tracheoesophageal Fistulization

This is also called a TEF. The surgeon makes a small opening between the upper trachea into the esophagus or food tube. This is called a fistula. A tube is put into the fistula to prevent it from closing. After about 2 to 3 weeks, when healing is complete, a one-way valve or voice prosthesis is put in. This allows air to be directed out of the mouth for speech.

❑ Pharyngeal Reconstruction

Some patients may need to have part of the throat near the larynx called the pharynx removed. For this surgery, skin may be moved up into the area to make a new throat. Your doctor will discuss this with you before surgery if it is likely that you will have this.

What do I need to do before surgery?

Your doctor may refer you to a dietitian before surgery.

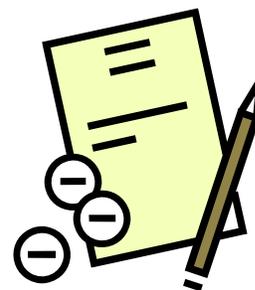
The dietitian can help you improve your nutrition strength before surgery. You may need to take supplements such as Ensure, Boost, Essentials, or other nutrient rich foods such as Carnation Instant Breakfast and homemade milkshakes.



Pre-Admission Assessment Clinic Visit

You must come to the Pre-Admission Assessment Clinic 1 to 2 weeks before surgery to have any blood work, X-rays and other tests your doctor orders.

Bring a record of all your medications to the clinic so the nurses and anaesthesiologist can see what you are taking. At this appointment the nurse will go over all of the steps you need to follow before surgery at home. You will get a checklist to take home.



Follow the instructions the nurse gives you about when to stop eating and drinking before surgery. This depends on the time of your surgery. If you regularly take medication each morning, you will be told if you should take it the morning of surgery. If you are allowed to take your medication, take it with a small sip of water only.

You may need to scrub your neck and chest with a special brush. This scrub clears the skin of germs that may cause an infection. The nurse will tell you how and where to do this. If your doctor wants you to shave the area at home, the nurse will show you where to shave.

On the day of surgery – Day Surgery Unit

You will check in at the Day Surgery Unit 2 hours before surgery. In the Day Surgery Unit you will get ready for surgery by changing into hospital clothes. The nurse will go over some questions and answer any questions you have.

You will have a thin tube put into a vein in your arm. This is called an intravenous or IV. The IV gives you fluids and medications when needed.

The anaesthesiologist will visit you before surgery.

You will also have the surgery area marked with a special pen.



In the Operating Room

You go into the Operating Room when it is time for surgery.

The room is cool. The team will greet you and help make you comfortable on a special table. Before the team starts they take some time to make sure you are the right patient and the right surgery is done. This is called the “surgical pause”.

What to expect after laryngectomy surgery

How will I feel after surgery?

After surgery you will go to the recovery room. You will be monitored closely by the nurses until you are fully awake. If you feel pain or have an upset stomach, there is medication that will help. You will not be able to speak as your voice box has been removed. You will use a writing board to communicate.

On the Head and Neck Unit

When you are fully awake, you will be transferred to the Head and Neck Unit. You are monitored closely by the nurses. You will have a call bell beside you to use when you want help. The nurses will come quickly as they know you cannot speak.

Intravenous

After surgery, the IV will give you fluids until you are feeling better. Medication can also be given through the IV. The nurses make sure the IV is working well and giving you enough fluids.



Catheter

A catheter is a long, thin tube placed in your bladder during surgery to drain urine into a bag. Most often, the catheter stays in your bladder around 1 or 2 days until you are able to get up and go to the bathroom yourself.

Drainage tubes

One or more small, rubber tubes called drains may be placed in your neck to carry away any fluid which might build up. Drains are removed when the volume of fluid drained is small. This happens anywhere between 3 to 7 days.

You may go home with the drains still in place. At home, drains are removed by the visiting nurse.

Looking after you

For the first few days after surgery, the nurses watch you closely. You may have your blood pressure, pulse and respirations taken every 4 hours and then as needed. Both male and female patients stay in the same large open area so the nurses can see you at all times after surgery. This way, you get the care you need right away. You will be able to maintain your privacy by pulling the curtains around your bed. When you are feeling better, you may be moved to a semi private room.



