

Living with a laryngectomy

A guide to caring for yourself at home

This book is a guide for how to prepare and care for yourself after a laryngectomy. Please read it carefully and share with your family. Talk with your surgeon or nurse if you have questions.

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This info is a general resource. It is not meant to replace your doctor’s advice.
Ask your doctor or health care team any questions. Always follow their instructions.

About laryngectomy

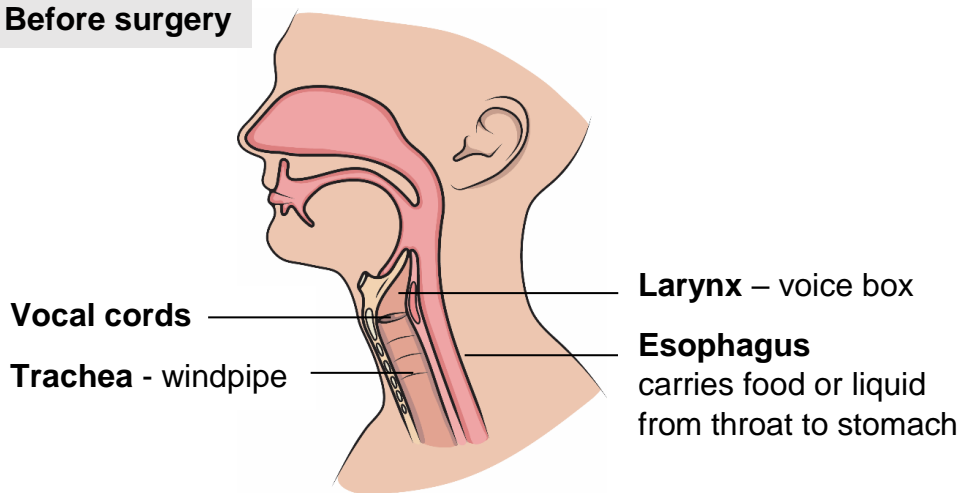
The **larynx** is your voice box. It is in your throat, above your windpipe.

When the voice box is removed, the surgery is called a **laryngectomy** (said lar-en-JEC'-toe-me). A total laryngectomy removes the whole voice box. A partial laryngectomy removes part of the voice box and nearby tissue.

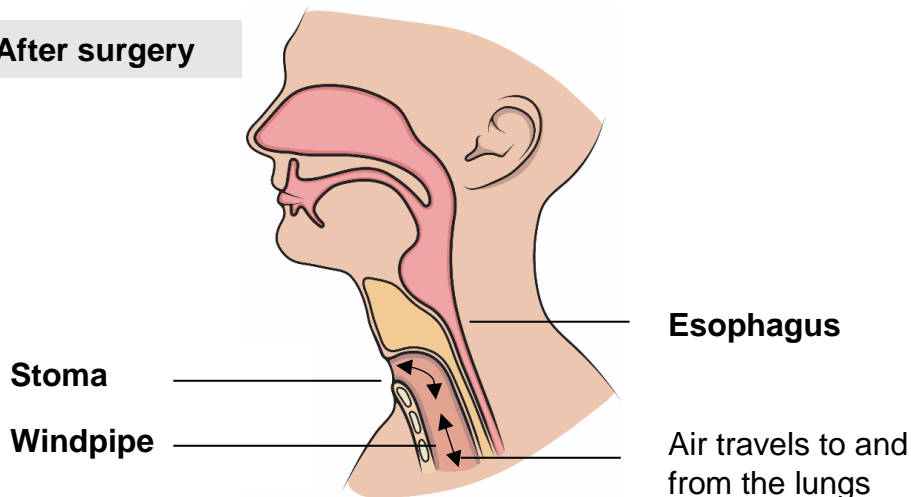
This surgery also creates a small hole in your neck, called a **stoma**. A tube is placed through the stoma and into your windpipe to help you breathe. When breathing, air goes through the stoma and into your lungs. The stoma tube could be a Larytube, tracheostomy (trach) or stoma vent. What you receive depends on the surgery you have.

If you have a total laryngectomy, the stoma is permanent.

Before surgery



After surgery



With a laryngectomy stoma, air no longer passes through your nose and mouth to be moistened. This can cause sticky and thick mucus that is hard to cough out. Using a device called a heat moisture exchanger, called HME for short, adds moisture to the air you breathe and helps thin and reduce mucus. Even with added moisture, it is common for mucus or secretions from your airway to build-up and need removal with suctioning.

