



Mass General Brigham  
**Mass Eye and Ear**

# Laryngectomy Handbook

**A Guide for Patients and Caregivers**



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# My Laryngectomy Information

## Phone Numbers



My Primary Caregiver: \_\_\_\_\_

Emergency Contact 1: \_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_

Emergency Contact 3: \_\_\_\_\_

## Emergency Information



Massachusetts Eye and Ear: **617-523-7900**

My Surgeon: \_\_\_\_\_

Surgeon's Clinic: \_\_\_\_\_

High Risk Medications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Welcome Letter

## A Message from the Nursing Staff

**Thank you for choosing Massachusetts Eye and Ear for your surgery.**

We know that navigating life with a laryngectomy can be overwhelming at first—your life is changing, and there are many new things for you to remember. We want you to know that you are not alone, and that Mass Eye and Ear is here to help you every step of the way. This booklet is a guide to help you and your caregivers understand some of the tasks you will need to perform post-laryngectomy.



**If your surgeon's instructions are different from what is provided in this booklet, follow your surgeon's instructions.**

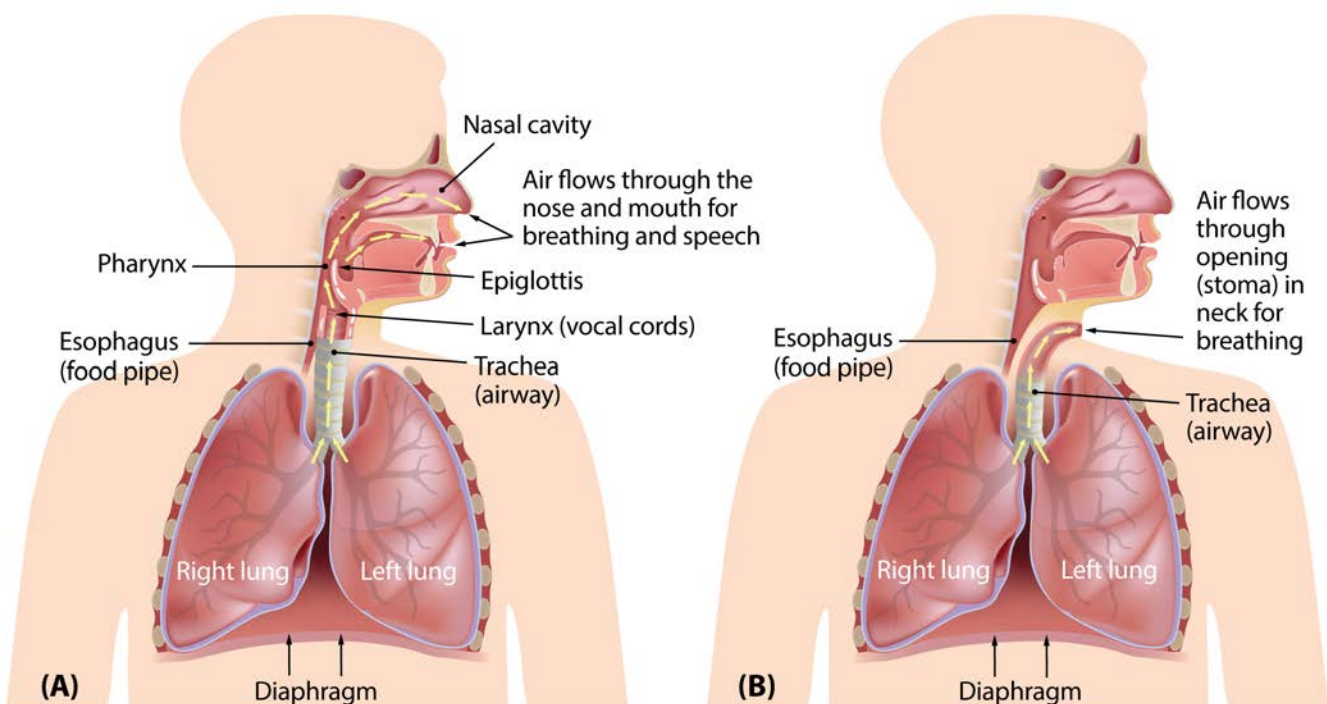
In this booklet, you will find information on how to perform stoma care, how to clean and change a Lary tube if you have one, how to clear secretions from your airway, and how to use a heat moisture exchanger (HME). You will also receive safety tips and basic emergency information.



