



THE NATIONAL ASSOCIATION  
OF LARYNGECTOMEE CLUBS

# Swimming after Laryngectomy

## Guidelines for Starting a Swimming Group

- 1 Visit an established swimming centre.
- 2 Negotiate a quiet session for laryngectomee swimming at a pool and gain co-operation of pool manager and staff. (Often a local disabled swimming session is available to join.)
- 3 Give pool lifeguards training in resuscitation of laryngectomees (NALC emergency resuscitation leaflets and training video).
- 4 Obtain funding to buy aids and suction machine.
- 5 Invite an experienced swimmer to demonstrate and give encouragement at first swimming session.
- 6 Ensure that a group of supportive members including medical/nursing specialist are agreeable and available to attend regular swimming sessions.

## Apparatus Required

Suction pump for ALL swimming sessions

Swimming aids

Xylocaine spray

Small mirror (unbreakable)

Lubricating gel (KY)

Tissues

Waste disposal bag

Disposable gloves

Syringe (with spare syringes in box)

Whistle

## Recommendation for Safe Swimming

### Prior to entering water

The swimming aid should be sized and fitted by qualified personnel e.g. Doctor, Nurse, Speech Therapist, who have been trained in the problems of laryngectomy.

Size and fitting of an aid can be carried out prior to swimming at home, clinic or pool side by a qualified person.

The swimming aid should be inflated and deflated prior to fitting to test the cuff and safety valve.

Laryngectomees may find it uncomfortable at first (Xylocaine spray can be used to desensitise the trachea).

Laryngectomees can be instructed to insert the swimming aid and practise inserting it at home (ideally using a mirror).

Breathing should be practised via snorkel or mouthpiece in standing position as well as walking. The cuff should be demonstrated to be air-tight prior to entering water.

### Entering the water and in the water

Entering the water should be via pool step in the shallow end. A submerging test should be performed by immersing the neck in the water to test for water-tightness. Hold breath when submerging and breathe out under water. (Water should cover the stoma.)

A friend should be alongside you in the pool and a qualified person on the poolside to check for leakage until the swimmer is competent. (It is advisable to check even competent swimmers periodically.)

When the swimmer takes his/her first stroke, a friend should be alongside and a qualified lifeguard should be on the poolside. (The lifeguard and all participants should be trained in mouth-to-neck resuscitation.)

The swimmer should not go out of his/her depth until competent.

It is advisable that only the breast stroke be used until the swimmer is competent. It is strongly recommended that all swimming be in a controlled environment.

Sweat bands could be used for securing the swimming aid to the head as well as conventional fastenings.

Swimming centres may have additional in-house club rules which also must be adhered to.

## Emergency Measure if Water is Inhaled

- 1 Pull swimmer out of water.
- 2 Maintain position of tube if no blockage is evident.  
  
To aid resuscitation, however, any extensions should be removed i.e. snorkel tube.  
  
Tube must be removed if blockage is evident.
- 3 Turn swimmer upside down to drain water out of lungs.
- 4 Begin mouth-to-neck resuscitation if necessary (see NALC Emergency Resuscitation leaflet and video).
- 5 Use suction to clear trachea if necessary.
- 6 Medical support member should follow the A.B.C. of resuscitation and call for assistance if required.

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