Common terms

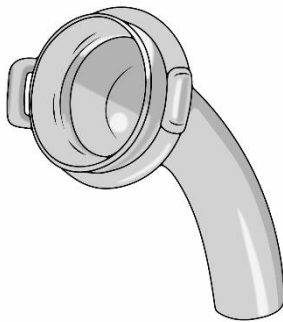
Stoma breathing tube – fits into the stoma and keeps your windpipe open.

Common types of stoma breathing tubes are:

- **LaryTube** – a soft silicone tube that is placed in the stoma to keep it from shrinking.
- **Tracheostomy tube (also called a trach)** – tube placed through the stoma and into your windpipe. Some people get a trach right after surgery and after some time, switch to a LaryTube.
- **Stoma vent** – used less often than LaryTubes and tracheostomy tubes.

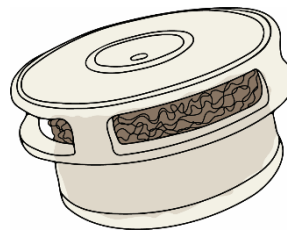
Heat moisture exchanger (HME) – adds moisture to the air you breathe and helps thin and reduce mucus. HMEs are used with LaryTubes and trach tubes, but not stoma vents.

Tube holder or ties – Velcro ties that go around your neck or clips that hold the tube in place.



LaryTube

Breathing tube that is placed in the stoma to keep it from shrinking.



HME – Heat Moisture Exchanger

Fits onto a LaryTube to add moisture to the air you breathe and help thin and reduce mucus.



How to prepare before surgery

Plan ahead

- Ask a family member or friend to be your main caregiver after surgery. They need to come to the hospital to learn how to care for a laryngectomy and to help you take care of it at home. You will likely need a lot of help for at least the first 7 days after surgery.
- Let your surgeon's office know if your caregiver needs any forms filled out for FMLA (Family Medical Leave Act). If eligible through their work, FMLA allows a parent or spouse to take unpaid, job-protected leave from their job to care for you. The human resources department at your caregiver's job can provide more details about FMLA, what forms need to be done and how often.

Get your home ready

- Gather items to communicate with such as pens, notepads and dry erase boards.
- Set aside a clean place in your home to do your stoma care and keep your supplies. Choose a spot with good lighting and plenty of space, such as a desk or table.
- Make sure you have a working thermometer. You will need it to check your temperature if you are not feeling well.

Think about you

- If you smoke, stop or cut down on smoking as much as you can. Doing so can help you heal faster. It can also lower your chances of having breathing problems after surgery. Please note that we do not use nicotine patches after surgery because they can prevent wound healing. **If you need help to quit smoking**, talk to your surgeon or nurse, or call our health librarian at 216-286-6446 for a list of resources.
- If you drink alcohol, stop drinking as much as you can. Doing so can help you heal faster and avoid problems like slow wound healing. **If you need help to stop drinking**, talk to your surgeon or nurse.
- If you or your family are feeling stressed or having a hard time coping, please let us know. We can refer you to a staff member who can talk with you and try to help.

In case of an emergency

- You may want to buy and wear a medical alert bracelet that says you have a laryngectomy and can only breathe through your neck.
- Your sense of taste and smell may not be the same after surgery. Make sure your smoke detectors work. You may also want to buy a home gas leak detector.
- Call the services listed below and tell them that you will have a laryngectomy and medical equipment. For electric, gas and phone companies, ask if there is a priority list for people with medical needs in case of a power outage or natural disaster.
- Tell your local police and fire department that:
 1. There will be someone in the home with a laryngectomy who may not be able to talk.
 2. You are a total neck breather, meaning you breathe through an opening in your neck.
 3. If you call 911, they should send help right away even if no one says anything to the operator.
 4. If oxygen or CPR are needed, it can only be given through your neck stoma, **not through your nose and mouth.**



Service to call	Date	Number you called	Who you talked to
Local fire department			
Local police department			
Electric company			
Gas company			
Phone company			

Working with a speech therapist

A Speech Language Pathologist helps people with speech or swallowing problems. They are an important team member who helps you adapt to life with laryngectomy. They may also be referred to as a speech therapist.

Before surgery – if there is time, your surgeon sets up a visit with you and a speech therapist. This outpatient visit lasts about 1 hour. The speech therapist does an evaluation plus teaches you about caring for a stoma tube, ways to communicate after surgery, and what to expect.

During your hospital stay – the speech therapist visits you often to provide more teaching and help answer your questions. Before you leave, they talk with you about what stoma care supplies you need to use at home. If you have a LaryTube and HME, the speech therapist can help order these items.

