

Laryngectomy Care

for patients, families & friends

This booklet will help you understand and prepare for your surgery. Please bring it with you on the day of your surgery.

Centre universitaire
de santé McGill



McGill University
Health Centre

Office d'éducation des patients
Patient Education Office



IMPORTANT

Information provided by this booklet is for educational purposes. It is not intended to replace the advice or instruction of a professional healthcare practitioner, or to substitute medical care. Contact a qualified healthcare practitioner if you have any questions concerning your care.

This booklet was adapted from the Tracheostomy Care for Patients, Families, and Friends patient booklet, also created by the MUHC Patient Education Office.

This document is copyrighted. The MUHC Patient Education Office reserves copyright on all our materials (our material, images, content). Reproduction in whole or in part without express written permission from patienteducation@muhc.mcgill.ca is strictly prohibited.

© Copyright August 28, 2019 McGill University Health Centre. 1st edition.

**This material is also available through the
MUHC Patient Education Office website**
www.muhcpatienteducation.ca



Acknowledgements

Authors:

Jasmine Lee Hill, RN, MSc.(N), CMSN(C)
Advanced Practice Nurse, Surgical Services
Royal Victoria Hospital

Elizabeth Blouin, RN, BSN
Oncology Pivot Nurse, Head and Neck Cancers
Royal Victoria Hospital

Jesse Burns, M.Sc., S-LP
Speech-Language Pathologist
Royal Victoria Hospital

Denise Dubuc, RN, BSN
Home Care Liaison Nurse
Royal Victoria Hospital

Christine EcheGARAY-Benites, RN, M.Sc.(A)
Interim Advanced Practice Nurse, Surgical Services
Royal Victoria Hospital

Melanie Giroux, RRT
Coordinator/Educator
Royal Victoria Hospital

Ruth Guselle, RN, BSN
Family Nurse Clinician
Royal Victoria Hospital

Karen Kost, MD, FRCS(C)
Professor of otolaryngology – Head and Neck Surgery, McGill University
Director of the voice and dysphagia laboratory, MUHC.

Sandra McCarthy, RN, BSN
Home Care Liaison Nurse
Montreal General Hospital

Trudy Naraine, RN BSN
Nurse Professional Development Educator
Royal Victoria Hospital (C10)

Table of Contents

6.	A special message for you and your family
7.	Important general information Your personal laryngectomy information How to reach us
8.	Getting to know your tracheostoma What is a laryngectomy? 10. What is a tracheoesophageal puncture (TEP)?
12.	Getting ready to go home
15.	Caring for your tracheostoma Clean technique and hand-washing 16. Clearing secretions from your lungs Suctioning 22. Cleaning your tracheostoma 25. Cleaning your tracheostoma vent 30. Changing your tracheostoma vent ties 33. Caring for your tracheoesophageal puncture (TEP)
37.	Living with a tracheostoma Keeping moisture in the air you breathe 38. Washing your hands Bathing 39. Eating Mouth care 40. Clothing Precautions to take (e.g. dust, water, perfume)
44.	Talking after a laryngectomy
45.	Problem-solving (What to do if...) My TEP fell out. 48. I am having trouble breathing. 49. I can't breathe.
49.	How to do CPR on someone with a tracheostoma
50.	Medical supplies, support and information resources
53.	Notes
back	Hospital Map

A special message for you and your family

Using our experience and what patients and families have told us, we have designed this booklet so that it is useful, practical and easy-to-read. It will cover important information about how to care for your tracheostoma and suggest resources that are available to you.

**Please review this booklet carefully with your family.
Bring it with you to your appointments.**

Keep it with you during your hospital stay. Your treatment team will refer to it and review it with you before you go home.

We know that this is a stressful time for patients and their families. A laryngectomy surgery can be very challenging at first. The good news is that you are not alone! During your hospital stay, our team of health care experts will care for you.

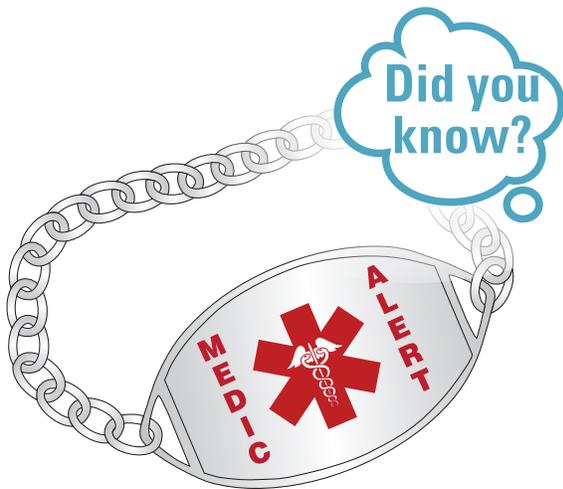
Our team includes your surgeon, nurses, respiratory therapists, a speech-language pathologist, nutritionist, physiotherapist, occupational therapist, and a home care liaison nurse. (We are a big team). Do not be afraid to ask us who we are and what we do. We will teach you how to take care of yourself after the surgery. When you are at home, you can call us to discuss your questions or concerns.

We want to be sure that you and your family get the best care possible. Speak to us about your feelings or worries. Knowing how you are doing will help us help you. The goal of our team and this booklet is to help you and to guide you each step of the way.

Sincerely,


Laryngectomy Care Team
McGill University Health Centre

Important general information



You can buy a medical bracelet that alerts others that you are a 'total neck breather'? We highly recommend you wear one. This can make all the difference in an emergency. You can purchase one through the MedicalAlert Foundation of Canada.

www.medicalert.ca
1-800-668-1507



How to reach us

My local CLSC # is:
Emergency Numbers:

Ear, Nose and Throat (ENT) Clinic:

Royal Victoria Hospital (RVH) at the Glen site
Tel: 514-934-1934 ext. 34978 or 34971
Fax: 514-843-1529

Ear, Nose and Throat (ENT) hospital unit

Royal Victoria Hospital (RVH) at the Glen site
Tel: 514-934-1934 ext. 35003

Speech Language Pathology (SLP):

Royal Victoria Hospital (RVH) at the Glen site
Tel: 514-934-1934 ext. 34149, 34968, 35725

Advanced Practice Nurse – Surgery

Royal Victoria Hospital (RVH) at the Glen site
Tel: 514-934-1934 ext. 34487

Pivot Nurse

Royal Victoria Hospital (RVH) at the Glen site
Tel: 514-934-1934 ext. 36014



CEDARS
CANSUPPORT
DES CÈDRES

CanSupport:

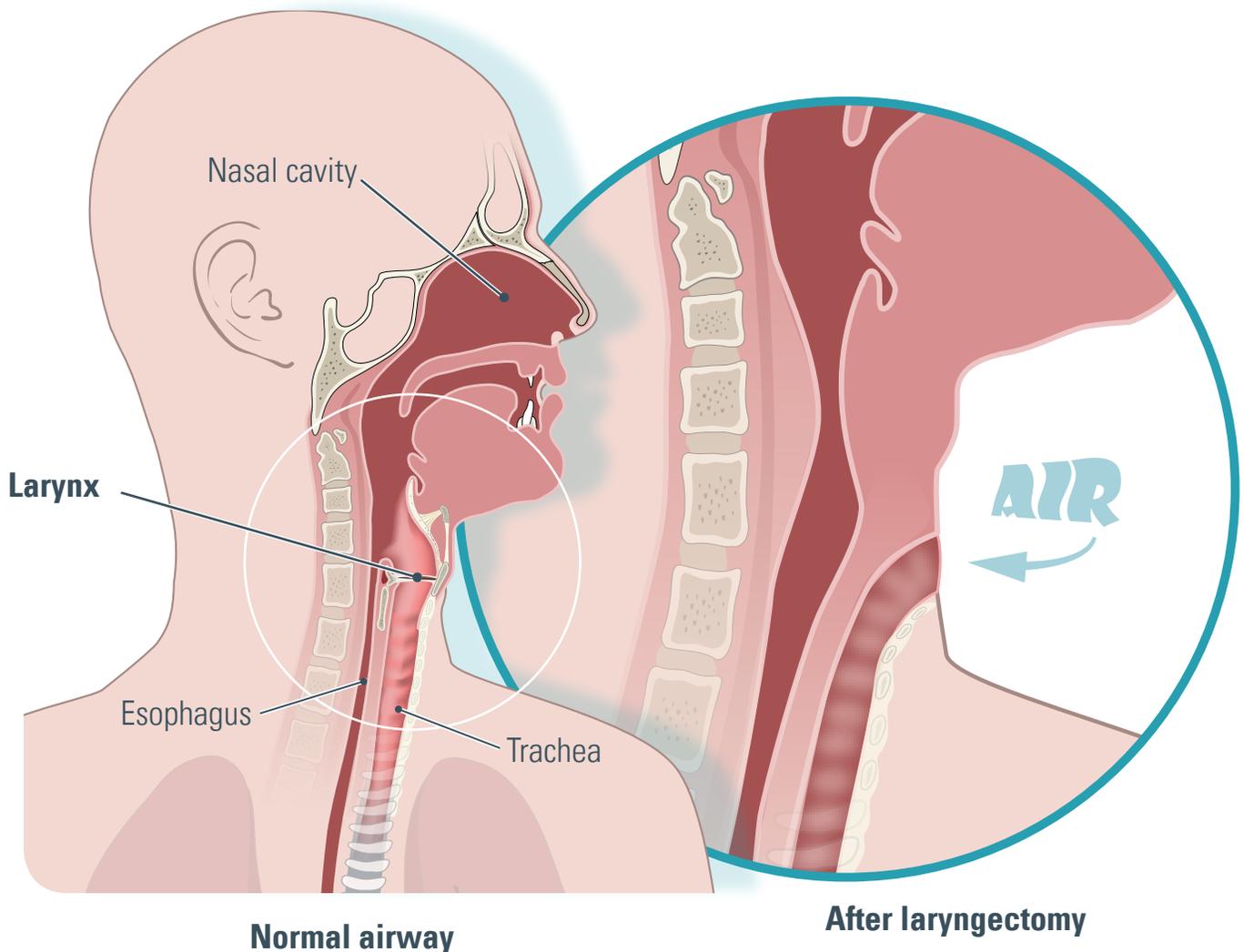
Royal Victoria Hospital (RVH)
at the Glen site
Tel: 514-934-1934, ext 35297

Getting to know your tracheostoma

What is a Laryngectomy?

During a **total laryngectomy** surgery, your voice box (or **larynx**) is removed. Your surgery team will bring your windpipe (trachea) right up to the skin at your neck. They will make an opening (**tracheostoma**) here, which you will use to breathe.

This surgery is done to remove any tumors or cancer from your body.

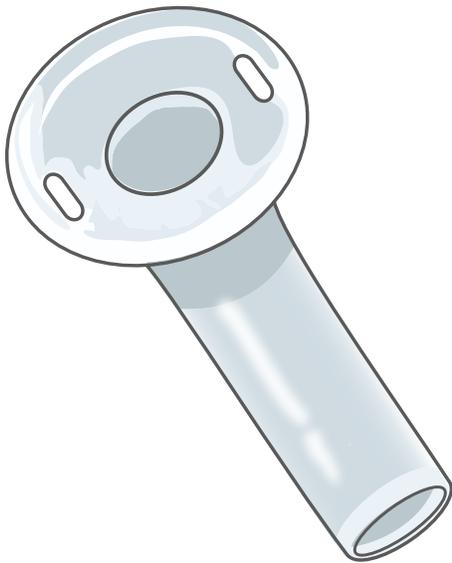


How will my breathing change?

After your laryngectomy surgery, you will no longer breathe through your nose or mouth. Instead, when you breathe, air will pass through your **tracheostoma** (the opening in your neck) and then into your lungs.

Normally, your nose and mouth work to warm, clean and add moisture to the air you breathe. Now that you are breathing with a tracheostoma, you will need to find a different way to do this.

This booklet will give you tips on how to do this.



Do I need to place anything inside my tracheostoma to keep it open?

Right after your surgery, your surgery team will place a tube into the opening of your neck. This will help you heal. You may notice some crusts or scabs around the tracheostoma. This is normal.

A few days after surgery, we will take out this tube. After this, only some people (not everyone) may use a **tracheostoma vent**. **Most of the time, this is just temporary.** This special tube is placed into your tracheostoma to keep it open. Your surgeon will tell you if you need this. This booklet will give you tips on how to take care of a tracheostoma vent, if you have one.

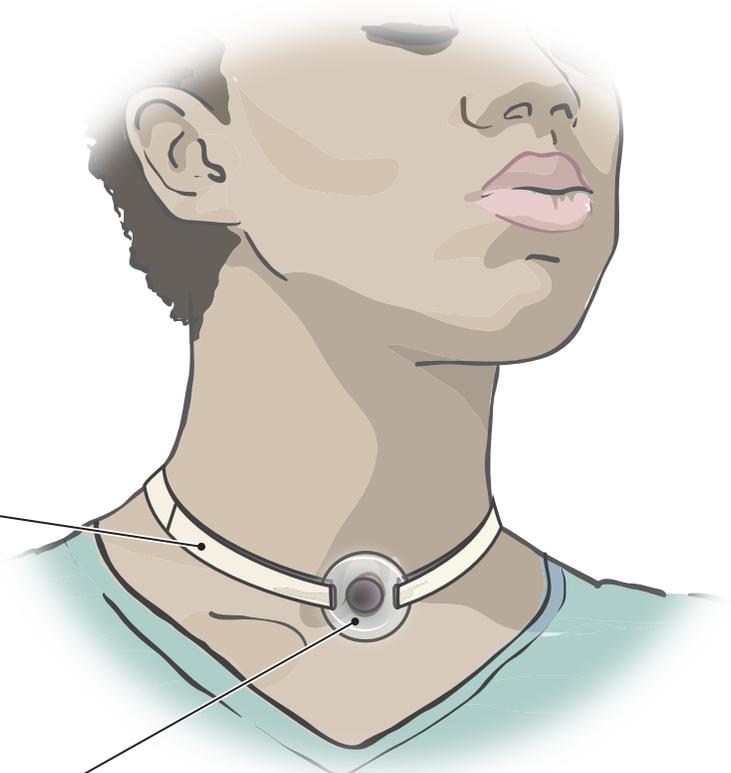
Getting to know the parts of your tracheostoma vent:

The tracheostoma vent is made up of 2 main parts:

1. **Vent** - This clear flexible tube sits in your trachea.
2. **Cloth ties or Velcro straps** - These wrap around your neck. They prevent the tracheostoma vent from falling out, or accidentally coming out when you cough.

