Laryngectomy: What to Expect

What is a Laryngectomy?

A laryngectomy is a surgical procedure involving removal of the larynx. The word “larynx” is a term that means “voice box.” Your voice box is the part of your body that contains your vocal cords, airway, and swallowing muscles. All three of these functions are altered with this procedure. Separation of the airway from the mouth, nose, and esophagus will occur with this procedure, in addition to removal of the voice box.
Understanding the Anatomy of your Neck

There are two main pathways in your throat. One pathway leads to the stomach. It is known as the esophagus or your “food tube.” The other leads to your lungs, and is called the trachea or “windpipe.” After a laryngectomy, the esophagus and windpipe no longer share a connected space. After your surgeons remove your voice box, they will create a stoma. Breathing will now occur through this opening in your neck called a stoma.

This means you are now a neck breather.

It is very important that you keep your stoma open and prevent closure. A stoma can get very small if something is not kept inside of it to keep it open. After surgery, there will be a plastic tube inside your stoma to help keep it open. This is called a Larytube (short for laryngectomy tube). It is very important to understand that your stoma (the opening in your neck) cannot close. If it closes, you will no longer be able to breath. It is your only airway. If you were to ever need CPR, it would have to be delivered to your stoma/neck, not to your nose or mouth.
Before Laryngectomy

Notes:

INHEALTH TECHNOLOGIES

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Communication after a Laryngectomy

After a total laryngectomy, you will not be able to communicate using your true vocal cords. Losing your voice box means losing your ability to talk. Learning to speak again will take time, effort, and practice. However, several options exist for restoring speech after a total laryngectomy.

The two main alternatives for speaking after a total laryngectomy are with an electrolarynx or through tracheoesophageal speech (TEP).

Electrolarynx

An electrolarynx is a battery operated device that produces a mechanical voice. It can be placed against the neck, cheek, or under the chin. When you press a button on the device, it will make vibrations. These vibrations act as your new vocal cords. By moving your mouth and tongue you can shape these vibrations into speech. Instructions on how to use the device, proper placement, and practice targets will be taught to you by your speech therapist during your stay at the hospital and following your surgery. Patients can get very functional with this type of speech, however it does take practice and patience.
Tracheoesophageal Puncture (TEP) speech

A TEP is the most common way that physicians are able to restore speech after a total laryngectomy. A TEP is either done at the time of the total laryngectomy or completed on a later date. This procedure creates a connection between the trachea (windpipe) and the esophagus (food tube) through a small puncture. A small one-way valve is placed in the puncture, this is known as a “tracheoesophageal prosthesis” or TEP. After you have healed and are cleared by your speech therapist, you will learn how to cover your stoma and produce speech. When this is done, air will pass through the TEP, into the esophagus, and out of your mouth producing speech. Your tongue, lips, and teeth help shape the sound. Your esophagus vibrating is the source of your new TEP voice. This method takes patience and practice as well, but once achieved is very functional.

Losing your voice as you know it can be very traumatic, but with education and support our goal is to get you as functional as we can using a new voice.
Laryngectomy and Swallowing

A laryngectomy involves removal of the muscles that help with swallowing. After a total laryngectomy, the way that you swallow will change. Your speech therapist will help you with swallowing strategies to make your swallow function as efficient as possible. It is likely your swallowing function will improve after surgery because liquid or food can no longer go into your airway. However, some patients may continue to have swallowing complications due to narrowing or other tissue changes. Swallowing trouble is known as “dysphagia.”

Directly after surgery, all nutrition will be achieved through a tube in your nose or in your belly. It is not safe for you to swallow by mouth directly after surgery. Once your tissue has healed, you will take an x-ray trial test of your swallow. This test makes sure that all the tissues in your neck and throat have healed enough to withstand the pressure required to begin swallowing by mouth. Once you pass this test you will be cleared to start liquids by mouth. You will slowly advance to pureed food (applesauce, pudding), soft-solid foods (mac and cheese), and eventually to solid foods. Most patients are able to work up to a modified soft diet, but still have to avoid really dry or crumbly food items such as fried chicken, steak, or cornbread.
Your doctor or speech therapist will tell you when and what types of liquids and food you can have, based on how you are healing.