How will I eat?

After laryngectomy surgery, good nutrition helps you heal well and maintain or gain weight.

During surgery, a temporary feeding tube may be placed either:

- through your nose and into your stomach or
- through your abdominal skin into your stomach

The feeding tube allows your nutrition to be maintained using liquid feedings, until you are able to swallow. Then the tube is removed.

The first day after surgery most patients are given a special liquid formula through the feeding tube. This formula contains all the calories, proteins, vitamins and nutrients needed to help you heal. Tube feedings are done 4 times a day around 6:00 am, 10:00 am, 2:00 pm and 6:00 pm. These times may be changed when needed.

After a few days, the nurses will help you learn how to do your own feedings.

How much formula do I need?

Your nutritional needs will be assessed by a dietitian. You will start with small feedings. Feedings will be increased as you tolerate them until your nutritional needs are met. It is important that you take all your tube feeding to heal well. The dietitian and nurses will monitor your feedings. If you have any questions or concerns about the feedings, let them know.

How long do I need tube feedings?

About 7 to 10 days after surgery, you can start to drink a fluid diet and the tube feedings will be decreased. Your doctor may order a special X-ray called a Gastrogastric Swallow. This test checks your surgical area to make sure it has healed well enough to stop tube feedings. When the swallow shows good healing, you can start having liquid food through your mouth.

You begin with clear fluids such as apple juice, broth, coffee and tea. After a day, you try fluids such as cream soups, pudding, ice cream, and milk. After this, a blended or pureed diet is started for about 1 to 2 weeks. Your doctor will tell you when you can begin eating soft food. Before you leave the hospital, the dietitian will give you some guidelines about what to eat.

Contact your nurse or dietitian if you have:

- a sore stomach and feel full
- an upset stomach or vomiting
- more than 3 loose bowel movements a day
- no bowel movements for 3 days

Will I have trouble breathing?

You will not have trouble breathing. After surgery, you will breathe through the stoma in your neck. An oxygen mask is placed over your stoma for 48 hours after surgery. This helps you breathe and the oxygen helps you heal. Every 2 to 4 hours, you will have a small pad placed on your finger to measure the amount of oxygen you are getting. This is called an oxygen saturation test or oximetry.

At first, the stoma collects mucous in it. The nurses will suction this liquid to keep the stoma clear. Suctioning is needed about every 4 hours. The nurses make sure your stoma stays clear to help you breathe well.

Cleaning your stoma

When your nurse feels you are ready, you will be shown how to clean and look after your stoma. The nurses will help you learn how to suction yourself, remove mucous, clean with saline water and cough the mucous out yourself. It is important to learn this procedure well, as you will have to continue after you leave the hospital.

What activity can I do?

After surgery, you need to move around to prevent breathing and circulation problems. Moving also helps you build up your strength and recover faster.

Within 8 to 12 hours after your surgery, you will be helped to sit at the side of your bed. You will also be encouraged to do deep breathing and circulation exercises.

Over the next few days, you will be helped to wash and move around. You need help because you have some tubes that need to move with you. Moving around is easier as the tubes come out. Any time you get up, you will need to wear shoes with non-slip soles and full backs and toes for your safety.



The physiotherapist will review your exercise program with you and give you a list of exercises to do on your own.

When your tubes come out, you will be able to wear your own clothes.

When the nurses feel you are ready and do not need close observation, you will move to a semi-private room and look after yourself even more. You will be able to do more and more things on your own each day.

How will I communicate?

A speech-language pathologist will meet you before your surgery. During this meeting, you will get some information about how you will communicate after surgery.

At first, you will write on a special board kept at your bedside. Then, a few days after surgery, the speech-language pathologist will begin working with you. You will learn how to use an electrolarynx to communicate 3 to 4 days after surgery. An electrolarynx is a machine that makes sound. You use your tongue and lips to shape the sounds into words.

The speech-language pathologist will also talk with you and your family about the other ways of communicating. You will choose the best method of communicating for you after talking to your doctor and speech-language pathologist.

The speech-language pathologist will give you some reading material before and after surgery. You will also have help completing any forms for special equipment you need for communication. This may be done after you leave the hospital and come back for more speech training as an outpatient.

