

# Emergency Resuscitation



**For Laryngectomy  
and Tracheostomy Patients**



National  
Association of  
Laryngectomee  
Clubs

**A** Laryngectomee is a person who has had his larynx (voice box) removed, usually as a result of cancer.

Thereafter he is obliged to breathe through a stoma (hole) in his neck and CANNOT breathe through his nose or mouth. In a few cases the stoma may be located lower (even in the upper chest).

Some people have a tracheostomy, which is a hole in the trachea or wind-pipe, to bypass an upper airway obstruction. They will ALWAYS have a tube in the stoma. They should be treated just like a Laryngectomee.

It is essential that mouth-to-stoma resuscitation is given in an emergency as mouth-to-mouth resuscitation would prove useless to someone who has had a laryngectomy operation.

Always listen to the carer (if there is one) as they are likely to have first-hand knowledge of the person's needs. The person might have completely collapsed and be unable to communicate. The carer would know what means of speech is used:

**A voice prosthesis** – a small silicone valve (see inset photograph overleaf) inserted in a hole made between the

trachea and oesophagus allowing air to pass up the oesophagus to vibrate the muscle enabling speech (the most common speech aid in this country). Care has to be taken not to dislodge it, in an emergency.

**Oesophageal speech** – where air is swallowed and brought up vibrating the muscle.

**Electronic larynx (a servox)** – a device which is used at the side of the neck and which the use of the mouth shapes into speech.

In an emergency situation the person may only be able to articulate with their mouth, so first aiders should be aware of this and really look at the person's mouth and try to lip read.

Some, but not all, ambulance trusts have registration databases for neck-breathers. This works well when people collapse at home or when accompanied by carers outside, as the ambulance staff are immediately aware of the special needs due to the altered airway.

Paediatric masks, or adult masks turned to the side, can occlude the airway if no laryngo-mask is available. Resuscitation drugs and defibrillation is the same for all patients. Of course all the above are only available to professional first-aiders.

# Emergency Resuscitation

## For Laryngectomy and Tracheostomy Patients

In the event of an emergency, follow these steps **CAREFULLY** when trying to revive a laryngectomy patient.



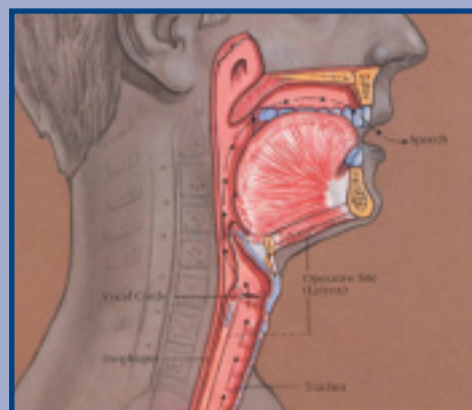
### STEP 1 CHECK THE NECK

- Lie the victim on his back.
- Remove clothing from his neck, including the stoma cover, but **DO NOT** remove any tubes that are in place.

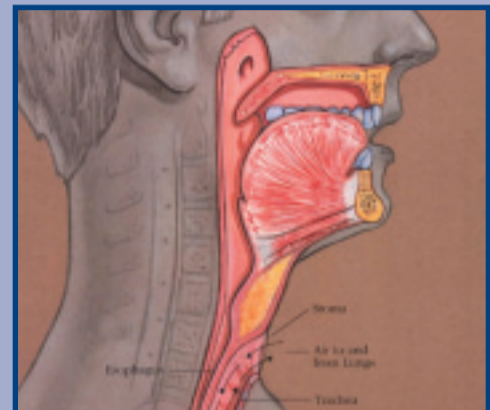


### STEP 2 CLEAR THE AIRWAY

- Wipe any mucus from the stoma or tube.
- If it's a laryngeal stoma and not a tracheostomy, the person may have a silicone speaking valve showing (see inset). This is meant to be there and it is important it is not dislodged, as this itself can be a medical emergency as, if dislodged, there is a direct route for fluid to the lungs.
- Make sure the stoma is clear before proceeding.



A normal voice and mechanism before laryngectomy



The mechanism for voice and breathing after laryngectomy



### STEP 3 CHECK FOR BREATHING

- Listen and feel for air escaping from the stoma.
- Watch for movement of the chest and abdomen.

*If there is no regular breathing proceed to steps 4 and 5.*



### STEP 4 POSITION FOR RESUSCITATION

- With the victim on his back and his head tilted backwards, kneel at his side. It will help to put a support such as a rolled up coat under his shoulders to ensure that the neck is fully extended.
- Place two fingers each side of the nose and your thumb under the chin.
- Close your fingers to prevent any escape of air from the nose and mouth.

### IF THE CHEST DOES NOT RISE

It may be because of:

- A.** A poor seal over the stoma.
- B.** A blocked stoma - try to clear any tube that may be present. Only as a last resort remove the tube. **DO NOT** waste time by replacing the tube.

### TRY AGAIN.



### STEP 5 RESUSCITATION

- Take a deep breath and place your widely open mouth over the stoma forming a seal.
- Blow into the stoma until the victim's chest rises.
- Release your fingers between each blow.



### IF THE VICTIM HAD AN ACCIDENT IN WHICH WATER HAS ENTERED THE LUNGS

- A.** Lie the victim over your knee, making sure that his stoma is lower than his lungs, **OR** ensure lungs are above stoma, using a pillow, etc.

Water will then flow through the stoma.

- B.** When the lungs are clear, proceed with steps 1-5.

 National Association of Laryngectomee Clubs



Head Office:  
Lower Ground Floor, 152 Buckingham Palace Road, London SW1W 9TR  
Tel: 020 7730 8585 Fax: 020 7730 8584  
Email: [info@laryngectomy.org.uk](mailto:info@laryngectomy.org.uk) [www.laryngectomy.org.uk](http://www.laryngectomy.org.uk)



**Head Office:**

**Lower Ground Floor, 152 Buckingham Palace Road, London SW1W 9TR**

**Tel: 020 7730 8585 Fax: 020 7730 8584**

**Email: [info@laryngectomy.org.uk](mailto:info@laryngectomy.org.uk) [www.laryngectomy.org.uk](http://www.laryngectomy.org.uk)**

**Diagrams reproduced by kind permission of Forth Medical**