After you leave the hospital – you can call the speech therapist with questions and see them in clinic, if needed.

What to expect in the hospital

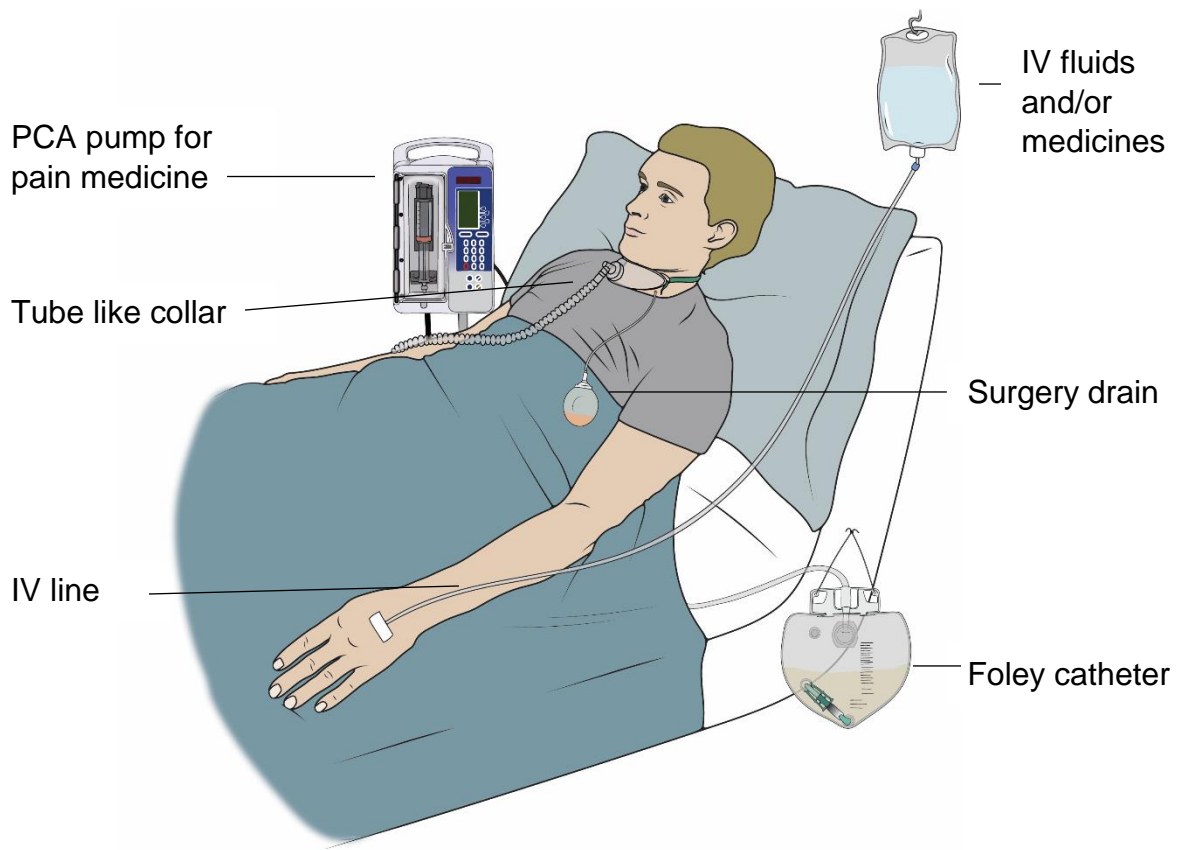
After surgery

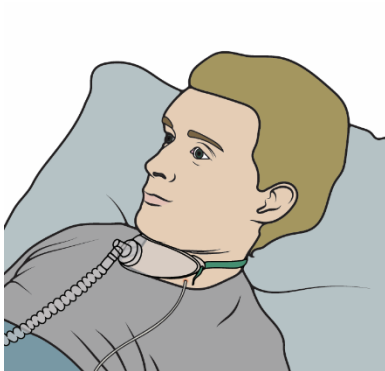
Plan to recover from surgery on the nursing unit. As you wake up from anesthesia, it is normal to feel groggy. You may have a lot of secretions (mucus). They can be cleared by coughing or suctioning. Suctioning uses a small tube, called a catheter, to remove mucus from the stoma tube that cannot be coughed up. This may cause you to cough, gag or cough up mucus through your stoma, which is normal.

You will not be able to talk because the surgery removes your vocal cords (voice box). Instead of talking, you can use paper, your phone or a communication board.

