Psychological Adjustment

The length of time laryngectomees take to adjust to the changes they have undergone varies greatly, but nursing staff can do much to lessen the trauma experienced. Support of friends and family is especially important during this time. It is also important to remember that families of laryngectomees may themselves require help and support in order to come to terms with the changes in their loved ones.

Communication Methods

ln the days immediately after surgery the laryngectomee will need to resort to the written word or to mouthing words in order to communicate. Alternatively, text-to-speech devices or boogie boards may be used. Approximately ten days after the operation, when the wound has been given adequate time to heal, other longer term methods of communication can begin to be employed. These include the use of an electro-larynx , the development of oesophageal voice or the insertion of a voice prosthesis.

Complications

Fistula — more requent when radiotherapy has been used prior to surgery. It generally heals without surgical intervention but this can take a long time. During this period the patient may become frustrated and depressed.

Breakdown of wound - again more prevalent afier radiotherapy

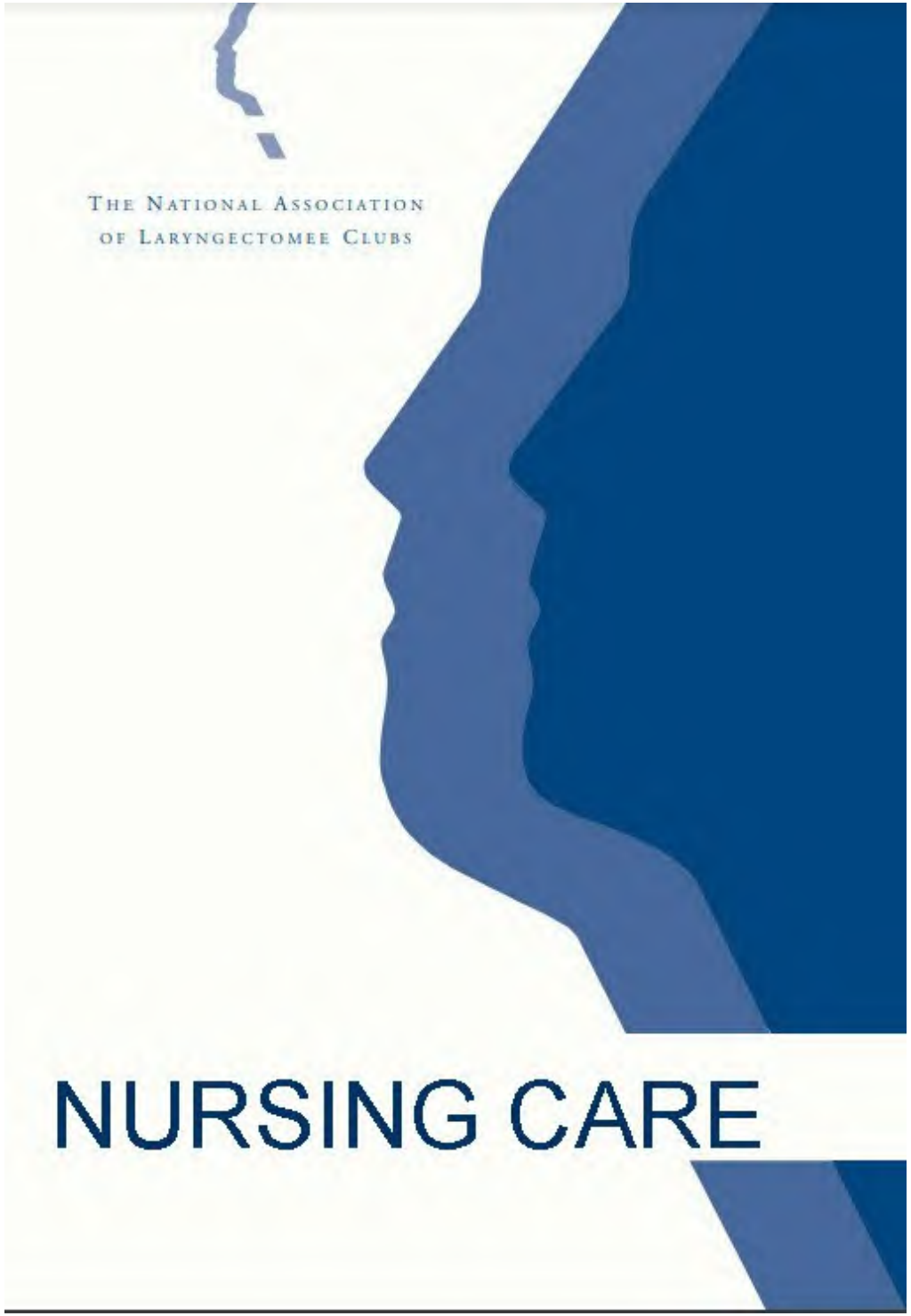
Dysphagia - due to oesophageal stricture

Granulation tissue - generally treated with cauterisation

Stoma shrinkage - the size of the tracheostomy tube may need to be gradually increased until the size of the stoma is adequate. To maintain the size of the stoma it may be necessary or the patient to wear a stoma button or a tracheostomy tube at night.