Velcro Straps

Vent

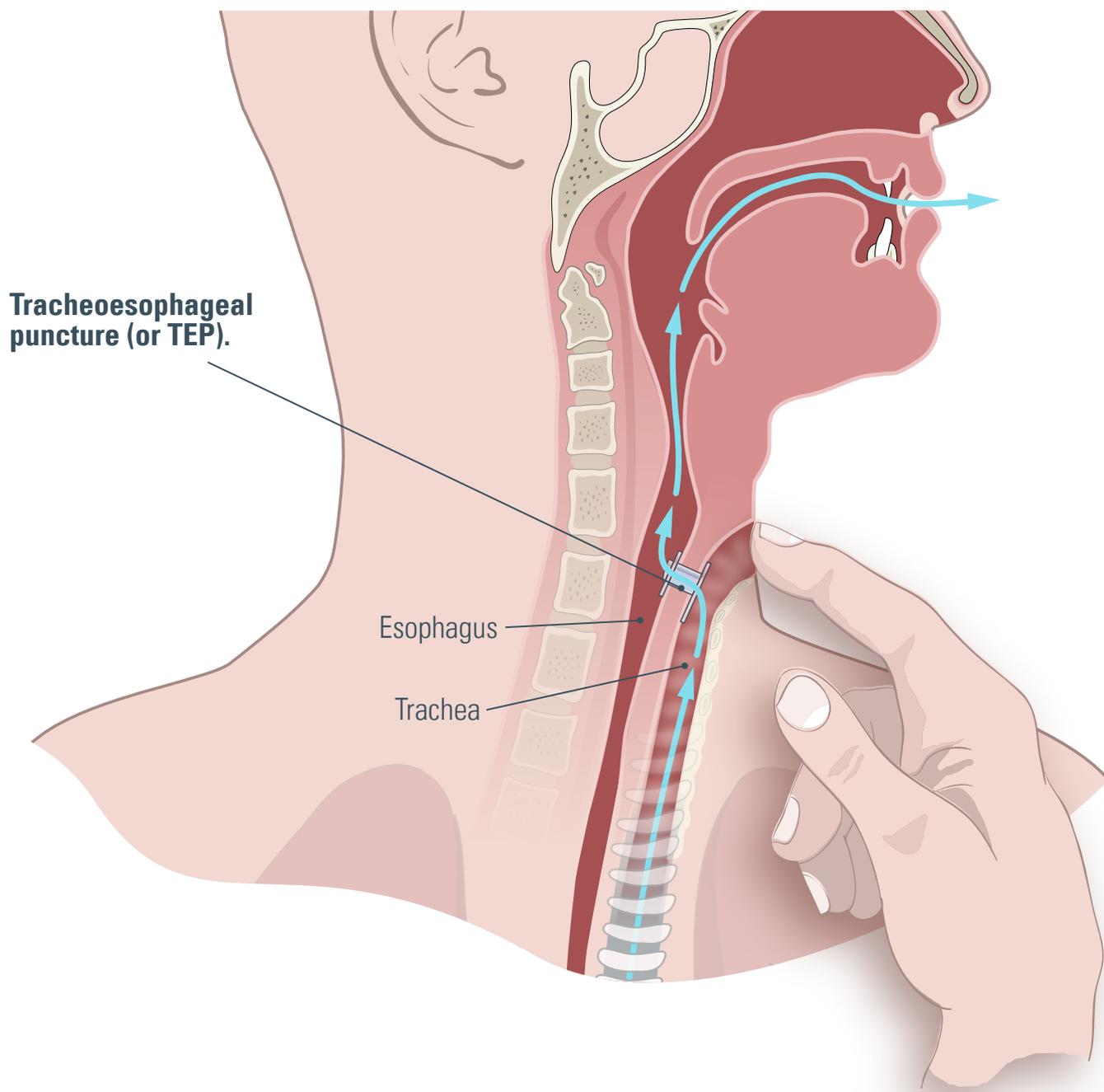


What is a tracheoesophageal puncture (TEP)?

Some patients receive a TEP during their laryngectomy surgery. Your surgeon will evaluate and discuss this with you before your surgery.

During your surgery, your surgeon will probably make a small hole at the back of your trachea (windpipe). This is called a **tracheoesophageal puncture** (or **TEP**).

This small hole will connect your **trachea** (windpipe) to your **esophagus** (the tube that allows food to travel to your stomach). A TEP prosthesis with a special one-way valve will be placed into this small hole. With this **TEP prosthesis**, you will be able to speak. Your speech language pathologist (SLP) will teach you how to use and care for this prosthesis.

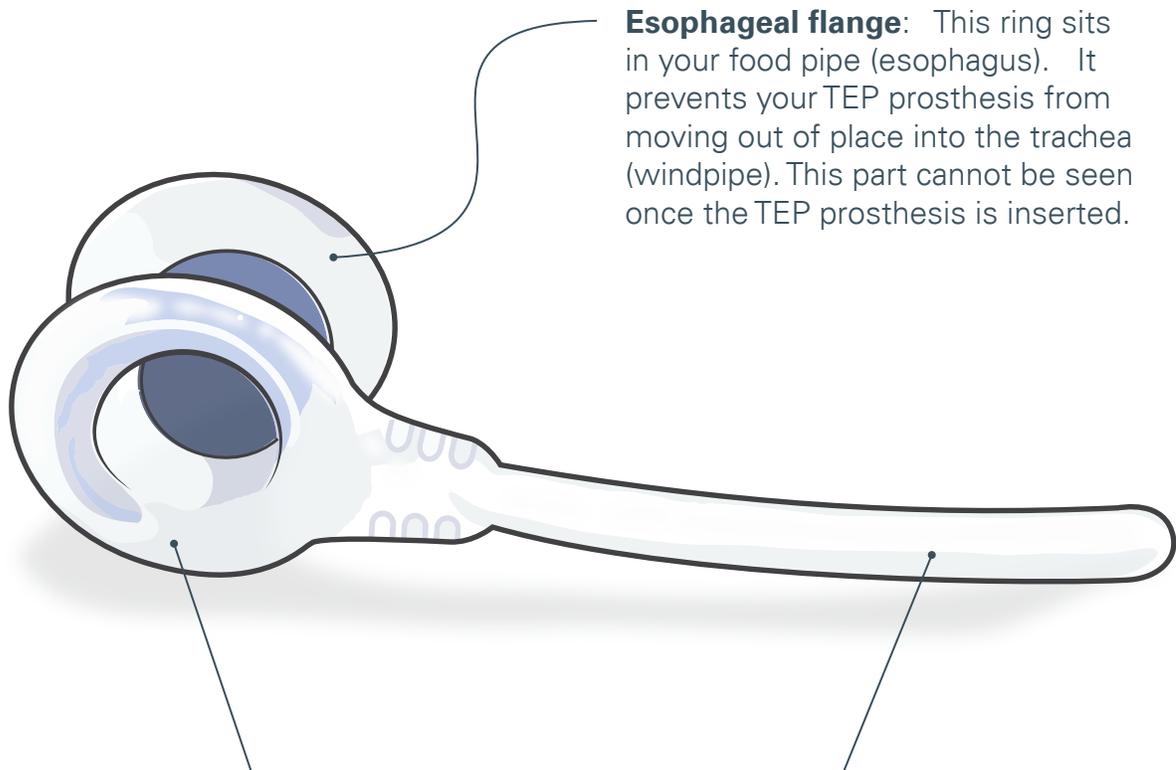


Getting to know the parts of your TEP prosthesis:

The **TEP prosthesis** is a one-way valve which allows air to pass from your trachea to your esophagus and out through your mouth. When this air flows, it vibrates through your throat and allows you to make sounds to speak. In this way, you will be able to speak, as long as you are covering your **tracheostoma site** (the opening in your neck).

Your TEP prosthesis will also prevent food, liquid or saliva (from the stomach or esophagus) from entering your trachea and lungs.

Your TEP prosthesis is made up of 3 main parts:



Esophageal flange: This ring sits in your food pipe (esophagus). It prevents your TEP prosthesis from moving out of place into the trachea (windpipe). This part cannot be seen once the TEP prosthesis is inserted.

Tracheal flange -This ring sits in the trachea. You will be able to see the tracheal flange. It prevents your TEP prosthesis from moving out of place into your food pipe (esophagus).

Strap – Your prosthesis may or may not have a strap. If your prosthesis has a strap, this tab stretches from the TEP out to the surface of your tracheostoma. It is taped to the skin just above your tracheostoma to keep the prosthesis in place.

Getting ready to go home

Before you leave the hospital, we will teach you and a family member (or friend) to care for your new tracheostoma and TEP. If needed, your team will show you how to use a heat-moisture exchanger (HME) before you leave the hospital. We know that this is a lot to take in at the beginning. If there is something you do not understand or are not sure of, ask us. Remember: we are here to help.

For tracheostoma care:

You will need the following supplies at home to care for your tracheostoma:



Tap water



Normal saline or distilled water



Scissors



Cotton swabs



2 Facecloths
(used only for tracheostoma care)



Mild liquid soap
(Dove or Ivory)



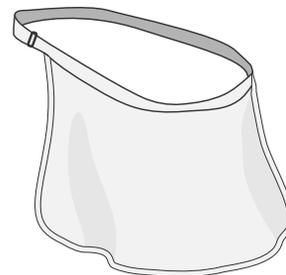
A clean bowl
(used only for tracheostoma care)



Tweezers (plastic)



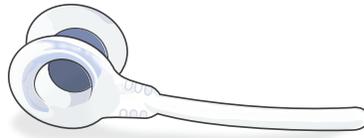
Gauze



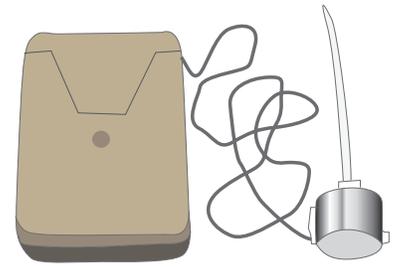
Shower shield



Humidifier



TEP prosthesis
(will already be inserted into your TEP)



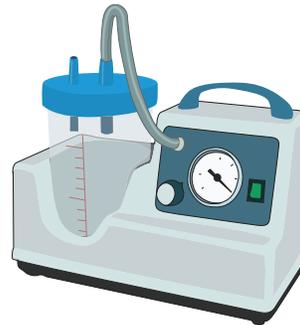
Artificial larynx
(if necessary)



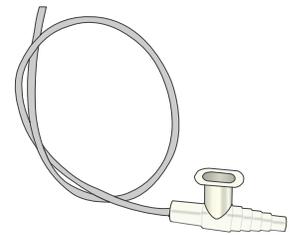
Tracheostomy bib



Gloves (only required for suctioning)

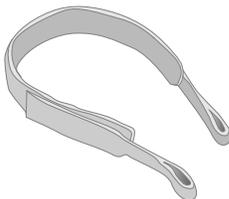


Suction machine

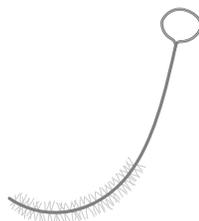


Suction tube and vent

If you have a tracheostoma vent, you will also need:



Cloth ties or Velcro straps



Tracheal brush



Hydrogen peroxide



A second clean bowl (used only for tracheostoma care)

For TEP care:

Cleaning the TEP:



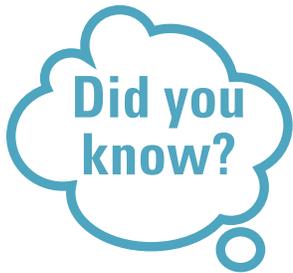
- Tap water
- Water flush tool
- Cotton swabs
- Small prosthesis brush
- Tape

If your TEP falls out:



- Catheter (size 14 french)
- Tube plug
- Water soluble lubricating jelly
- Medical tape

Our team will help you organize these supplies for home care before you leave the hospital.



that a CLSC Nurse will visit you at home?

Our home care liaison nurse will meet with you. He or she will also arrange for a CLSC nurse to visit you. This home visit will take place a few days after you return home from hospital. The CLSC nurse will:

- Check that you have all the supplies you need.
- Make sure you are comfortable caring for your tracheostoma.
- Discuss any questions or concerns that you might have.

Caring for your tracheostoma

Clean technique and hand-washing

Once you are home, you will need to use clean technique whenever carrying out any tracheostoma care.

Clean technique means that:

- You must always carefully wash your hands before and after tracheostoma care.
- **You** do not need to wear gloves when you are cleaning your tracheostoma site and/or tracheostoma vent (except when suctioning).
- **If someone else** is carrying out your care, they must always wear gloves for cleaning and suctioning to protect you as well as themselves.



To wash your hands properly:

1. Wet your hands in lukewarm water.
2. Apply soap and rub your hands together for 15 to 20 seconds.
3. Soap both hands all over: your fingers, between your fingers, your thumbs, your palms, the back of your hands, and your nails. (It is important that you do this carefully and do not miss any spots.)
4. Rinse your hands with running water.
5. Dry your hands with a paper towel, a clean cloth towel, or a hand dryer.
6. Turn off the tap using a paper towel, if this is available.



Do you eat or hold a pen with your right hand or your left hand? Whichever hand you usually use, we call the 'dominant' hand. The other hand we call 'non-dominant'. This will be helpful for you when reading through the steps on how to care for your tracheostoma.

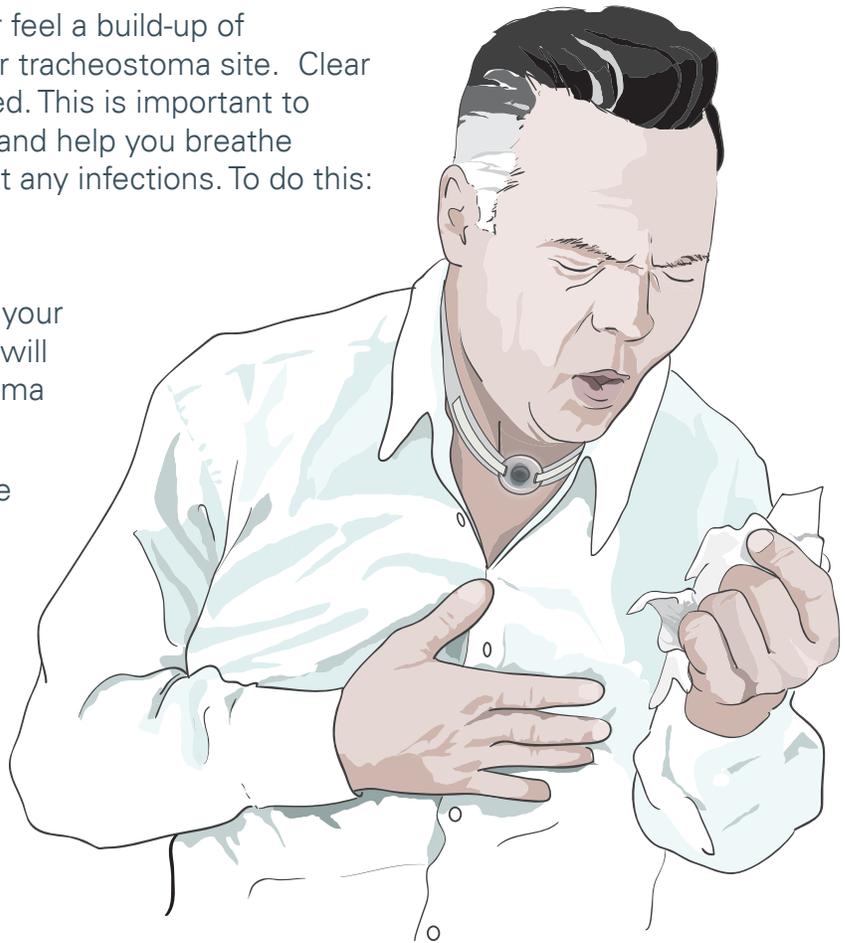
Clearing secretions from your lungs

Coughing

After your surgery, you may hear or feel a build-up of secretions in your trachea or at your tracheostoma site. Clear your secretions as often as you need. This is important to keep your lungs and airways clear, and help you breathe more easily. This also helps prevent any infections. To do this:

- Take a deep breath
- Cough forcefully to bring up your secretions. (Your secretions will come out of your tracheostoma site, not your mouth.)
- Use a tissue to catch or wipe away your secretions.