Your face may swell after surgery - this often gets better over time.

We use many special tubes, drains and machines for your care. Some of the most common ones are shown below and explained on the next few pages.



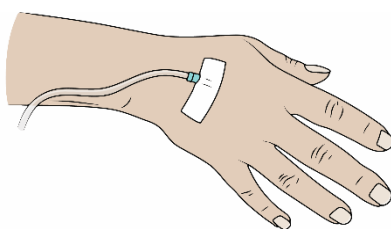


Tube like collar - placed on your neck, over the stoma. It supplies oxygen and moist air to your lungs.

Under the collar is your **stoma breathing tube**, which could be a LaryTube, trach or stoma vent.

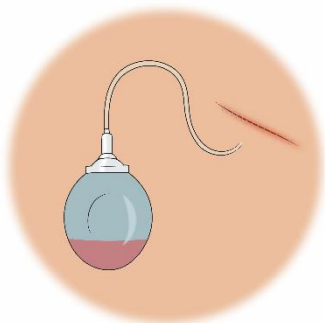
IV (intravenous) line

Most often placed in a vein in your hand or arm, an IV line is used to give you fluids and/or medicines.



Surgery drains

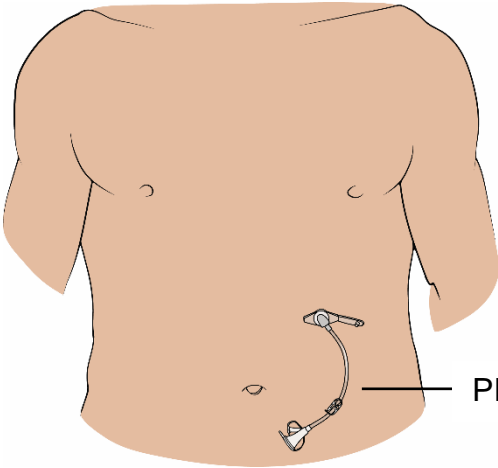
Drains are placed under your skin near your incisions (wounds). They remove extra fluid from surgery and help the area heal. You may have drains in your neck and areas where tissue is taken for your reconstruction.



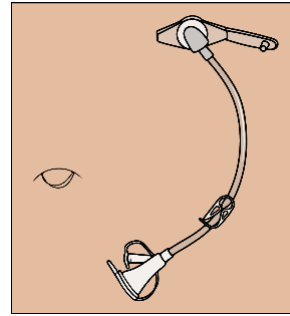
Drains come in many shapes and sizes. Your surgeon decides when to remove them, based on how much drainage you have.

PEG feeding tube

A type of feeding tube that is placed in your stomach. It can also be used to give you medicine and fluids. Our nurses and dietitians teach you and/or your family how to use and care for your PEG tube at home.



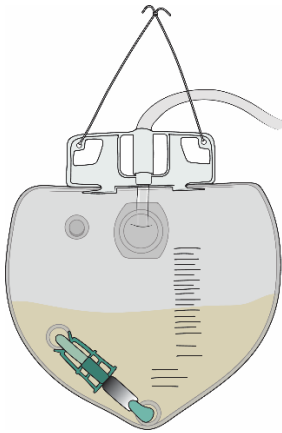
PEG feeding tube



Close up view of a PEG tube

Foley catheter

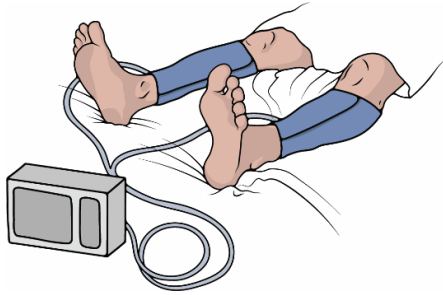
This device uses a small tube to drain urine (pee) from your bladder. It is placed during your surgery and is attached to a drainage bag.



A foley catheter is often taken out 2 days after surgery.

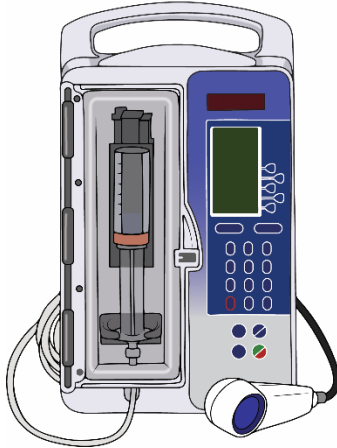
SCDs (sequential compression devices)

SCDs are sleeves that wrap around your legs and fill up with air to help prevent blood clots. You should wear them when you are in bed or sitting in a chair.