When do my stitches come out?

If you have stitches in your neck, your nurse will take them out after 7 to 10 days. The stitches are taken out of your stoma when it has healed well. If you had radiation therapy before surgery, you will take longer to heal.

Before you go home

The Community Care Access Centre Manager will visit you before you go home. The CCAC Manager will arrange any professional services you need at home such as a visiting nurse, dietitian or social worker. He or she will also arrange support services such as dressing supplies, equipment rental, medications, transportation and homemaking.

You will be given an appointment to see your surgeon about 1 week after you go home. You will also get any prescriptions you need for medications before you leave the hospital.

The dietitian will give you some guidelines about what to eat at home.

When you are home after laryngectomy surgery

The Visiting Nurse

The visiting nurse will see you each day to make sure you are managing at home. You will be able to problem solve new situations when the nurse visits. Your doctor and visiting nurse decide when you no longer need home visits.

Cleaning your stoma

In the hospital, you will learn how often to clean your stoma. Most people need to clean it 2 to 3 times a day. If your home is dry, you may need to use a cold air vaporizer or basin of water next to the heater. Some people find it easier to use a damp laryngectomy cover.

Hygiene and activity

The stoma opens into your breathing tube that leads right into your lungs. You should avoid swimming or any activity that puts your stoma under water. You can wash your hair, shower or take a bath as long as you do not get water in your stoma.

Maintain your nutrition

You will heal over the next 2 to 3 months. You need to follow your doctor's and dietitian's guidelines. Eat a variety of food. Weigh yourself 2 times a week to watch for weight loss. You do not want to lose weight at this time. You may need to supplement your diet with products like Ensure™, Resource™, Boost™, Essential™, Carnation Instant Breakfast™ or homemade shakes.

If you have any questions or want more help, have someone call the dietitian at 905-522-1155 ext. 33509. Be prepared to leave a message and a dietitian will call back.

Watch for signs of infection

You will need to watch for signs of infection around your stoma.

Watch for:

- swelling
- redness
- pus
- an increase in your temperature

Contact your doctor or the Head and Neck Unit at St. Joseph's Hospital if you have any of these signs.

Communication

In the hospital, you will use an electrolarynx to communicate. When you are ready, a speech-language pathologist will arrange speech therapy sessions. These sessions will help you learn how to communicate best, using the electrolarynx. Speech therapy sessions will also be arranged for you when you go home. Your speech-language pathologist and doctor will help you choose the best method of communicating for you.

Medical Alert Identification

You should wear and carry Medical Alert Identification. People will know how you communicate, if you ever need help. Your nurse will give you a form to complete and mail in. The identification may say: neck breather, or laryngectomy, or no vocal cords.

Laryngectomy Support Group

After surgery, you and a friend or relative may want to try going to laryngectomy support group meetings. The group in Hamilton is called is called the **New Voice Club**. They plan many activities and speakers throughout the year. You can talk to your nurses or the speech-language pathologist about this group or other ways of finding support in your community.

Who to call if you need help?

If you have questions or concerns, call your surgeon or the Head and Neck Unit at St. Joseph's Hospital.

☎ Surgeon's number: _____

☎ The Head and Neck Unit: 905-522-1155 ext. 33504

Your Health Care – Be Involved

Your safety is our concern. In order to have the best health care, become an active member of your health care team.

Here are some ways to **Be Involved**:

- Ask questions and talk about your concerns
- Know the medications you take and why you take them
- Carry a current list of medications and herbal products you take to share with all health care providers
- Carry a list of your current medical conditions, allergies, past problems and surgeries
- Make sure you know what to do when you leave the hospital, clinic, program or doctor's office

When you are involved, you can make better decisions about your treatment plan. For more information there is a booklet called “Your Health Care – Be Involved” published by the Ontario Hospital Association. You can download this book in many languages from www.oha.com

Handwashing – Why is this important?

- Clean hands reduce the spread of germs.
- Germs, like cold or flu, can make you sick.
- Clean hands can save lives.



Make sure you clean your hands with hand rub for 15 seconds often. Wash your hands with soap and water when they are soiled. Clean hands help prevent infection.