If you can clear all your secretions this way, you do not need to suction your tracheostoma.



Suctioning

(It may be helpful to do this in front of a mirror.)

If you cannot cough up all your secretions, you will need to suction (or have someone else suction) your tracheostoma. This will help you clear any leftover secretions.

Suctioning is a way to remove secretions from your airways, using a suction machine and tube. The machine and tube will suck out trapped secretions, like a vacuum.

You may need to suction if you are:

- having trouble breathing
- having trouble coughing up your secretions
- not able to clear your own secretions by coughing or cleaning the tracheostoma vent



A respiratory therapist or a nurse will come to your home to show you how to set up your suction machine and equipment.

To suction your secretions:

1.

Gather your supplies.



Gloves



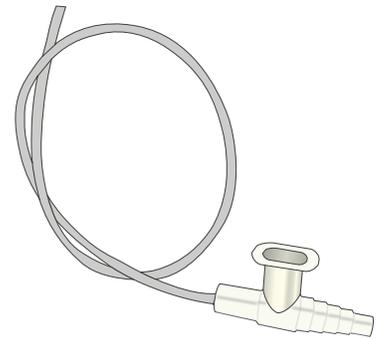
Normal saline /Distilled water



A clean bowl



Suction machine



Suction tube with vent

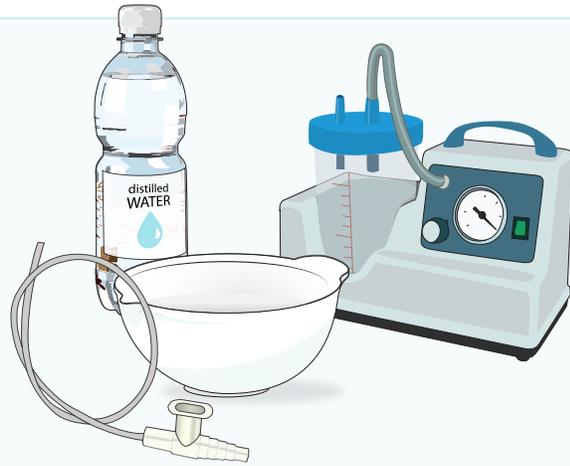
2.

Wash your hands (see **page 15**).



3.

Set up your suction machine and supplies. (Refer to the company user manual to learn how.)

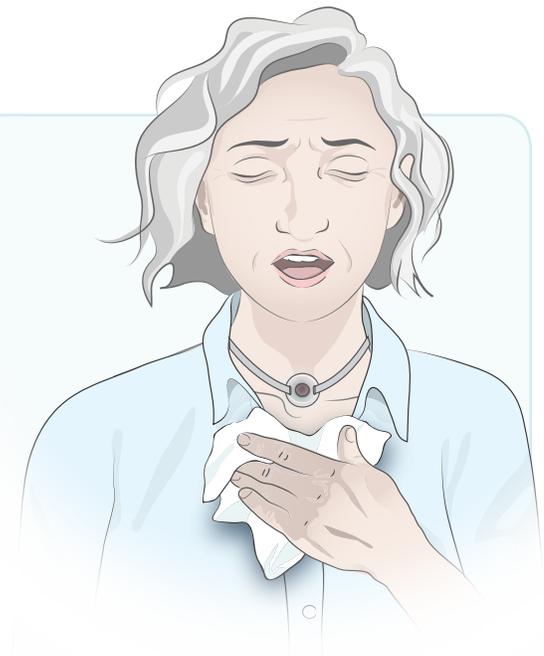


4.

Pour normal saline or distilled water into a bowl.

5.

Sit upright. Try to cough forcefully. (This will help move your secretions up your airways.)

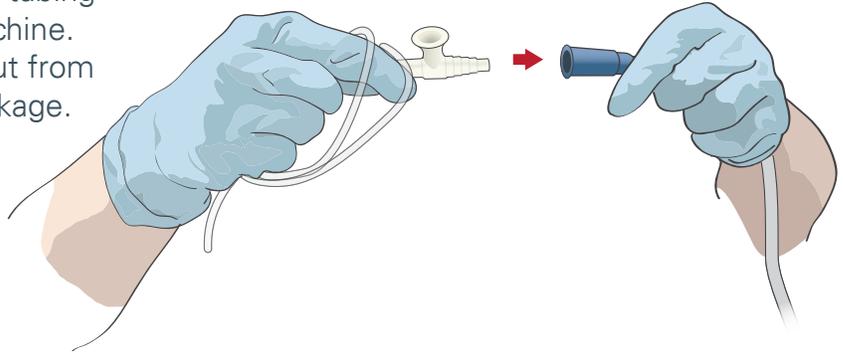


6.

Put on gloves. (If someone else is suctioning, they must wear gloves too!)

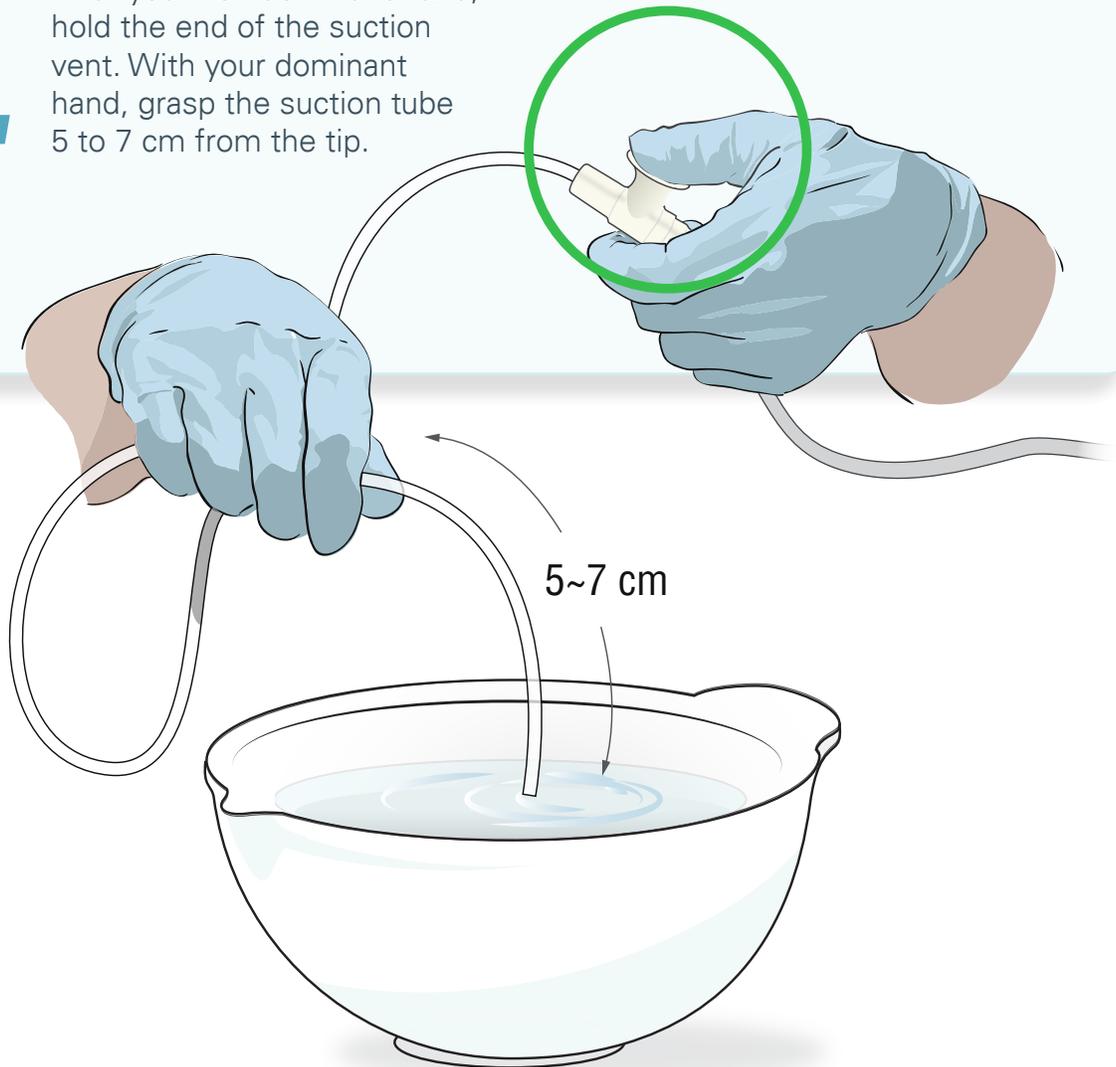
7.

Attach the suction tubing to the suction machine. Slide the tubing out from the protective package.



8.

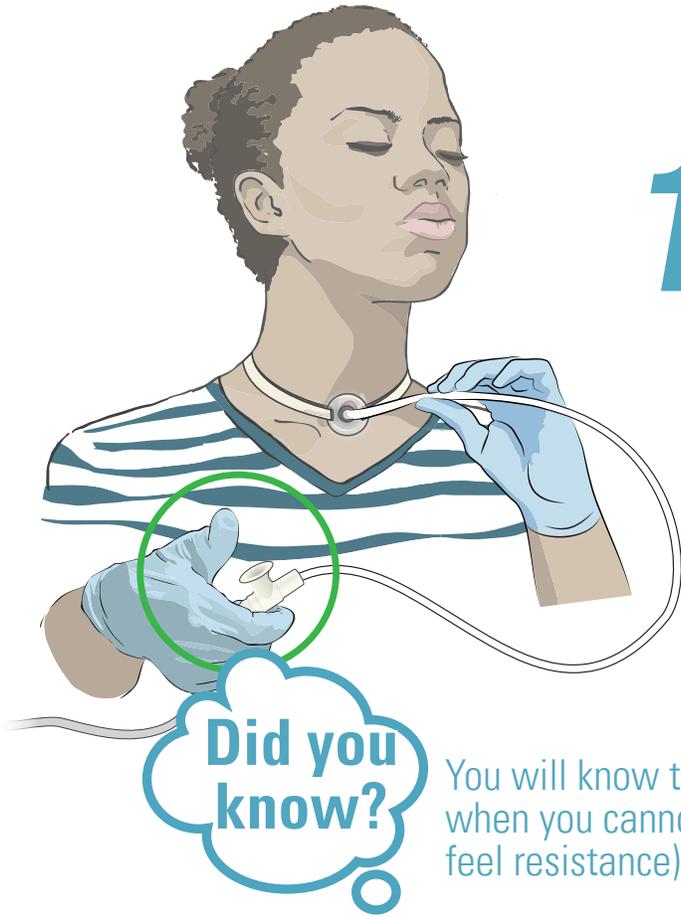
With your non-dominant hand, hold the end of the suction vent. With your dominant hand, grasp the suction tube 5 to 7 cm from the tip.



9.

Test the suction.

- Place the tip of the suction tube into your normal saline or distilled water.
- To suction, put your thumb over the suction vent. This will create a vacuum and draw water up into the tube.
- If the suction does not work, check your suction machine. Is it turned on? Are all the tubes and wires properly connected?



10.

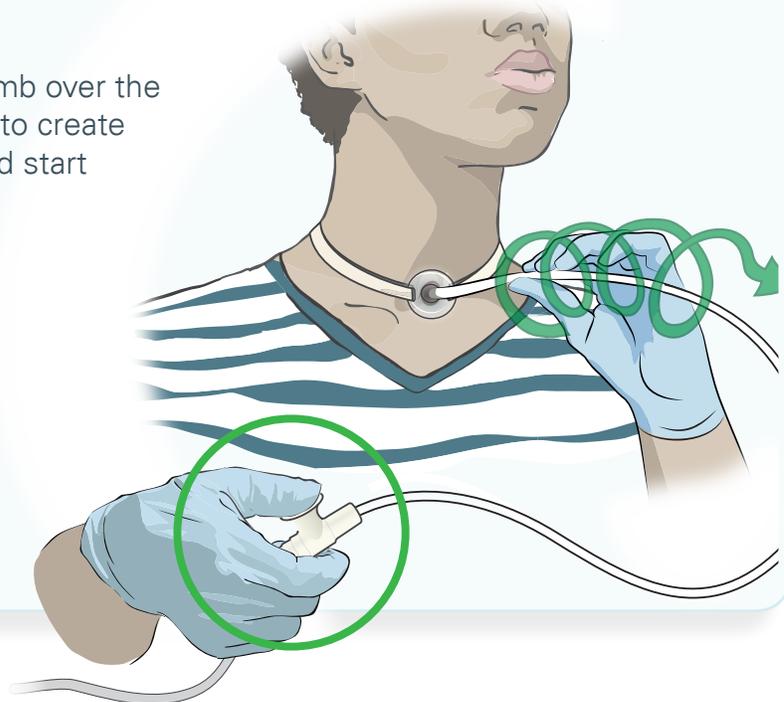
Take your finger off the suction vent and slowly insert the suction tube into your tracheostoma site. Gently push the tube into the tracheostoma. (Do not apply suction while you are inserting the tube.)

Did you know?

You will know that you have gone deep enough when you cannot easily push further (that is, you feel resistance) or you might also start to cough.

11.

Put your thumb over the suction vent to create a vacuum and start suctioning.



12.

Pull back little-by-little on the suction tube, in a circular motion. Keep your thumb on the suction vent for 10 seconds (maximum) at a time.

13.

Repeat steps 9 to 12, until you are able to breathe easier and when you feel that most of the secretions are gone.



14.

Remove gloves and wash your hands.

15.

Sit back, relax, and take a few deep breaths.



16.

Clean your suction machine (see company user manual to learn how).

Cleaning your tracheostoma

Clean the tracheostoma or the skin around your tracheostoma at least 2 times a day (morning and evening). You can clean more often if you notice a build-up of secretions or crusts.

 (It may be helpful to do this in front of a mirror.)

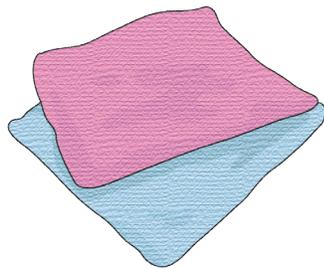
To clean your tracheostoma:

1.

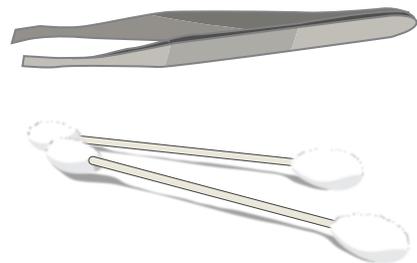
Gather your supplies.