# What is a Laryngectomy?

A **total laryngectomy** is when the larynx, also known as the voice box, is surgically removed. There are several reasons for removing the larynx. These include cancer or other tumors of the airway, frequent aspiration (breathing foreign objects into the lungs) leading to lung infections, or other damage to the larynx.

## Altered Anatomy Post-Laryngectomy



After you have a laryngectomy, you no longer breathe through your nose and mouth. Instead, the air you breathe will pass in and out of a permanent hole in your neck, known as a **stoma**. Depending on your surgery, you may have a soft tube in your stoma, called a Lary tube, with a heat moisture exchanger (**HME**) attached. The HME will keep the air you breathe moist so you do not become dry or uncomfortable.

During your inpatient stay at Mass Eye and Ear, your care team will teach you how to care for your stoma and navigate life post-laryngectomy. We know this can be a lot of new information, so this book will answer basic questions and provide reminders if you need extra help.

# What to Expect During Your Inpatient Admission

## Right After Surgery



After your surgery, you will not feel air passing through your nose or mouth. The mask and collar around your neck will provide humidified oxygen to your airway, which will prevent crusting and promote healing.

## During Your Stay



During your hospitalization, it is important that you and anyone who may be helping with your care after you leave the hospital learn how to care for your airway. Although this can seem intimidating, our nursing staff will help teach you and your caregivers early in your recovery. This will ensure that you are comfortable with caring your stoma when you leave the hospital.

## Communicating



Initially after your laryngectomy, you will need to communicate through writing or pictures. We have materials to help you write and draw to communicate with staff in the hospital.

# Preparing for Discharge

Prior to discharge, patients and caregivers must learn and demonstrate the following information. A nurse or another care team member will demonstrate each topic first.



**Handwashing and Keeping a Clean Environment**

**Cleaning Your Stoma**

**Cleaning a Lary Tube**

**Changing a Lary Tube**

**Suctioning Your Stoma**

**HME Use and Understanding the Importance of Humidification**

**Keeping Your Stoma Healthy**

# Inpatient Education

At Massachusetts Eye and Ear, you have a skilled team of healthcare professionals ready to help you navigate life post-laryngectomy. You will receive guidance from individuals such as your surgeon, nurses, speech language pathologists, and case management. We will provide you with the resources needed to stay safe and healthy by making you a key member of the care team.

## Listen



You will receive education throughout your inpatient stay. It is important to actively listen and ask any and all questions you may have. Engaging with your care team will help ensure that you get the most out of your care.

## Read



You can use this Laryngectomy Handbook to help remember basic steps and tips when performing self-care. You may also receive other helpful handouts for navigating life post-laryngectomy. These essential tools will provide all of the information you need following discharge.

## Demonstrate



Throughout your inpatient stay, you and your caregiver will be asked to demonstrate self-care tasks when necessary. Actively participating will help ensure that you are performing the tasks in a safe and effective way—and feel confident and comfortable when you are back at home.

Always ask questions when you need further clarification. **We are here to help!**



# Washing Your Hands

It is important to wash your hands thoroughly before and after caring for your stoma. This will help keep your stoma clean, prevent infection, and keep you healthy.

## Below are the CDC recommended steps for hand washing:

1. **Wet** your hands with running water and apply soap.
2. **Lather** your hands by rubbing them together with soap. Make sure to get the backs of your hands, between your fingers and under your fingernails.
3. **Scrub** your hands for at least 20 seconds, or the length of two “Happy Birthday” songs.
4. **Rinse** your hands under running water.
5. **Dry** your hands using a clean towel or air dry them if needed.



# Equipment for Cleaning Your Stoma

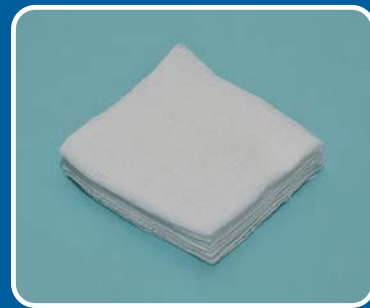
## ➔ What you'll need:



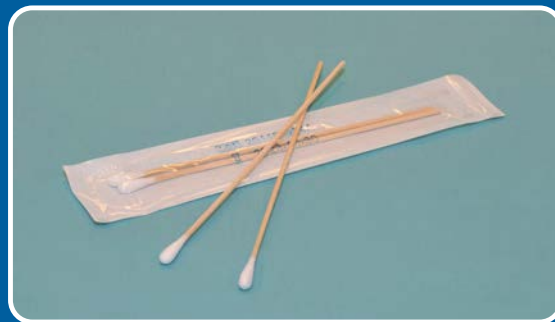
**Mirror**



**Water**



**Gauze**



**Cotton Swab**



**Saline Bullet**



**Vaseline**

# How to Clean Your Stoma



## Steps for Stoma Care:

1. Wash your hands or apply hand sanitizer.
2. Position yourself so that you are able to see your stoma and make sure your supplies are within reach.
3. Before cleaning your stoma, check for any unusual redness, drainage, or crusting.
4. If you have a Lary tube in, remove the Lary tube.
5. Take a piece of gauze, and wet the gauze with saline.
6. Use the gauze to wipe and clean any visible drainage or crusting.
7. Pat dry with a dry piece of gauze.

## **TIPS: If you are having a hard time cleaning off any crusting, try the following methods:**

- Wet a cotton swab with saline and wipe away crust.
- If it is very difficult to wipe away any crust, put a small amount of vaseline on the area and let the crust soften. Gently wipe away any crust, making sure it does not enter your airway.

# Equipment for Cleaning or Changing a Lary Tube

## ➔ What you'll need:



Lary Tube



Trach Brush



Cotton Swab



Trach Ties



Gauze



Water



Surgical Lubricant

# How to Clean or Change a Lary Tube

## Steps for Lary Tube Care:

1. Wash your hands or apply hand sanitizer.
2. Remove your Lary tube from your stoma.
3. If you use trach ties, remove them from the Lary tube. If they are wet or dirty, change the trach ties to prevent skin irritation.
4. Using a brush or gauze, wash the Lary tube using either saline or water.
5. Dry the Lary tube before putting it back in your stoma.



**If you are having a hard time putting in your Lary tube, you can put some surgical lubricant on the tube. This will help decrease resistance while you are still getting used to putting the Lary tube in your stoma.**

## Steps for Changing Trach Ties:

1. Wash your hands or apply hand sanitizer.
2. Undo the velcro at the back of the trach tie you have on and remove your Lary tube. Undo the velcro from the Lary tube so it is no longer attached.
3. If needed, clean your Lary tube before putting the new trach ties on.
4. Thread the velcro of each tie through the holes on both sides of the Lary tube. The velcro will be closer to the outside of the tube.
5. Put your Lary tube back into your stoma, and connect the ties around your neck using the velcro.
6. You should leave enough space for two fingers between your neck and the tie so it is not too tight.

# Equipment for Suctioning Your Stoma

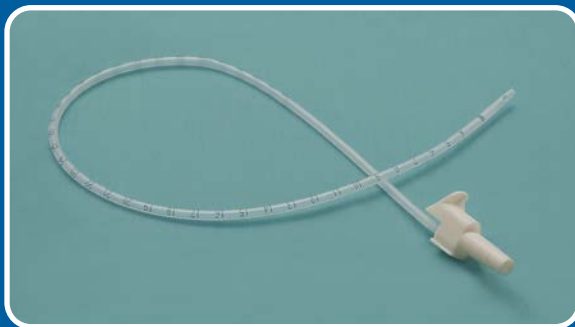
## ➔ What you'll need:



**Mirror**



**Portable Suction Machine**



**Suction Catheter**



**Suction Tubing**



**Saline Bullet**

# How to Suction Your Stoma



## Steps for Using a Suction Machine:

1. Wash your hands or apply hand sanitizer.
2. Set up your suction machine and surroundings so you are comfortable.
3. With your dominant hand, hold the tip of the suction catheter about 5 centimeters (2 inches) from the tip of the catheter.
4. With your non-dominant hand, hold the base of the suction catheter.
5. Insert the tip of the suction catheter into your stoma, with the catheter going about 5 centimeters (2 inches) into your stoma.
6. Place your thumb over the opening in the base of the suction catheter to create suction, while pulling the catheter out at the same time.

## Tips for Suctioning:

- When suctioning, only keep the suction catheter in your airway for a maximum of five seconds.
- As you become more comfortable with your stoma, you will recognize if you need to suction more or less than 5 centimeters (2 inches).
- You do not want to feel like you are out of breath, so remove the suction catheter when needed.
- If you can, cough while you are pulling out the suction catheter.
- Take a 30 second break between suctioning, and breathe deeply to help loosen secretions.
- **Do not** suction while placing the suction catheter into your stoma.