The following are swallowing strategies that are necessary to use after this surgery:

- When you begin eating, you may feel as if food or liquids are sticking in your throat. If this occurs, you need to give an extra push to the food with the back of your tongue when you start to swallow, to help it go down.

- It is important to eat sitting straight up, at a 90 degree angle, so gravity can help the food go down your throat.

- Take **small** sips and **small** bites of food when you eat. Often times, big bites and eating quickly result in food getting lodged in the throat.

- Make sure that your mouth and throat are completely empty and that you have swallowed each bite fully before you put more food or liquid in your mouth. This helps you avoid putting too much food in your throat that the muscles can’t handle.
• Bite-sip-bite strategy: Alternate between liquids and solid foods. This can help with getting the thicker consistencies down more efficiently.

Depending on how you heal, narrowing or “strictures” may occur. This can result in food getting lodged into your throat or coughing food back up into your mouth. Getting enough nutrition by mouth every day is very important. In these cases, your surgeon can help by stretching the esophagus, making the pathway wider and easier for food/liquid to pass through. This is known as a dilation. Be sure to speak with your speech therapist or doctor about any difficulties that you may be having with your swallow.

Other Lifestyle Changes to Expect:

• Smell and Taste – Your ability to smell and taste will be altered or decreased following surgery due to air no longer passing through your mouth or your nose. Smell and taste functions occur through mechanisms in your nose and mouth, but air will no longer be passing through these areas to assist with these functions. However, some laryngectomees do learn ways to swallow air and feel like they have a sense of smell and taste after surgery.

• Safety – Since your sense of smell will change following surgery, you will need to make sure you have working
smoke alarms and keep regular hygiene. You will also need to be careful when cooking or dealing with anything involving fumes, as you may not be able to smell smoke as easily as you did before surgery.

- **Swimming** – Swimming and boating are extremely dangerous. Your stoma does not close and that means you are at high risk for drowning if you accidentally fall in the water. Any liquid that goes into your stoma goes directly into your lungs, it does not take much for you to drown. Taking baths can also be a risk, in the case of an accidental slip or fall. Showers are the safest means of keeping regular hygiene. You will receive a shower guard that will protect your stoma and keep the water out of it when you shower.

**Educational Video**

The University of Kansas created an educational video as an additional resource to the discussions with your healthcare providers. To access this video, enter “University of Kansas Total Laryngectomy Education” in a search engine of your choice, and look for this video.
Life after a Laryngectomy: Outlook

This surgery involves a huge life change for all patients. However, the long-term outlook is encouraging for many. The primary goal of this procedure is to get rid of the cancer in your throat. Following this, having patience and giving your body time to recover and heal is very important.

Our goal is to get you as functional as possible after this surgery. It can be very frustrating, discouraging, and difficult in the beginning stages but many of our patients go back to work, coach, volunteer, talk on the telephone, and live very functional lives after this surgery. Making sure you understand this surgery, take good care of yourself, and ask for help when needed are keys to helping this life change go smoothly for you.

Dealing with Emotions and Depression Following a Laryngectomy

How can I cope with my feelings?
After surgery for a serious illness, you may have new and upsetting feelings. Many people say they felt weepy, sad, worried, nervous, irritable, and angry at one time or another. You may find that you cannot control some of these feelings. If this happens, it’s a good idea to seek emotional support.
The first step in coping is to talk about how you feel. Family and friends can help. Your nurse, doctor, and social worker can reassure, support, and guide you.

**It is always a good idea to let these professionals know about how you, your family, and your friends are feeling emotionally.**

Many resources are available to patients and their families. Whether you are in the hospital or at home, the nurses, doctors, and social workers are here to help you and your family and friends handle the emotional aspects of your illness.

**Online Resources**

**Larys Speak Easy**
www.larysspeakeasy.org/

**Web Whispers**
www.webwhispers.org

**International Association of Laryngectomees**
http://theial.com/

**Support for People with Oral and Head & Neck Cancer (SPOHNC)**
https://www.spohnc.org/
Common Laryngectomy Terminology

- Adhesive Base Plate
- Dilator
- Electrolarynx
- HME Filter Cassettes
- Lary Button
- Lary Tube
- LaryTube Brush
- Lary Strap/Tube Holder