Tap water



2 clean facecloths



Cotton swabs
and/ or tweezers

2.

Wash your hands
(see **page 15**).



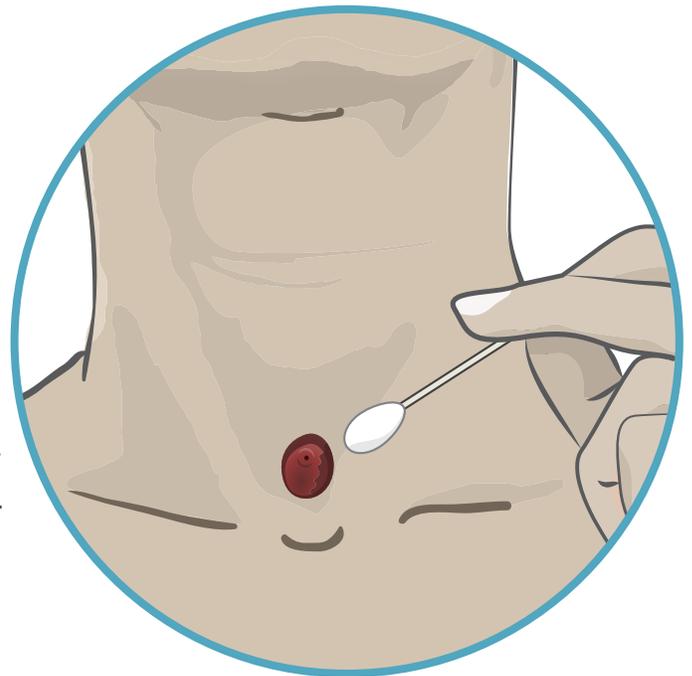
3.

Place all your supplies on a clean surface, in front of your mirror.



4.

If you have a tracheostoma vent remove it first. Wet the facecloth with tap water and gently clean the skin around your tracheostoma.

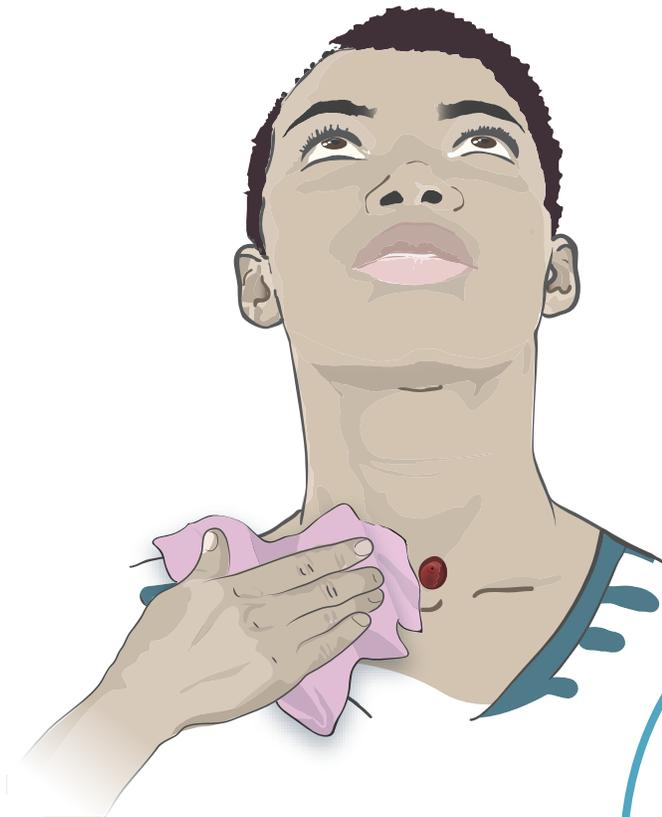


5.

Use the cotton swabs or tweezers to clean any chunks or crusts around the tracheostoma.

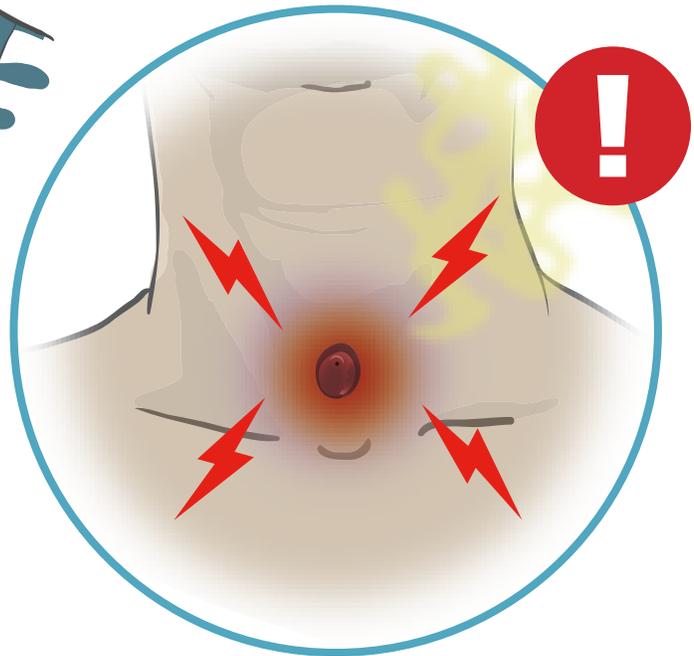


Never put tweezers or cotton swabs inside your stoma site. Only use them to clean around the site. Once dirty, you should use a new swab to clean your site.



6. Use a dry, clean facecloth to pat the area dry.

7. Look closely at your tracheostoma site. Check for signs of infection. (Is the area swollen, painful, hot to touch, smelling bad? Is there pus around tracheostoma site?)



If you notice any of these signs, please contact the ENT clinic and speak to a nurse or speak to your CLSC nurse.



8. Wash your hands.

Cleaning your tracheostoma vent

It is very important to clean the tracheostoma vent to avoid build-up of secretions or crust. This will allow you to breathe easier.

Clean the tracheostoma vent at least 2 times a day (morning and evening). You can clean more often to keep the tube free of secretions.

1.

Gather your supplies and place them on a clean surface.



Tap water



Mild liquid soap



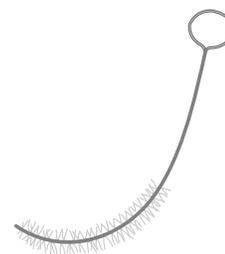
Hydrogen peroxide 10% solution (if needed)



Normal saline / distilled water



2 Clean bowls (used only for tracheostoma care)



Tracheal brush

2.

Wash your hands (see [page 15](#)).



3.

Pour the tap water and mild liquid soap into bowl #1. If you have thick and sticky secretions, add 1/4 a cup of hydrogen peroxide to this.

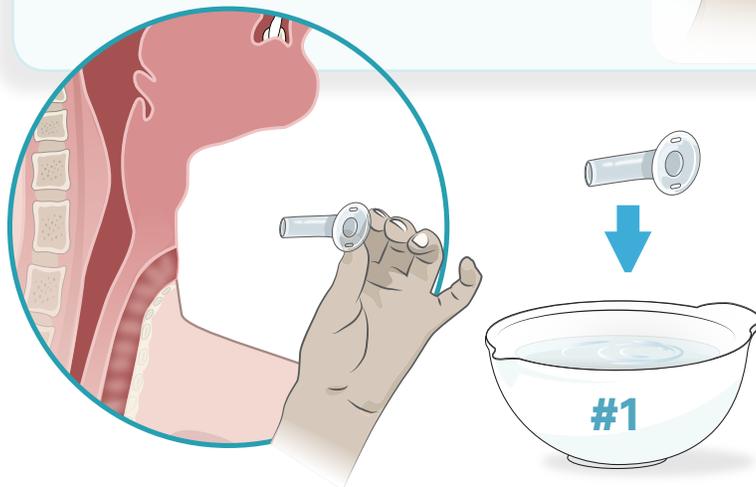
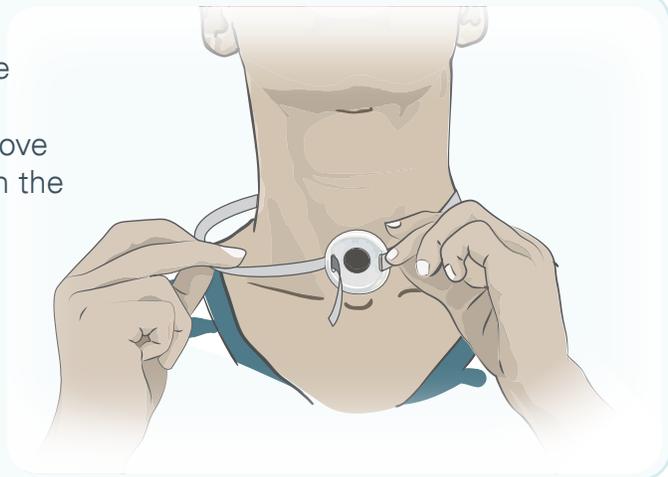


4.

Pour the normal saline/ distilled water into bowl #2.

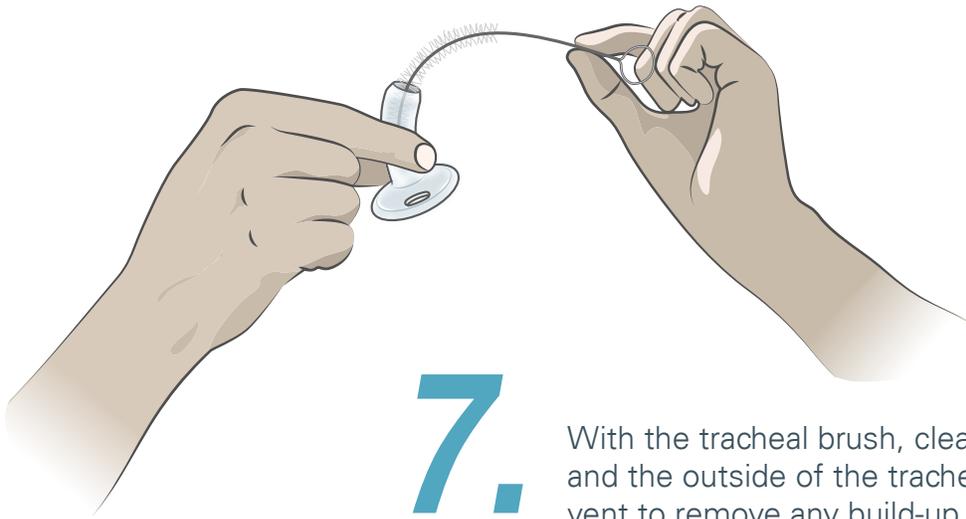
5.

Cut your cloth ties or remove your Velcro tube holder from around your neck. Now, remove your tracheostoma vent from the cloth ties/Velcro holder.



6.

Place the tracheostoma vent into bowl #1 (with mild liquid soap and water).



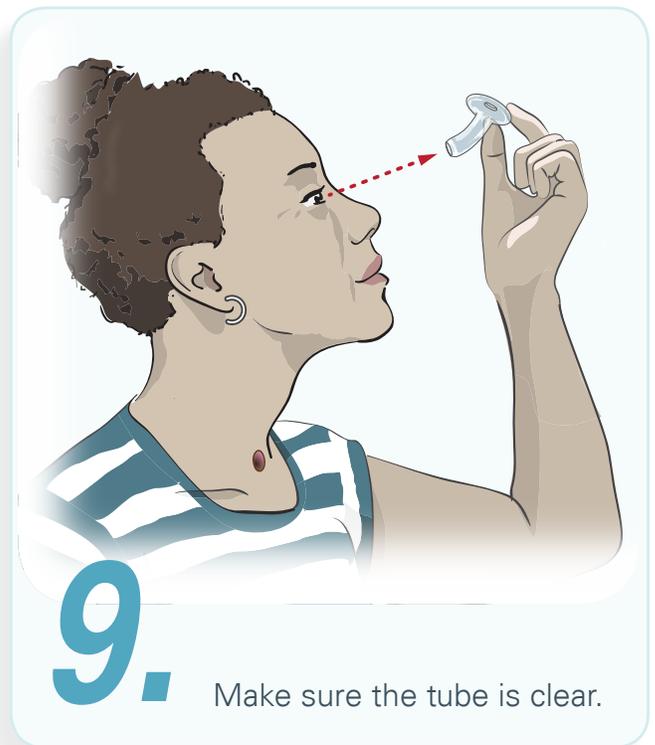
7.

With the tracheal brush, clean the inside and the outside of the tracheostoma vent to remove any build-up of mucous.



8.

Rinse out the tracheostoma vent in bowl #2 (with the normal saline/ distilled water).



9.

Make sure the tube is clear.

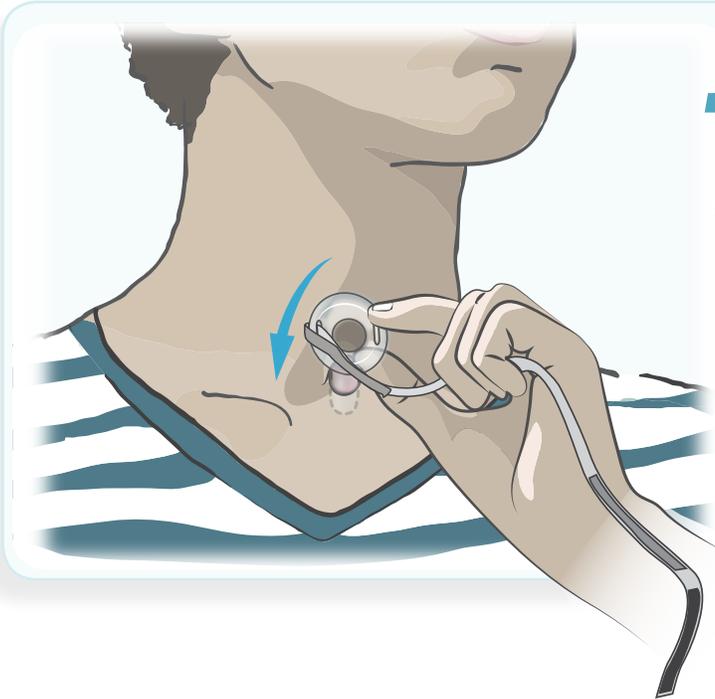
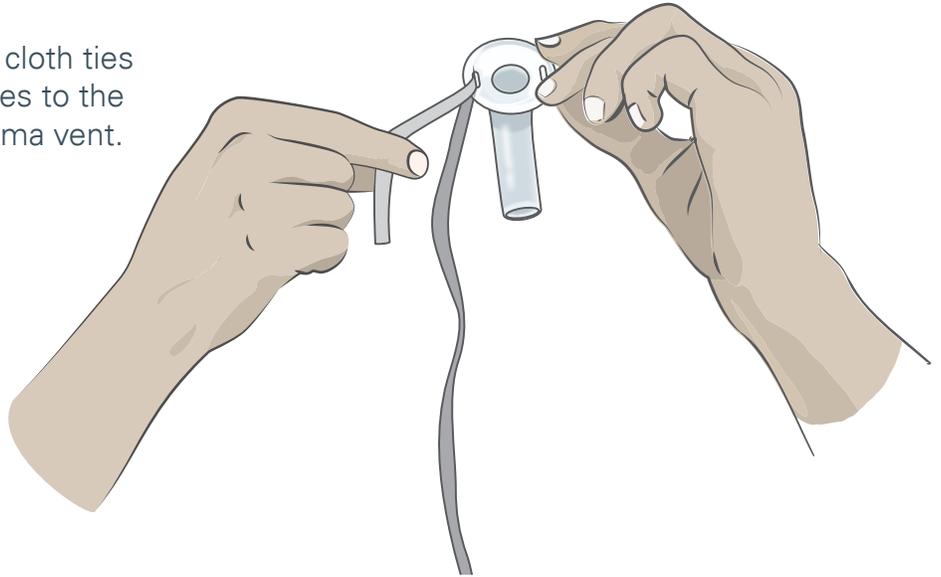
10.