# Humidification Equipment

➔ What you'll need:



Lary Tube



Heat Moisture Exchanger (HME)



Trach Mask



Nebulizer Adapter



Nebulizer Machine



# Using a Heat Moisture Exchanger (HME)

## Steps for Using a HME:

1. Wash your hands or apply hand sanitizer.
2. Make sure your Lary tube is clean. If it is not, take it out and clean it.
3. Take the HME with your dominant hand and insert it into the hole of your Lary tube with the Lary tube in your stoma.

## Tips for Using a HME:

- Change the HME once every 24 hours or when saturated with secretions.
- **Do not** rinse or wash the HME cassette.

# Using a Nebulizer

## Steps for Using a Nebulizer:

1. Wash your hands or apply hand sanitizer.
2. Set up your portable humidification machine with the tubing, nebulizer adapter, and trach mask.
3. Place saline (or medication if instructed by your provider) into the reservoir of the nebulizer adapter.
4. Connect the nebulizer adapter to the trach mask.
5. Turn the machine on, setting the oxygen as high as needed so you can see a mist coming out of the trach mask. This is usually about 10 Liters per minute.
6. Secure the trach mask in place over your stoma while the nebulizer is in use.

# Clearing Your Airway: Four Methods of Clearance

1

## Coughing

Place a piece of gauze over your stoma and cough into it to clear any secretions in your airway.

2

## Instilling and Coughing

Squirt a small amount of saline into your stoma to loosen secretions and cough to clear your airway.

3

## Clean Your Lary Tube

Your Lary tube will need to be cleaned at least three times a day, as it can become blocked with secretions.

4

## Suctioning

You can suction with or without your Lary tube in your stoma. This is an efficient way to clear your airway if coughing is not enough.

# Living With a Laryngectomy

## Tips for Staying Safe and Healthy:



### **Humidification is Important!**

Since you are no longer breathing out of your nose and mouth, you no longer have the natural humidification that comes with breathing this way. Make sure to wear a HME and use humidification at home often. This will prevent your stoma from crusting and will help prevent hospital readmission!



### **Keep Your Stoma Covered in Public**

When in public, make sure to either keep a HME in your stoma or cover it with a scarf or other cloth covering. Due to the COVID-19 pandemic, it is recommended to cover your stoma with a surgical mask. It is also important to keep your mouth and nose covered when in public to protect yourself from COVID-19.



### **Communicating With a Laryngectomy**

There are many techniques for communicating following your laryngectomy. You will meet with the experienced staff in the Voice and Speech Lab to help find the best techniques for you to communicate after surgery.

# Resources from Case Management

Prior to discharge, your case manager will make sure you are prepared to go home with all the resources you need. This includes a carrying bag with important emergency and medical information, as well as letters for your local emergency medical services (EMS) and power company.



## Inside Your Bag

### First Zippered Compartment

1. **Letter for your local EMS:** We recommend that you notify your local EMS of your current non-verbal status and that you have a neck breather living at your residence.
2. **Letter for your power company:** We recommend you notify your power company of life sustaining equipment in your home and request your home be placed on a priority list for resumption of electricity in case you lose power.

### Second Zippered Compartment

1. **Medical alert bracelet:** This bracelet, which reads, “Neck breather resuscitate via neck stoma,” should be worn at all times.
2. **Two vehicle window decals:** We suggest you place one decal on your front windshield, and one on your driver’s side window. These decals identify that there may be a laryngectomy in the vehicle.

### Third Zippered Compartment

**Two case manager business cards:** Please place one in your wallet and one in your carrying bag.

### Zippered Pouch

**Communication Board:** “Boogie Board,” an electronic writing tablet.

# References

When and how to wash your hands. (2020, November 24). Retrieved February 13, 2021, from <https://www.cdc.gov/handwashing/when-how-handwashing.html>

Hennesy, M., Bann, D. V., Patel, V. A., Saadi, R., Krempl, G. A., Deschler, D. G., Goyal, N., & Choi, K. Y. (2020). Commentary on the management of total laryngectomy patients during the COVID-19 pandemic. *Head & neck*, 42(6), 1137–1143. <https://doi.org/10.1002/hed.26183>

# Acknowledgements

A special thank you to the following for contributing to this book:

Lauren Hallice  
Theresa Johnson, MSN, RN-BC  
Taylor Callahan BSN, RN  
Kirsten Karis BSN, RN  
Andrew Larson, MD  
Carolyn LeBlanc, RN  
Christina Mealey, BSN, RN  
Garyfallia Pagonis  
Jeremy Richmon, MD  
Samantha Sullivan BSN, RN



# Notes and Questions:

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