PCA pump

A PCA pump is a machine used to give you pain medicine through your IV line. You can press a button on the PCA pump to give yourself pain medicine.



Most people use a PCA pain medicine pump for 2 days after surgery.

Daily rounds

You can expect to see your surgery team each day during their **daily rounds**. Rounds are often early in the morning and involve visits and exams from doctors and nurses. Your surgeon leads your team and most often, they see you daily. If they are in surgery or clinic, another team doctor may check on you. On days when your surgeon doesn't see you, the team gives them an update about your progress.



It is very helpful when you and your family take part in rounds. Rounds are a great time to ask questions, take notes, share thoughts or concerns and set goals for your care.

Frequent visits from staff

The hospital is a busy place and it is common to have frequent visits from our staff throughout the day. This includes your surgery team, but also the staff who draw blood for lab work, clean your room and transport patients to and from tests and procedures. The unit is often quieter in the evening, night and on weekends.

Learning how to care for your laryngectomy

Soon after you arrive, we start discharge planning. Discharge planning prepares you to safely leave the hospital - it involves working with you and your family. Our goal is to get you home where you can continue to heal and recover.

Each patient, along with their main caregiver, receives self-care teaching from their nurse starting on the first day after surgery. This teaching continues each day until you leave the hospital. During this time, we teach you and your caregiver to do hands on care and suctioning. The goal is to have you both safely doing this care a few days after surgery.



Key point

Your team teaches you how to care for your stoma tube in the way they believe is best for you. Continue this care after you leave the hospital. Use this book as a guide in case you forget something. If you have questions or concerns, call and talk to your ENT surgeon's nurse.

Daily life with a laryngectomy

Humidification

When you breathe through a laryngectomy, air is not moistened and filtered by your nose and mouth. Breathing in dry air can thicken your mucus. This can lead to **mucus plugs** that block your airway and cause breathing problems. To help avoid this, you need to use a heat moisture exchange cassette, called an HME for short. This device provides moisture (humidity) to the air you breathe and is used if you have a LaryTube or tracheostomy (trach) tube.

Your care team can provide more detailed teaching about an HME in the hospital.

Key points you need to know are:



Key points

- Change the HME at least every 24 hours or more often if it gets clogged with mucus.
- Think of the HME like your nose – use an HME 24 hours a day, 7 days a week.
- Do not reuse the HME or rinse it with water or any other solution – doing so will rinse out the special salt that makes it work. Wiping mucus off of the HME with a dry tissue is ok.
- Do not use a room humidifier or trach collar with humidification if you have an HME – doing so will make it harder for you to breathe.

Mouth care

You must do mouth care at least 2 times a day even if you have a feeding tube. Your surgeon can tell you what type of mouth care to do after surgery, such as rinses or when you can start brushing your teeth.

Bathing

Don't let soap or water get into your stoma tube or stoma. Only take a shower with your back to the water or use a handheld shower head. **If water gets in your stoma during a shower, suction it as soon as you can.**

Some people choose to buy a shower guard or shield to protect their stoma during a shower. The speech language pathologist may be able to give you one – if not, you can buy one online or from a medical supply company.

Preventing infections

Always wash your hands with soap and water for 20 seconds **before** doing any self-care. Always use clean suction catheters and equipment. These simple steps can help prevent infections from germs. To protect others from germs, always cover your stoma when you cough or sneeze.



Clothing and bedding

Wear loose clothes around your neck and make sure they don't cover your stoma. Don't wear fuzzy clothes, necklaces or beads – they could enter your stoma and make it hard to breathe.

Communication

At first, most people with a laryngectomy cannot talk. Over time, most people learn how to talk after surgery with a device that helps with speech. If you cannot talk, you can use a dry erase board, your phone or a note pad to communicate with others. Some free apps for your phone or computer will speak what you type. One app is called Talk for Me. You can look for others by searching online or in the app store for “text to speech” programs. Plan to meet and work several times with a Speech Language Pathologist (speech therapist). Their goal is to help you communicate. To learn more, see page 5.



Eating and drinking

Talk to your surgeon about when and what you are allowed to eat and drink with a laryngectomy since it depends on the surgery you have.

Using the bathroom

Try not to get constipated so that you don't strain yourself when going to the bathroom. If you're concerned about this, ask your surgeon if you should take a stool softener or laxative.