Gently shake the tracheostoma vent to remove as much liquid as possible.



11.

Attach the cloth ties or Velcro ties to the tracheostoma vent.

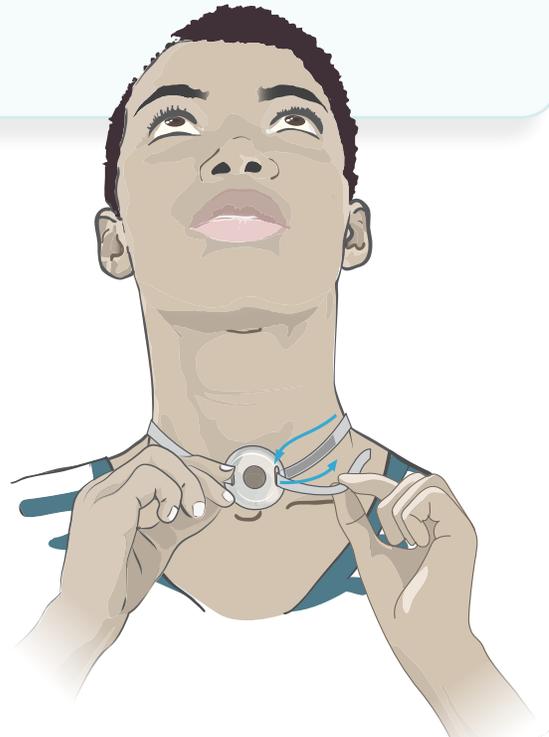


12.

Insert the tracheostoma vent back into your tracheostoma site.

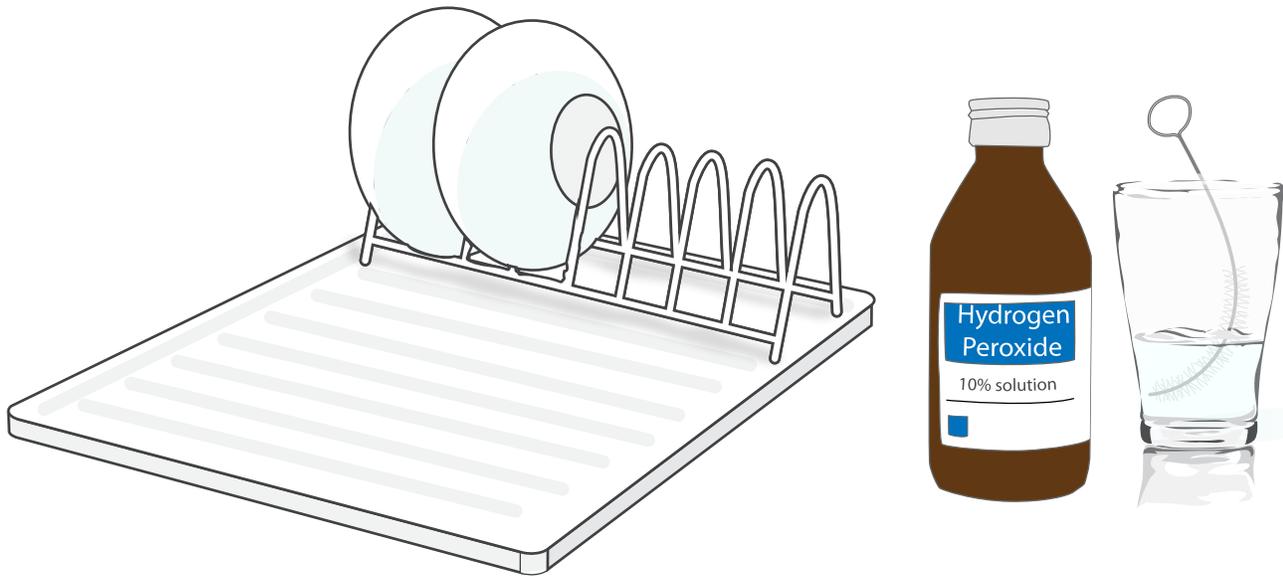
13.

Tie the cloth ties or secure the Velcro ties around your neck.



14.

Wash your bowls carefully. Leave to dry in a clean place. If you used a tracheal brush, clean this with hydrogen peroxide. Then rinse it with tap water and leave to dry.



15.

Wash your hands.



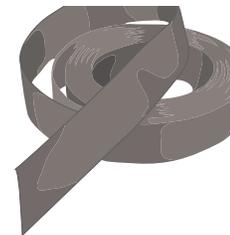
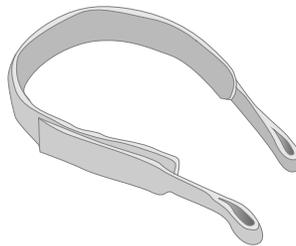
Changing your tracheostoma vent ties

You will need to change your tracheostoma vent cloth ties or Velcro holder whenever they are wet or dirty.

To do this:

1.

Gather your supplies.



2.

Wash your hands



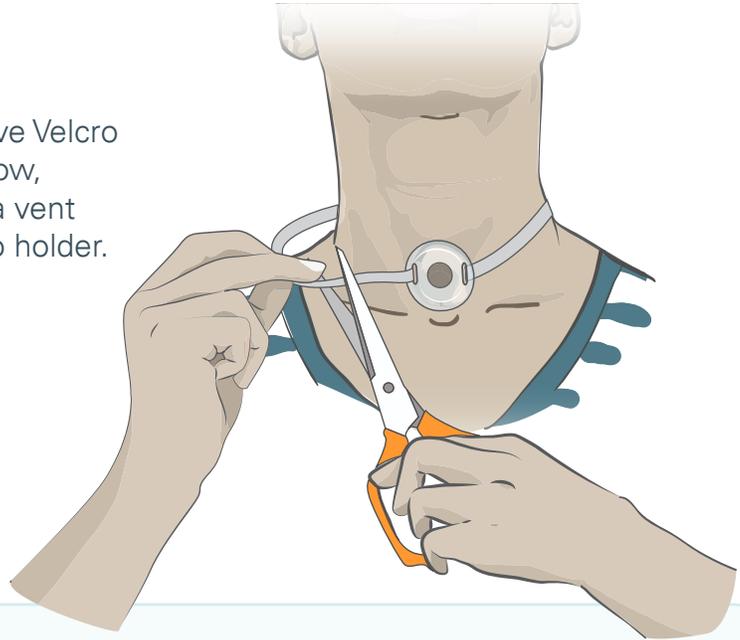
2 x distance around your neck

3.

Cut a piece of the cloth tie long enough to go around neck twice.

4.

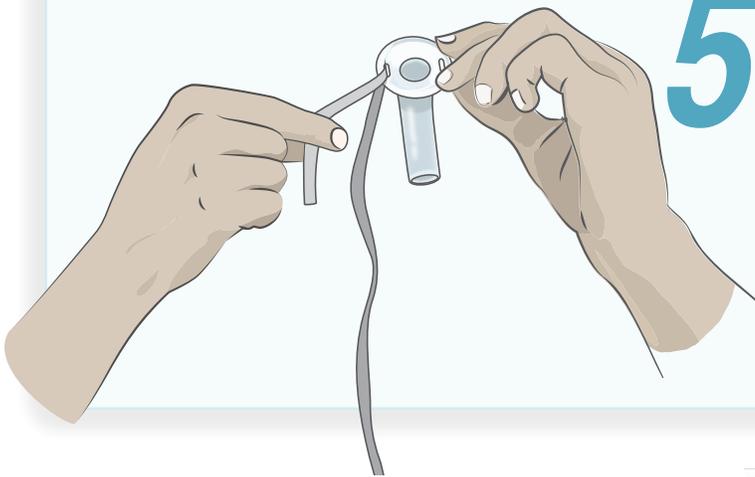
Cut your old ties or remove Velcro holder from your neck. Now, remove the tracheostoma vent from the old ties or Velcro holder.



5.

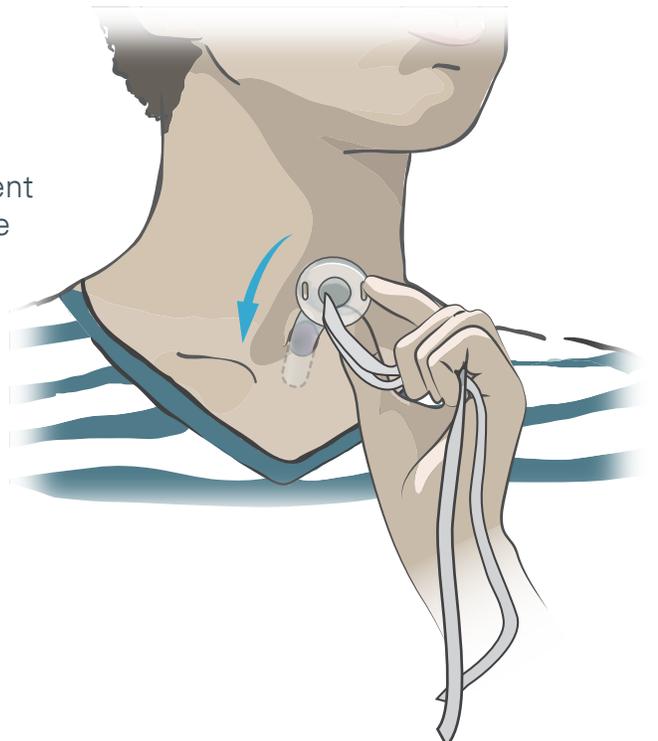
Insert one end of the new cloth tie through the tracheostoma vent opening (on one side).

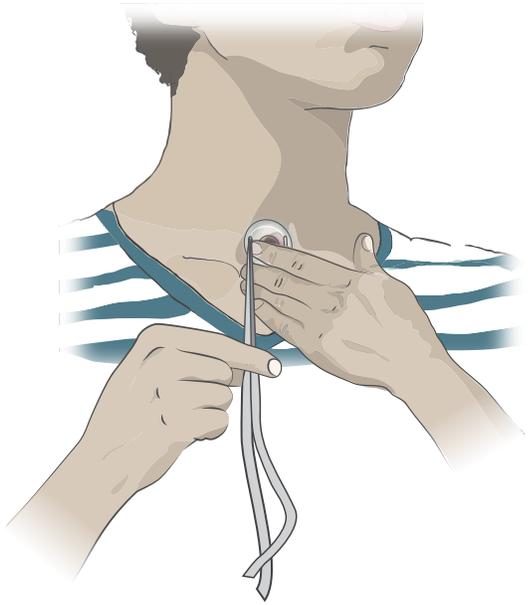
** If using Velcro holder, you can attach each side of the Velcro holder to each side of the tracheostoma vent's openings.*



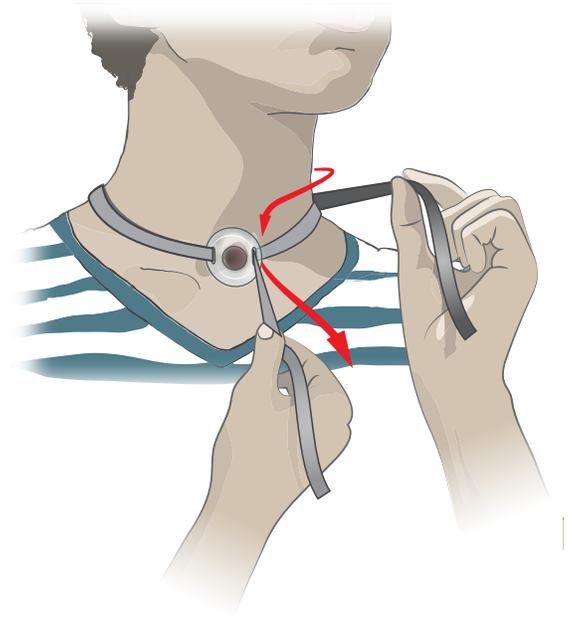
6.

Insert the tracheostoma vent into your tracheostoma site (opening in your neck).