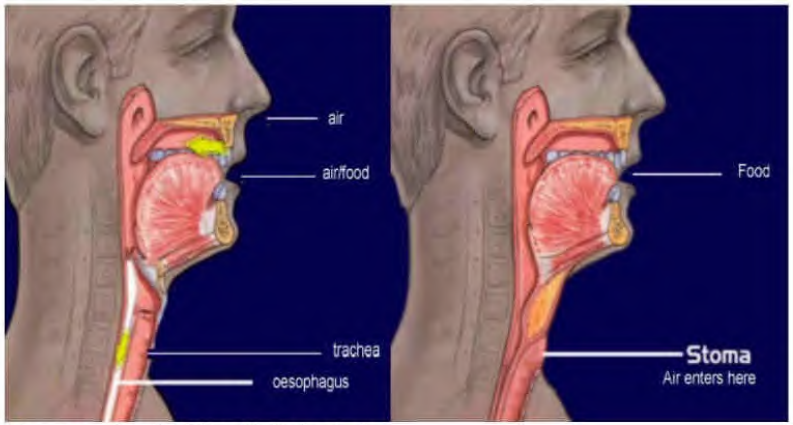
Poor, or no, verbal communication

Chest infections - more prevalent due to the bypassing of the normal respiratory filtering system. Susceptibility can generally be reduced by wearing heat and moisture exchangers (HMEs).



Laryngectomy and Tracheostomy

A laryngectomy involves the removal of the voicebox (or larynx) and alteration of the airway. The only way can reach the lungs is via an opening in the neck called a stoma. The change is permanent.



Picture provided by Inhealth Technologies

Before **After**

A tracheostomy involves making an opening in the trachea to facilitate breathing but this time the stoma is usually temporary. Also, in most cases, air can still reach the lings via the nose and mouth.

Laryngectomy Surgery and Pre-operative Care

The aim of the surgery is usually to remove a cancerous lesion. Since the vocal chords are removed the patient will have to develop a new method of communication and cope with changes in their body image.

The patient and family members will most likely have discussed the planned surgery with members of the clinical team, including a Clinical Nurse Specialist and a Speech and Language Therapist. They may also have been given the opportunity to meet someone who has had a laryngectomy. The aim of this is to foster an awareness, that the changes they are about to undergo, they will be able to adapt and return to the community feeling able to cope. The patient may also need advice and support if they wish to return to work**.**

The aim of this is to foster an awareness, that the despite the changes they are about to undergo, they will be able to adapt and return to the community feeling able to cope. The patient may also need advice and support if they wish to return to work**.**

Post-operative Care

The laryngectomee's immediate needs are maintenance of the airway and nutritional support. They may spend their first 24 hours in a high-dependency of intensive care unit, and then they will return to the ward to start their rehabilitation programme. Airway maintenance is via a tracheostomy tube. Frequent suction and humidification will be needed. Nutritional is via an enteral feeding system until full nutrition is re-established, usually 10-12 days after surgery.

The patient and their family are encouraged to learn to become Independent in their care requirements. This may include taking care of a tracheostomy tube, as well as the stoma and possibly a voice prosthesis (speaking valve). Tracheostomy tubes are made either out of metal or plastic. Their prime function is always to keep the airway open by ensuring that the tracheal stoma remains an adequate size. All tracheostomy tubes therefore require changing and cleaning, though the methods of doing so may vary depending on the type of tube. Some laryngectomees may instead have a stoma button which will require similar care. Some may need no artificial appliance to maintain the size of their stoma.

Where, for either physical or psychological reasons, someone using a tracheostomy tube is unable to care for or maintain it themselves, their family or a district nurse may need to help out. A speaking valve will also need to be cleaned regularly and to stay correctly positioned for it to keep functioning properly. The patient may be able to change the valve themselves or may need to have it done by a health professional, depending on their own prowess and the type of valve they are using.

It is only after a video-swallow, about 10-12 days post-op and arranged by the speech and language therapist that the nasogastric tube can be removed and a fluid diet commenced, if all is healed and intact. After 24 hours a soft diet can be intro-duced and the laryngectomee will eventually move to a normal diet in their own time. Regurgitation is always a problem and meals should be little and often.