Caring for your stoma tube and stoma

Your stoma tube and stoma need some special care and at first you may need a family member or friend to help you. Teaching from our hospital nurses includes how to suction and clean a stoma tube, change holders or ties and do stoma skin care. The Speech Language Pathologist also provides teaching about communication, home exercises and your stoma tube supplies.

In the hospital, we use a sterile technique to care for your laryngectomy. When our nurses teach you how to do care at home, it will be using a clean technique.

Supplies

Your hospital team orders supplies for you to care for your stoma tube and stoma at home. They connect you with a medical supply company and a home health nurse. Visits from a home health nurse are often a couple times a week, starting with the day you leave the hospital.

Before you leave the hospital, your care coordinator nurse orders your suction machine, suction catheters and kits and saline. If you have a LaryTube and HME, your Speech Therapists orders those items. Once home, you reorder more supplies by contacting the proper company, based on what you need.

Your home supplies may not look the same as the ones used in the hospital. This may be due to your insurance coverage or what the supply company stocks. Many insurance companies only pay for 1 suction catheter and 1 cleaning kit each day. This means that you may need to re-use some supplies, such as your suction catheters and cleaning kits. Check with your home medical supply company to see how many supplies you get each month.

Supplies you may need to buy

Your insurance may not pay for the supplies listed below – you may need to buy these at your local drugstore:

- Cotton swabs (Q-tips)
- Small gauze pads
- Small nylon bottle brush
- Blunt tipped scissors
- Bottles and/or vials of sterile saline
- Distilled water
- Latex-free disposable gloves – for anyone helping with your stoma care

If you re-use bowls, cups, trays and/or a bottle brush for your care, wash them after each use with warm water and soap and let air dry on a lint free towel.



If you re-use suction catheters, follow the steps on page 16 to clean and dry them.

How to suction your stoma tube at home

Why do I need to suction?

Suctioning uses a small tube, called a catheter, to remove mucus from the stoma tube that cannot be coughed up. Reasons you need to be suctioned include:

- Seeing mucus or secretions in the tube that you cannot cough out
- Having trouble breathing or noisy breathing
- Feeling short of breath
- Coughing often or throwing up
- Feeling restless

When do I need to suction?

Suction your stoma tube at least 2 times a day plus more often as needed. We suggest you suction when you get up in the morning, before you go to bed, and before you leave home. You should also suction your stoma tube if you have mucus that cannot be cleared when you cough. Over time, you may suction less often as you have less secretions.

What to expect

Coughing when you suction is normal. Take some deep breaths and wait for 1 to 2 minutes between suction attempts. When you suction, look at the mucus. It should be clear or white. Call your surgeon if your mucus changes in color or it smells bad - these may signs of infection.

Gather these items

- Mirror
- Suction machine, tubing and catheter
- Cup or tray filled with sterile saline – if you don't have sterile saline, use distilled water
- 2 or 3 saline vials in case you need them
- Clean gauze pads
- Lint-free towel and Ziploc bag - if you are re-using your suction catheter
- For caregivers: latex-free gloves

Suction steps

1. Put supplies on a clean surface in an area with good lighting and a mirror.
2. Wash hands for 20 seconds with soap and water. Dry hands with a clean towel.
Caregivers: put on gloves after washing hands. .
3. Open suction catheter package and put items on a clean surface. If re-using a suction catheter, make sure it is clean.
4. Attach suction catheter to suction tubing. Try to avoid touching the catheter tip.
5. Turn on suction machine – turn the dial to set the pressure between 80-120 mm Hg.
6. Sit up in front of a mirror so you can see your stoma tube.
7. Test suction by putting the catheter tip into the cup/tray filled with saline. Cover suction tube hole with your thumb. Saline should move through the catheter. Take your thumb off the hole to stop the suction.
8. If you have an HME, remove it.



If your stoma breathing tube is a trach, follow the suction steps in the “Caring for your Tracheostomy” book instead.

9. If you have very thick mucus that is hard to suction or cough out, use a saline vial to squirt 2 to 3 milliliters (ml) of saline into your stoma tube. Breathe in at the same time you squirt the saline. This makes you cough and helps thin mucus. If this is not an issue, skip and go to step 10.
10. Leave suction tube hole **uncovered** as you put the catheter in the stoma tube. If you cover the hole as you insert the catheter, it could hurt your windpipe and make you feel short of breath.
11. Insert catheter slowly until you feel resistance – this often happens at about 10 centimeters (4 inches).
12. Slowly remove catheter – at the same time, quickly take your thumb on and off the suction hole several times and twist the catheter from side to side to break up mucus. **Do not suction for more than 10 seconds** because it will make you short of breath.
13. Between each suction attempt, dip catheter in saline, cover suction hole with your thumb and allow some fluid to pass through the catheter to clear mucus.