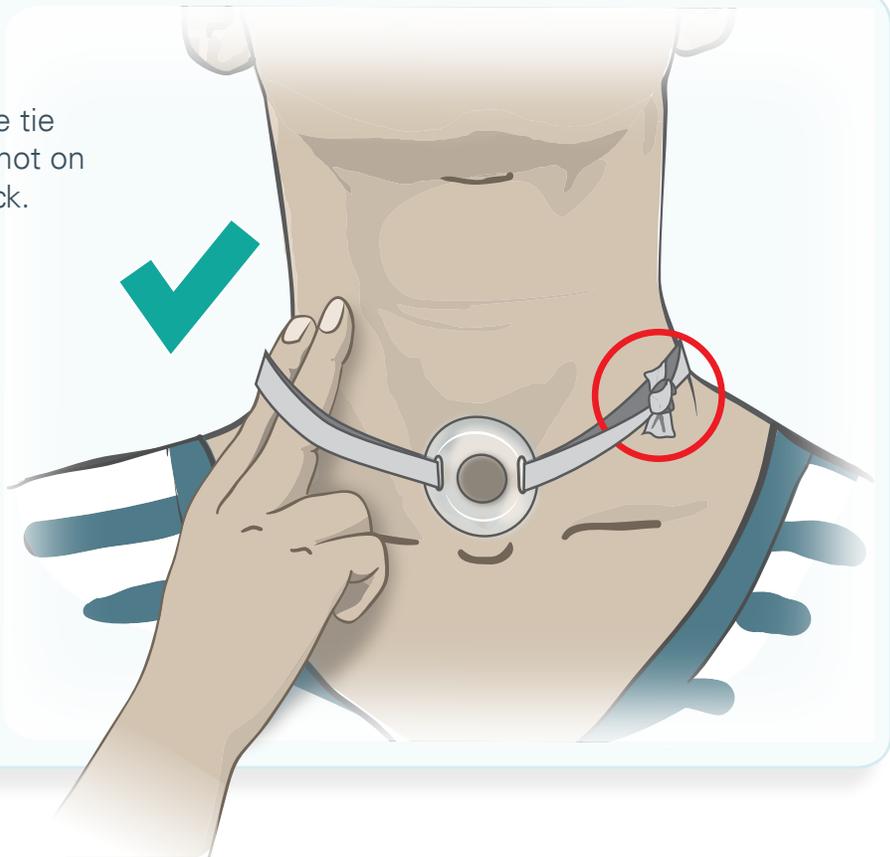


7. Pull the 2 ends of the cloth ties together so they are even.



8. Wrap the tie around your neck. Insert the second end through the other opening on the tracheostoma vent.

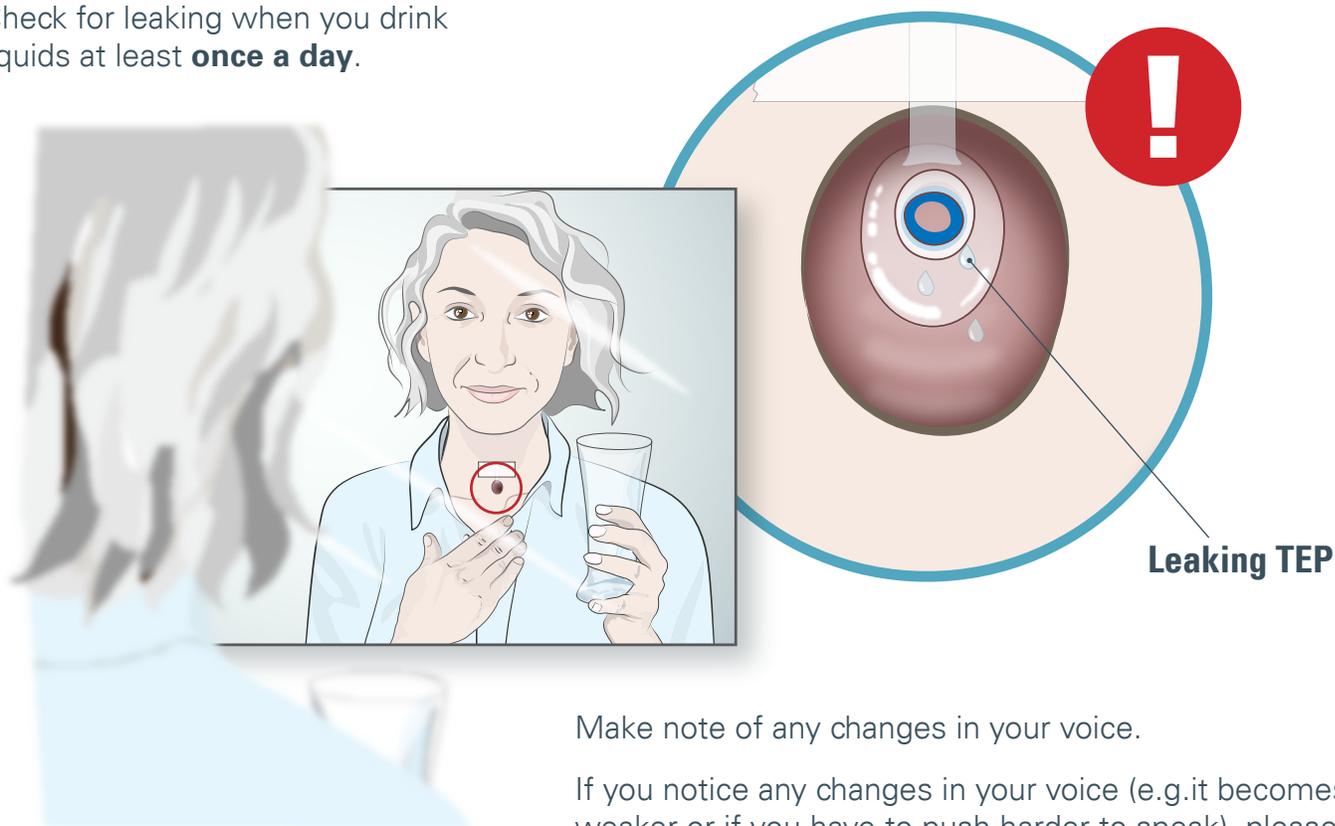
9. Tie both ends of the tie together in a firm knot on the side of your neck.



Caring for your tracheoesophageal puncture (TEP) prosthesis

You should clean your TEP prosthesis at least **2 times a day (morning and evening)**.

Check for leaking when you drink liquids at least **once a day**.



Make note of any changes in your voice.

If you notice any changes in your voice (e.g. it becomes weaker or if you have to push harder to speak), please speak to your speech-language pathologist [SLP].

Call your speech-language pathologist, if you notice:

- Any leaking while drinking liquids.
- Changes in your voice.
- That you cough when drinking liquids.

Your speech-language pathologist is available by phone, Monday to Friday, from 8am to 4pm.
Tel: **514-934-1934**, ext. **34968** or **35725** or **34149**.

Until your appointment or after business hours:

You can stop liquids from leaking through your prosthesis by gently placing the soft part of a Q-tip® or cotton swab applicator against the center of the prosthesis every time you are drinking liquids.

To clean your TEP prosthesis:

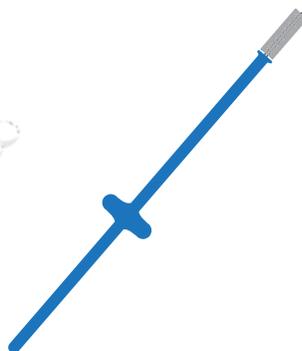
1. Gather your supplies.



Tap water



Cotton swabs



Small prosthesis brush

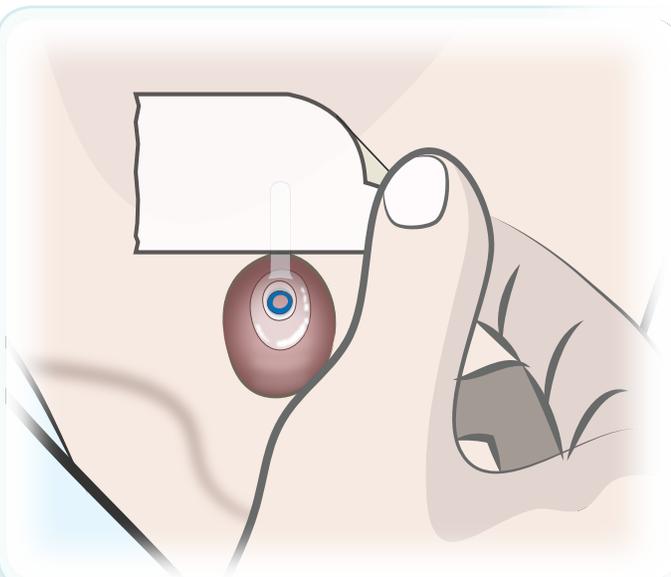


Tape

2. Wash your hands (see [page 15](#)).

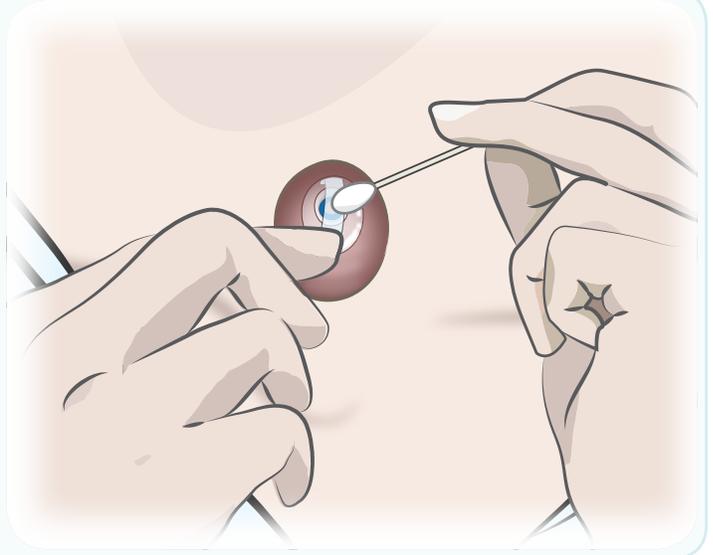


3. If your prosthesis has a strap, carefully remove the tape from the strap of your TEP prosthesis. (Be very careful not to pull out your TEP prosthesis.)



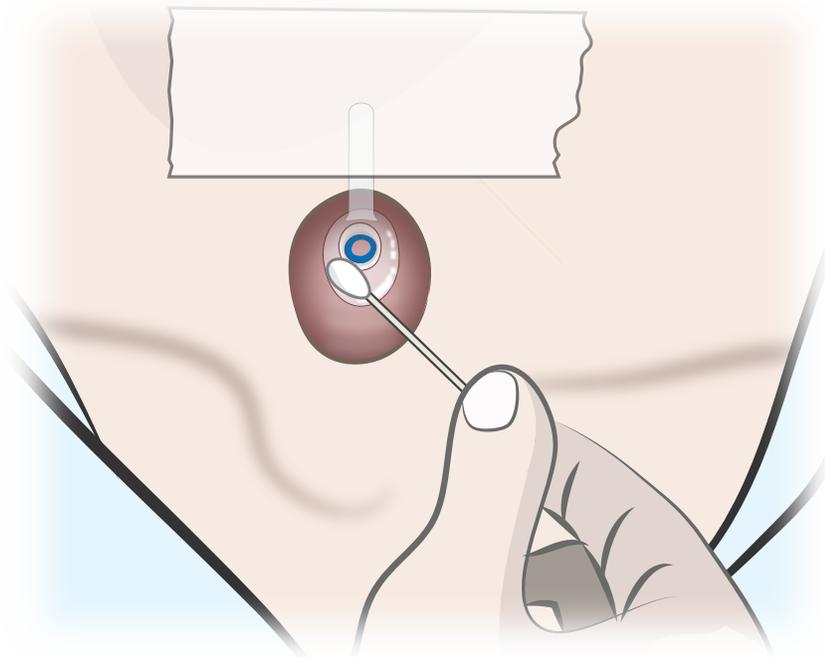
4.

Clean behind the strap with a cotton swab with tap water and allow it to dry.



5.

Secure the strap in place with a new piece of tape.

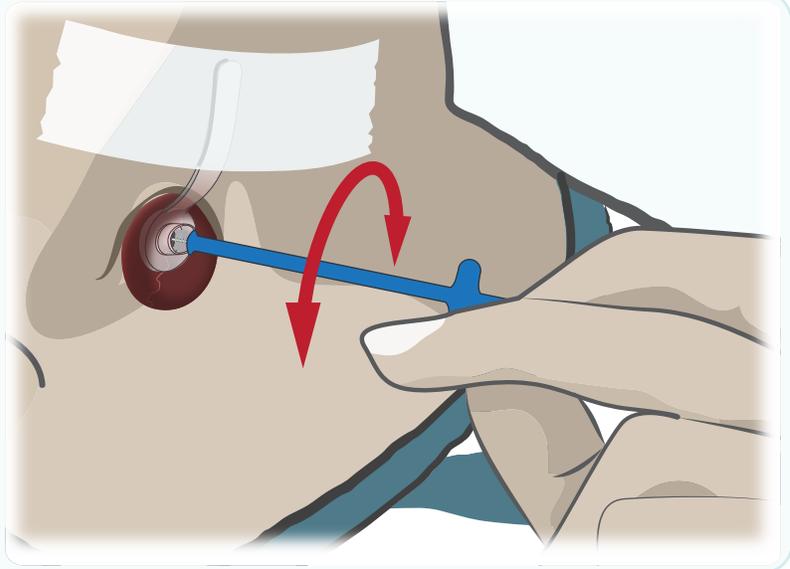


6.

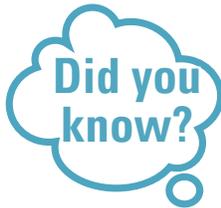
Clean around the tracheal side of the TEP prosthesis with a new cotton swab.

7.

Use the small prosthesis brush to clean the inside of the prosthesis. Insert and turn the brush gently. (Stop inserting the brush if you feel any resistance.)



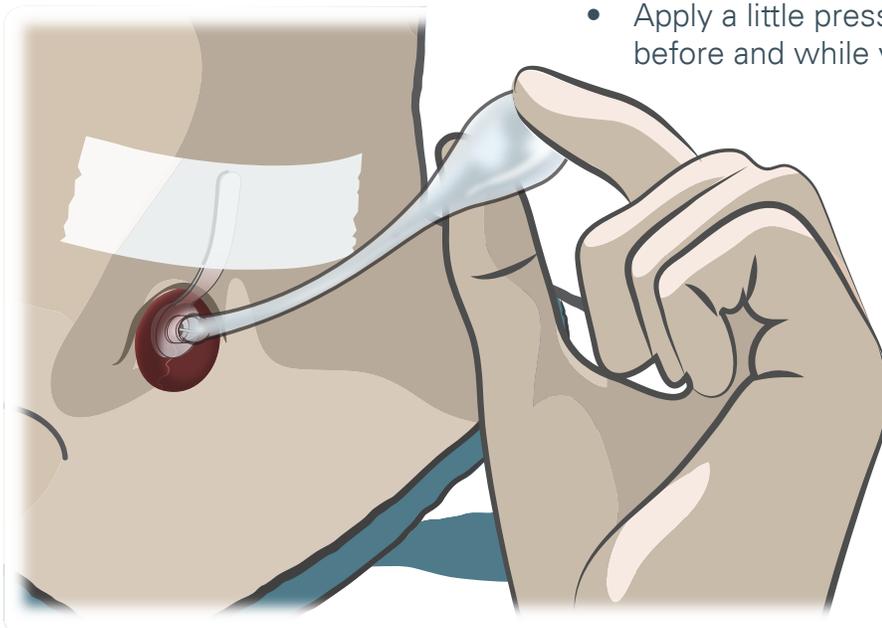
*** While you are cleaning, be very careful not to pull on your TEP prosthesis, especially when you are removing your brush.** To keep your TEP prosthesis from moving, place one finger on the strap (if you have one) as you remove the brush.



Your speech language pathologist might recommend that you use a water flush tool. He or she may suggest that you use this to flush your TEP prosthesis at least once a day.

To do this:

- Fill the water flush tool with water.
- Insert it fully into the TEP prosthesis.
- Apply a little pressure against your TEP prosthesis before and while you are squeezing the tool.



Your speech language pathologist will show you how to do this and answer any questions you might have.

Living with a Tracheostoma

Having a tracheostoma will not make much difference for most of the things you do from day-to-day. For this reason, you should be able to carry out most indoor and outdoor activities without any problems.

There are, however, a few key things you will need to keep in mind. **These are important for safety reasons and to avoid more serious health problems.** We will describe these here, along with some useful tips.

Keeping moisture in the air you breathe

Normally, your nose and mouth warm, clean and add moisture to the air you breathe. However, after a laryngectomy, you will no longer breathe through your mouth and nose. Instead, air will pass through your **tracheostoma** (the opening in your neck) and then into your lungs.

For this reason, the air you breathe through your tracheostoma tends to be very dry and cool. This can irritate your airways, especially in winter. Dry and cool air can make your secretions very thick and hard to cough out. Dry air can also cause mucous plugs to form, which can block your airways. This may make breathing more difficult.

It is important to **always keep your airways moist.** This will keep your secretions “thin,” so that you can cough them up and clear your airways easily.