14. Rest for 1 to 2 minutes after each suction pass. Repeat steps 10 through 12 until stoma tube is cleared of extra mucus.



If the stoma tube is not clear of mucus after 3 attempts and you're having trouble breathing, take out the stoma tube, use a saline vial to squirt 2 to 3 ml of saline into the stoma and suction again. If that does not help, call 911 right away.

Key point

15. When done, dip catheter in saline. Cover suction hole with thumb and allow fluid to pass through and rinse the catheter.

16. If your insurance only pays for 1 catheter a day, wipe mucus off the catheter with a gauze pad. If catheter is very dirty, you can soak it in warm distilled water before wiping it with a gauze pad.

17. Let catheter air dry on a lint free towel. Once dry, put catheter in a Ziploc bag so you can re-use it. In the morning, throw away used catheter and Ziploc bag and use new ones.

18. Repeat step 2 – wash hands. Caregivers: remove gloves and wash hands.

Tips to help manage thick or sticky mucus

- Make sure you are wearing your HME at all times.
 - Ask your surgeon or nurse about how you can safely increase your fluid intake to help thin mucus.
 - Put a small amount of saline into your stoma tube as listed in step 9
Never put tap water or distilled water into your stoma tube.
-

How to clean your stoma tube and skin around it

When do I need to clean the stoma tube?

Clean your stoma tube and the skin around it at least 2 times a day, before your morning and bedtime suctioning. If you have a lot of mucus, you may need to clean the tube more often.



If your stoma tube is a trach, follow the cleaning steps in the “Caring for your Tracheostomy” book instead.

Gather these items

- Mirror
- Cleaning kit – if your insurance only pays for 1 kit a day, open a new kit each morning
- Cleaning brush
- Q-tips and gauze pads - if not in your kit
- Small bowl or cup - if your kit does not have a divided tray
- Sterile saline – if you don’t have sterile saline, use distilled water
- 3% hydrogen peroxide
- Clean gauze pads
- Heat moisture exchange (HME) for a LaryTube - use a new one each morning
- For caregivers: latex-free gloves

Prepare

1. Prepare a clean surface in an area with good lighting and a mirror.
2. Wash hands for 20 seconds with soap and water. Dry hands with a clean towel.
Caregivers: put on gloves after washing hands.
3. Open kit and put all items on clean surface.
4. Make a **half strength peroxide solution** for cleaning by pouring equal amounts of saline and hydrogen peroxide into a tray or cup.

5. Pour only saline into a separate tray or cup – **this is for your saline rinse.**
6. Sit up in front of a mirror so you can see your stoma tube.

Clean skin and stoma tube

1. Remove Velcro ties and the stoma tube.
2. Put the stoma tube in the half strength peroxide solution.
Let it soak while you clean the skin around your stoma tube.
3. Dip a clean Q-tip in the saline rinse tray. Use the Q-tip remove dried mucus from the skin around your stoma tube. You may need to use a few moistened Q-tips.
4. Dip a clean gauze pad in the saline rinse tray. Use the pad to wipe clean the skin around your stoma. Dab skin dry with a clean gauze pad.



Do not use hydrogen peroxide to clean around your stoma because it can damage healthy skin and slow down skin healing.

Do not put Vaseline, creams or ointments on the skin around or inside your stoma.

5. Move the cleaning brush back and forth inside the tube to remove mucus.
6. Put the tube in the saline rinse tray.

Putting a LaryTube or Stoma Vent back in

1. Shake off extra liquid from inside the tube.
2. Insert and secure the new ties through the holes on each side of the tube.
3. Put the tube into your stoma. Secure the ties together behind your neck.
If you have a LaryTube, attach the HME to it.

If it is hard to put your tube back in: Put a thin coating of water soluble lubricant like K-Y Jelly on the tube. Never use an oil based lubricant like Vaseline because it will damage the tube and your lungs when breathed in.

When you are done

- Wash and dry hands again. Caregivers: remove gloves and wash hands.
- If your insurance only pays for 1 cleaning kit a day, use a new kit each morning. If you re-use bowls, cups, trays and/or a bottle brush for your care, wash them after each use with warm water and soap. Let the items air dry on a lint free towel.

How to change tube ties

Tube ties keep your breathing tube in place. They attach to each side of the tube with Velcro or clips and go behind your neck. Change your tube ties **2 times a week** and anytime they are loose, dirty, wet, or bothering your neck.