Tips to help keep your airways moist and your secretions “thin”:

- Use a humidifier regularly at home (especially in your bedroom).
- Always drink 6 to 8 glasses of fluids per day (unless a health care professional has advised against this).
- If you are having trouble clearing your secretions, try this: go to the bathroom, close the door and turn on the hot water to fill the room with steam. Sit in the room and breathe deeply for 10 to 15 minutes.
- Use a steam bowl – place hot water in a bowl and place face and neck over bowl with a towel over your head.
- Avoid air conditioning, if possible, as this can dry your secretions.
- Speak to your speech-language pathologist about a special device that you can wear to help keep your airways moist (e.g. tracheostomy bib, a heat-moisture exchanger, or a laryngofoam).

Washing your hands

You must always carefully wash your hands before and after tracheostoma care. Research has shown that proper hand washing is key to preventing any infections or illness. (See **page 15** to learn how.)

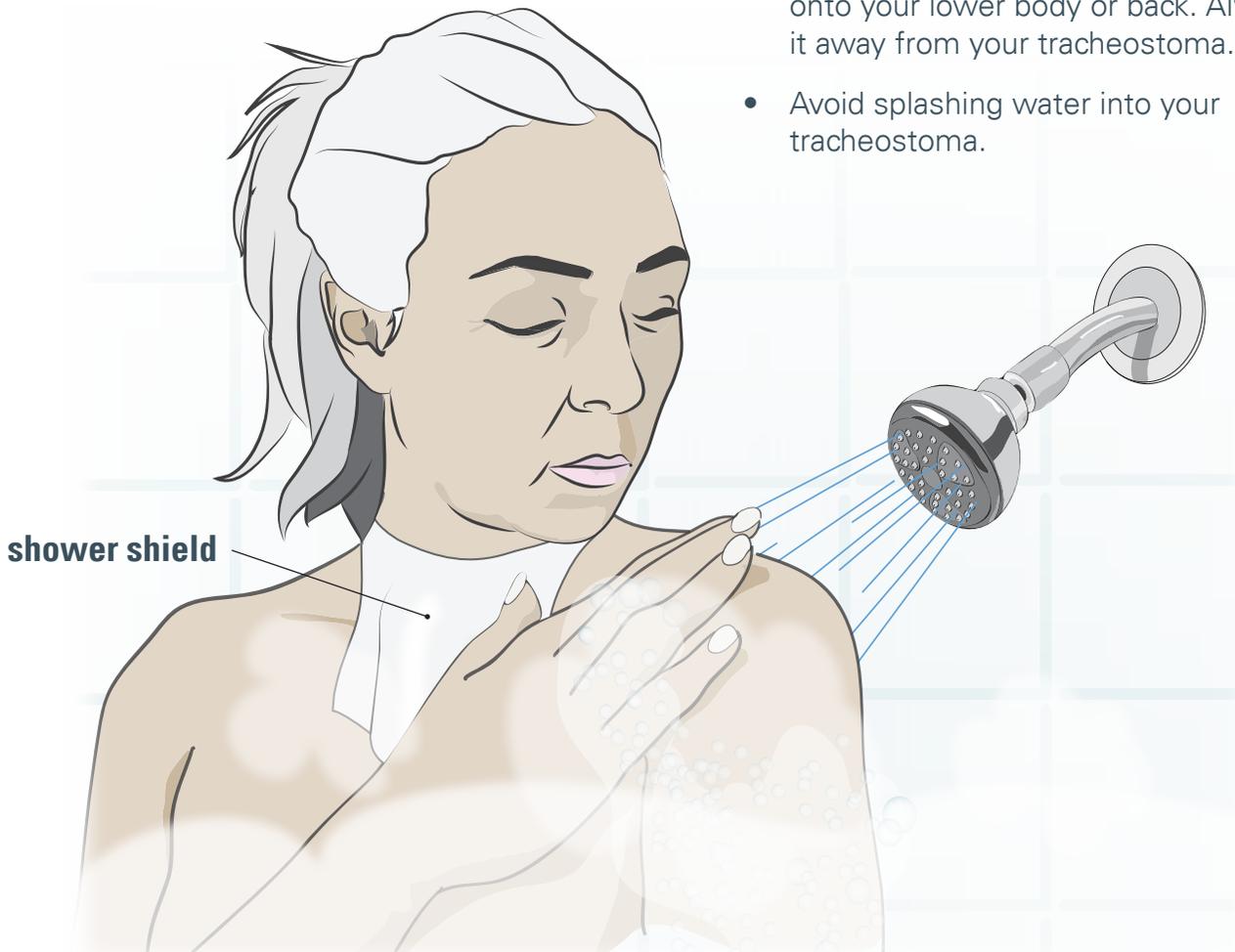


Bathing

You can take a bath (in shallow water) or shower with a tracheostoma. When you do, you need to be very careful to **prevent water from entering your tracheostoma site** as this can lead to breathing problems, choking or infection of the lungs.

To do this:

- Cover your tracheostoma site with a shower shield. This will keep water away from your tracheostoma. (See the “Medical supplies, support and information resources” section on **page 50** to learn where you can buy one.)
- While showering, aim the showerhead onto your lower body or back. Always keep it away from your tracheostoma.
- Avoid splashing water into your tracheostoma.

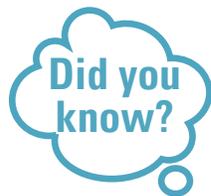


Eating

While most people are able to swallow well after a laryngectomy, you may notice some changes. This is especially likely if you have had radiation therapy before or after your surgery.

If you are having trouble swallowing, these tips may help:

- Always sit up straight, when eating and drinking. Do this for at least 20 minutes after any meal. This will help food move down from your throat to your esophagus (the tube that allows food to travel to your stomach).
- Take small bites. Chew your food carefully and fully.
- After each bite of food, take a few sips of your drink.
- If you are having trouble with hard and/or dry foods, try adding sauces or liquids to what you are eating.
- Try swallowing several times after each bite.
- Eat smaller (rather than large) meals, more frequently.



Your doctor or speech-language pathologist can give you more tips on how to swallow more easily. Speak to them if you are having trouble eating or have questions.



Mouth care

Keeping your mouth, teeth and nose clean and clear is very important after a laryngectomy. You will not notice bad breath as easily. You must still continue to clean your mouth and brush your teeth as you normally would to avoid infection.

Continue to brush your teeth 2 times a day and floss at least once a day. You can also use mouth wash. Please speak to your dentist as you may need fluoride for your teeth and more frequent visits to the dentist.

Clothing

You can wear any clothes or clothing accessories (e.g. scarves) as long as they are loose around your neck. Avoid fuzzy or loose fibers around your tracheostoma site. You could accidentally breathe them into your airways.



Precautions to take (e.g. dust, water, perfume)

Exercise caution around large bodies of water

NEVER (under any circumstances) go swimming with a tracheostoma. If you accidentally fall into the water, there is no way of preventing water from entering your tracheostoma site and your airway. The water will go directly into your lungs and you will not be able to breathe.

Even if you cannot swim, you can still enjoy being around the pool (or on the beach). If you do, it is extremely important to be careful when going near the water. **Water should never go into your tracheostoma site.**



Perfume, powders, sprays and creams

You can still use perfume, powders, shaving creams, hairsprays etc. However, **it is important to take the necessary precautions that nothing enters into your tracheostoma.** You can do this by wearing a tracheostoma shield or placing a towel over your tracheostoma for a few seconds.



Pets

If you have a pet that sheds, you will need to make sure that it is properly and regularly groomed. You will also need to vacuum and dust your home frequently (e.g. once a week or more if you notice a lot of dust at home).



Always wear a scarf or covering over your tracheostoma whenever you are cleaning (e.g. vacuuming, dusting) or while getting your hair cut or shaving. This will protect your airways and keep anything from entering your tracheostoma site.





Dust, smoke, sprays and gas at work

If you work in an area where you are exposed to dust, smoke, sprays and/or gas on a regular basis, please speak to your speech-language pathologist about ways to protect your airways.

Did you know? No matter where you are (at work, at home, or elsewhere); avoid areas where there is a lot of dust, fumes, and smoke. These will irritate your airways.

Time outside: bugs, dust, pollen, debris and cold air

When you are outside, we strongly suggest that you wear a covering over your tracheostoma. This will help keep insects, leaves, smoke, pollen, and other things from entering your tracheostoma site.

In the fall or winter, when the air is cold, wear a scarf or covering over your tracheostoma. This will help to keep the air you breathe slightly more warm and moist.

Remember: Dry and cold air can make your secretions very thick and hard to cough out. Dry air can also cause mucous plugs to form which can clog your airways. This may make breathing more difficult.



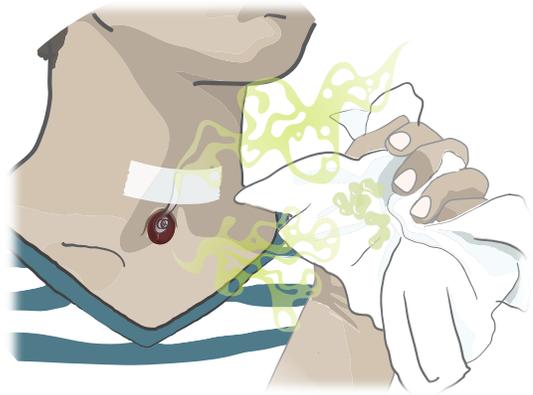
Did you know? If you use puffers, you will need an adapter for your tracheostoma. Speak to your pharmacists to learn more.

Feeling sick: colds and flus

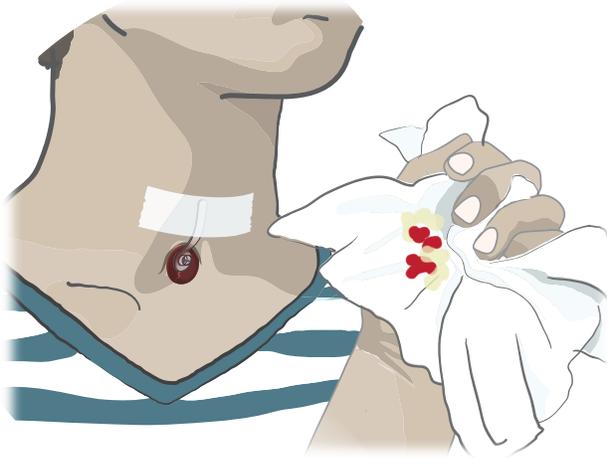
If you catch a cold or flu, you may notice that you have more secretions. This is normal. **See your doctor, if you have any of the following:**



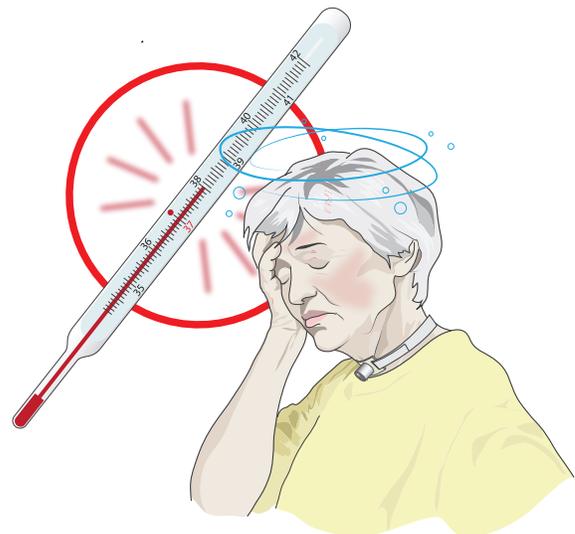
Trouble breathing



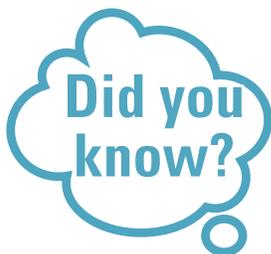
Green and/or foul-smelling secretions



Bloody secretions



A fever above 38.5°C



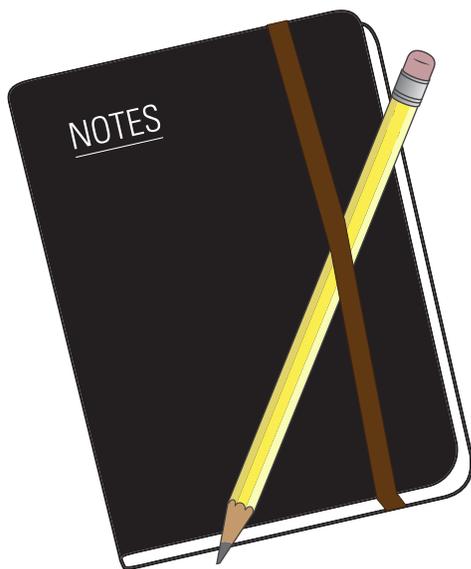
To avoid getting the cold or flu:

- Have a flu and pneumonia shot every fall. Check with your doctor to be sure you are not allergic.
- Avoid crowded spaces and people with the flu.
- Avoid caregivers who have the flu or a cold. If this is not possible, they should wear a mask.

Talking after a Laryngectomy

We know that it can be frustrating and scary when you are not able to speak. Speech is very important to all of us. For this reason, before you go home, a speech-language pathologist will come to see you to check what your speech needs might be. If you have any questions or concerns, discuss this with him or her at the same time.

To make voice sounds, the air that you breathe out (exhale) of your lungs needs to pass through your voice box (larynx). During a laryngectomy, your larynx is removed. After this surgery, this will no longer be how you speak.

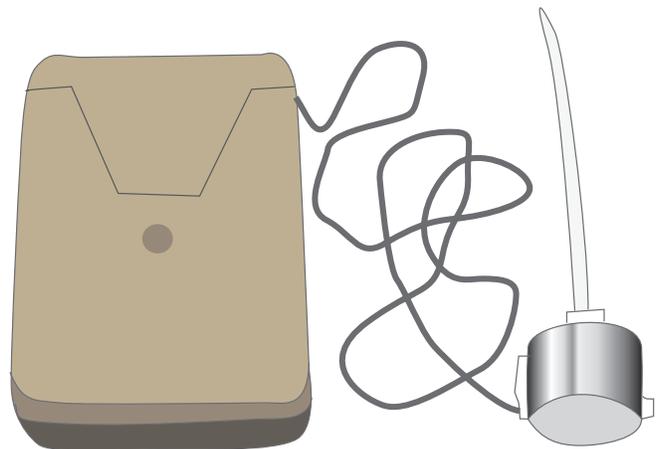


Right after surgery, you will be able to communicate using:

- Typed speech (e.g. an electronic tablet, smartphone or computer).
- Pencil/pen and paper
- Communication or alphabet boards
- An artificial larynx

After this, you will be able to speak using one of the following:

- A TEP prosthesis (see **page 10** to learn more)
- An artificial larynx
- Esophageal speech



Cooper Rand artificial larynx

Your speech-language pathologist will meet with you and prepare you for what to expect right after surgery. He or she will decide on the best speech method for you and teach you how to speak in this new way. They will also work with you after surgery.

Problem-solving (What to do if...)

“My TEP prosthesis fell out.”

It is important to remember that it can take less than **1 hour** for your TEP hole to close. For this reason, be sure to take care of this problem as soon as it happens.

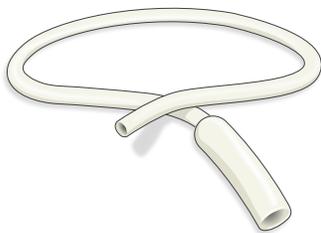


VERY IMPORTANT: DO NOT eat or drink until you have properly placed the tube back into your TEP. If you eat or drink before inserting the tube, the food and liquid will pass through the TEP and go into your lungs.

Here is what you should do:

1.

Gather your supplies.



Catheter
(size 14 French)



Tube plug



Water soluble
lubricating jelly



Medical tape

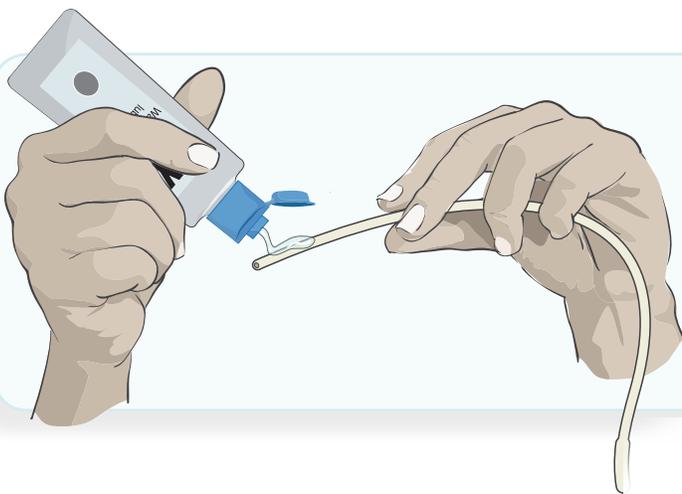
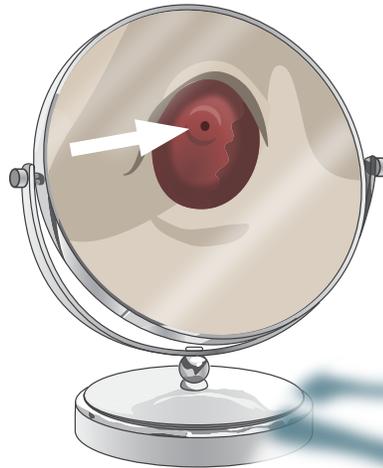


2.

Wash your hands
(see **page 15**).

3.

Using a mirror, find the TEP opening. It will look like a small hole. You should find this in your tracheostoma at the 12:00 position. (If you have trouble finding this, look closely at your tracheostoma. Swallow a small amount of saliva. You should see the saliva coming out of the hole.)



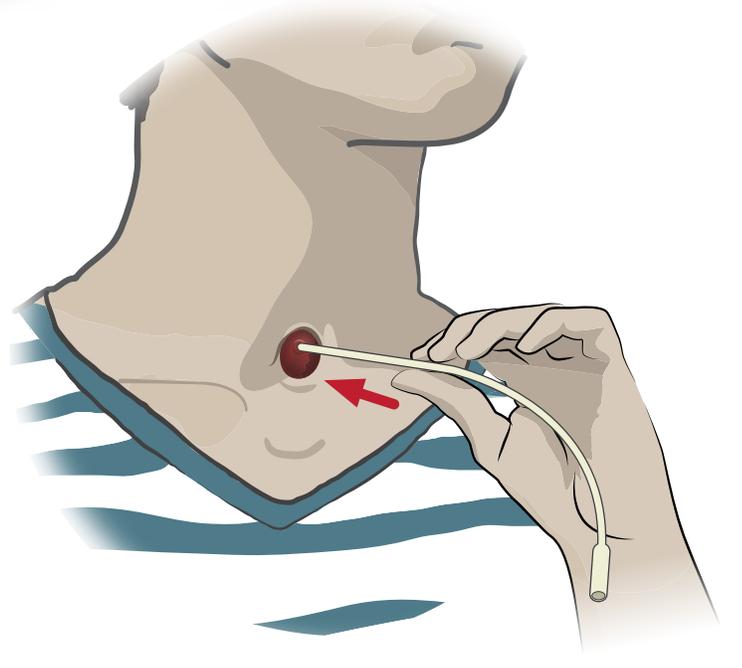
4.

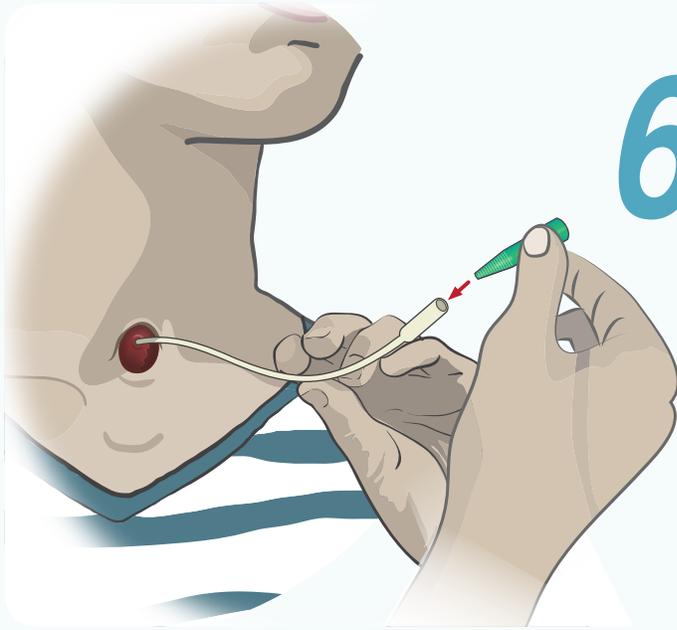
Put some lubricating jelly
on the tip of your tube
(size 14 French).

5.

Slowly push this tube into
your TEP hole until only
about 10-13 cm is left
hanging outside.

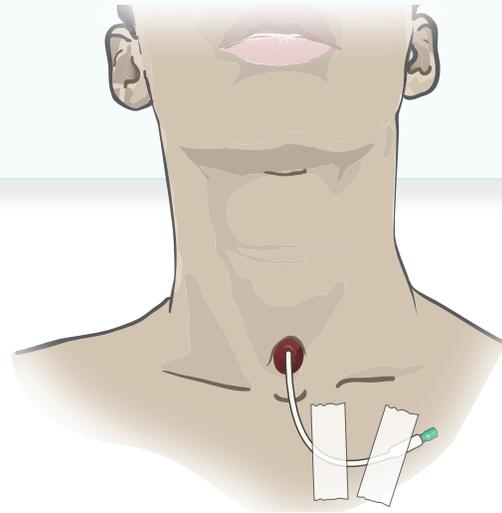
Try not to swallow while you are doing this. Your saliva will come out through your TEP, which will make you cough. If you miss the hole and start to cough, don't panic. Relax. Catch your breath. Start again.





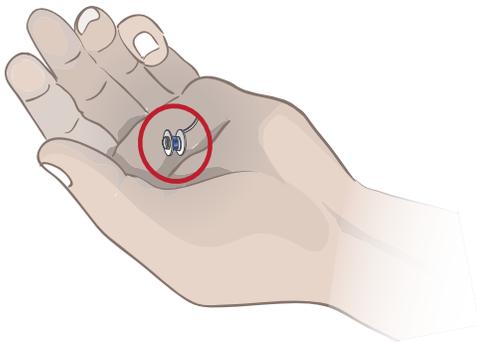
6.

Once the catheter is in place, put a catheter plug on the end of the rubber tube. This will prevent liquids from coming out through the end of the catheter.



7.

Tape the end of the catheter to your chest with medical tape.



8.

Look for your TEP prosthesis that fell out. If you cannot find it, you will need a chest x-ray to make sure that it has not fallen into your lungs.

9.

Contact your speech-language pathologist. You will need to make an appointment with them, as soon as possible.



If you are not able to put the catheter in the small hole, do not wait. Go to the emergency room right away and bring this booklet with you.

"I am having trouble breathing."

If you have trouble breathing, you may have a build-up of secretions in your tracheostoma.

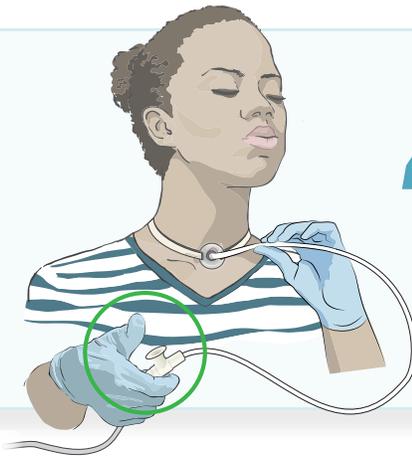
Here is what you should do:

- 1.** Do not wait. Let someone in your home know that you are having trouble breathing.



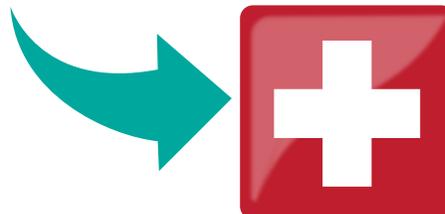
- 2.** Give a strong, hard cough to see if you can cough up your secretions (see **page 16** to learn how).

- 3.** If this does not work and you have a tracheostoma vent, take this out, clean it, and put it back (see **page 25** to learn how).



- 4.** Try suctioning if you cannot cough up your secretions (see **page 17** to learn how).
If this works and you can breathe better, you might consider adding more moisture to your airways to make your secretions thinner (see **page 37** to learn more).

- 5.** If you still have trouble breathing, call 911 or go to the nearest emergency room.

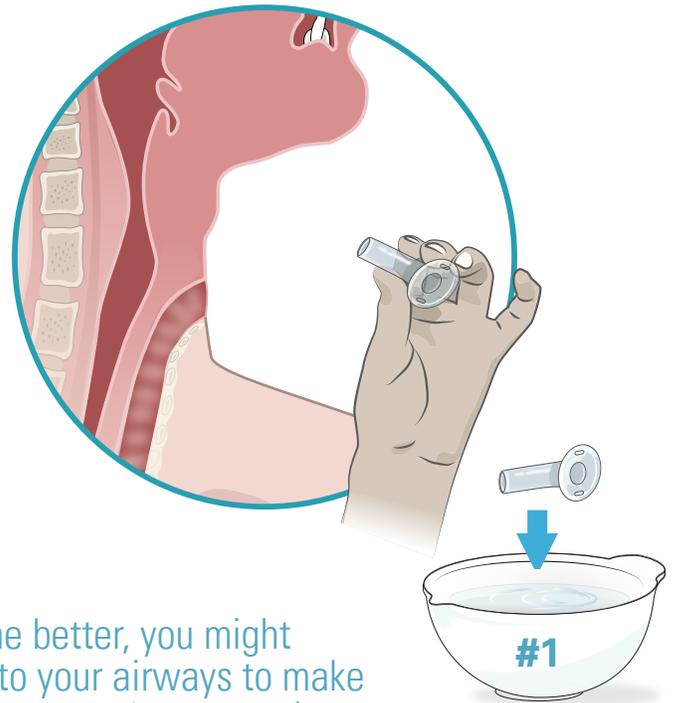


"I can't breathe."

The chances are very small that this happens.

Here is what you should do:

1. Stay calm.
2. If you have a tracheostoma vent, take it out. If you can breathe better once it is out, the tracheostoma vent may have been blocked. Clean your tracheostoma vent (see **page 25** to learn how).



If this works and you can breathe better, you might consider adding more moisture to your airways to make your secretions thinner (see **page 37** to learn more).



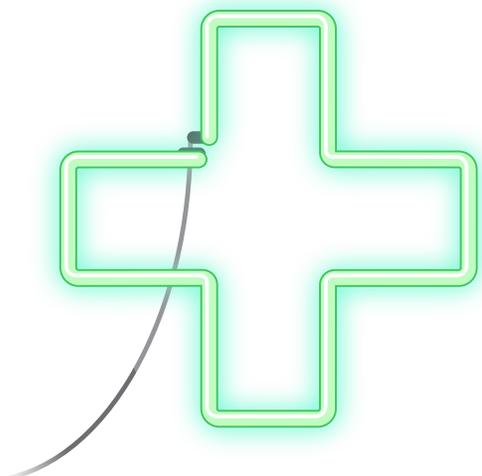
3. If you still cannot breathe, call 911.

How to do CPR on someone with a tracheostoma

Your family and friends will need to learn how to do CPR on someone with a tracheostoma. You are now breathing through your tracheostoma (not through your mouth). For this reason, **CPR needs to be done mouth-to-tracheostoma**, instead of mouth-to-mouth.



Medical supplies, support and information resources



Maisonneuve-Rosemont Hospital

Phone: **(514) 252-3433**

(This is only for patients living on the island of Montréal. If not, contact your local CLSC for supplies.)

What can they provide?

- Suction machine & tubes, high humidity machine, oxygen (if you need it)
- Respiratory therapist who is available 24/7

Fédération Québécoise des Laryngectomisés

5565 Sherbrooke Est, Montréal, Québec H1N 1A2

Phone: **(514) 259-5113**

(please phone before you go to pick-up your order)

What can they provide?

- Shower shield about \$30
- Tracheostoma covers (scarves/neck ties) about \$20

Centre hospitalier de l'Université de Montréal (CHUM) Service aux Laryngectomisés, Programme d'aide à la communication

Phone: **(514) 890-8000 ext: 25585**

Fax: **(514) 412-7008**

Email: sal-pac.chum@ssss.gouv.qc.ca

What can they provide?

- All necessary supplies for patients with a laryngectomy or a tracheostomy, including speech devices

ATOS Medical

Toll free Phone and fax: **1 (833) 514-2867**

info.ca@atosmedical.com

www.atosmedical.com

What can they provide?

- All necessary supplies for laryngectomy patients, including heat-moisture exchange (HME)

Dufort & Lavigne Medical Supplies

Phone: **(514) 527-9381** (to order medical supplies from their warehouse store)

Or, go to: www.dufortlavigne.com and order supplies online.

What can they provide?

- Tube (enteral) feeding formula and pump
(This is covered by RAMQ, if you have no private insurance)
- Velcro neck ties
- Other medical supplies if needed

Canadian Cancer Society

5151 de l'Assomption Boulevard, Montréal, Québec H1T 4A9

Phone: **(514) 255-5151**

www.cancer.ca

What can they provide?

- Financial support if eligible

Your local CLSC

Phone/Address: This depends on where you live.

What can they provide?

- Tracheostoma care and information on food/drink (nutrition)

We will arrange for someone to contact you from your local CLSC.

Cancer J'écoute

Phone: **1(888)-939-3333**

What can they provide?

- Emotional support resource



CanSupport

at the Royal Victoria Hospital (Glen site)

Phone: **514-934-1934, ext 35297**

What can they provide?

- Emotional and information support



Centre universitaire
de santé McGill



Office d'éducation des patients
Patient Education Office

- A + B** Montreal Children's Hospital
- C + D** Royal Victoria Hospital
- D** Montreal Chest Institute
- D** Cedars Cancer Centre
- E** MUHC Research Institute
- S** Shriners Hospitals for Children - Canada
- ▲** Main Entrances
- Underground Parking (patients and visitors)

Glen site: 1001 Décarie Blvd. Montreal, QC H4A 3J1