If your stoma tube is a trach, follow the steps for changing Velcro ties in the “Caring for Your Tracheostomy” book instead.

Gather these items

- Tube holder or ties
- Blunt tipped scissors
- Latex-free gloves for caregiver

Follow these steps

1. Put supplies on a clean surface in an area with good lighting.
2. Wash hands for 20 seconds with soap and water. Dry hands with a clean towel.
Caregivers: put on gloves after washing hands.
3. Remove old tube ties from LaryTube or Stoma vent.
4. Remove the LaryTube or Stoma vent.
5. Insert and secure the new ties through the holes on each side of the tube.
6. Put LaryTube or Stoma vent back in your stoma.
7. Secure the ties together behind your neck. If you have a LaryTube, attach the HME to it.
8. If the Velcro is too long, carefully cut off the extra length with blunt tipped scissors.
9. Repeat step 2 – wash hands. Caregivers: remove gloves and wash hands.

Safety tips

Always keep an emergency kit with you!

Your hospital team can give you an emergency kit before you leave – it should include:

1. Velcro ties
2. Saline vials for suctioning
3. Suction catheter
4. Portable suction machine – keep the machine plugged in so it stays charged
5. Charging cord for your suction machine

Suction your stoma tube **before** leaving home.



Take your emergency kit and suction machine wherever you go.

Key point

Avoid things that can cause breathing problems, such as:

- Lint, dust or dirt
- Air pollution – if there is an air quality alert, try to stay inside
- Pet hair – avoid grooming or brushing pets because their hair can clog your stoma tube
- Smoke, smoking, powders or aerosol sprays

What to do if your stoma tube falls out

To help prevent your stoma tube from falling out, make sure your stoma ties are snug but not too tight. You should only be able to slip 2 fingers under your stoma ties. If you can fit more than 2 fingers under your ties, they are too loose.

If your LaryTube or Stoma vent falls out, see page 18 for details about putting it back in. If you have a trach, see the “Caring for your Tracheostomy” book for details about your emergency kit and what to do if the trach falls out.

Signs of a blocked stoma tube

If your stoma tube is blocked with a mucus plug, you may not be able to tell people if you are having problems breathing. Share this information with family and friends so they know what to look for and how to help.

Signs of a blocked stoma tube

- **Facial expressions** – looking worried, scared, frantic or nervous
- **Gestures** – holding chest or wildly waving or swinging arms
- **Behavior changes** – restless, irritable or not being as active
- **Odd sounds caused by a blocked airway** – wheezing, grunting, gurgling, whistling
- **Color changes** – face or lips look pale, blue, ashen or gray
- **Breathing changes** such as:
 - sucking in chest or ribcage when breathing
 - breathing faster or slower than normal
 - not feeling air flow out of the stoma tube and onto your hand when breathing out
 - nostrils looking tight with each breath



If you have any problems listed above, follow these steps:

1. If you have an HME, remove it. If you do not have an HME, go to step 2.
2. Suction stoma tube 3 times. Use a saline vial to squirt 2 to 3 ml of saline into the tube to loosen mucus.
3. If problems do not stop, remove the stoma tube. Use a saline vial to squirt 2 to 3 ml of saline into stoma and then suction through stoma.
4. **If steps listed above do not help, call 911 right away.**
5. If breathing problems improve, clean stoma tube using steps on pages 17 and 18, and put it back in. If you use an HME, put it on your stoma tube.

When to call your surgeon or 911

Call your surgeon right away if you have signs of infection such as:

- more redness or swelling around your stoma
- fever of 100.4°F (38°C) or higher
- pain that is new or getting worse
- mucus that smells bad or changes color



Other reasons to call your surgeon

- new bleeding when you suction – make sure suction machine is not set above 120 mm Hg
- if stoma tube comes out and you have problems putting it back in
- if you have any other questions or concerns

Call 911 right away if you:

- have problems breathing
- cough up a lot of blood
- have chest pain
- cannot clear mucus from your stoma tube and are having problems breathing



If your stoma tube is a trach, see the “Caring for Your Tracheostomy” book for details about when to call your surgeon or 911.



Home going checklist

- If you didn't call your utility companies and local police and fire departments before surgery, have a family member or friend call them. See page 4 for details who to call and what to ask.

Stoma and tube care

- Suction mucus from stoma tube 2 times a day and as needed. Over time, you should have less mucus and not need to suction as often.
- Suction stoma tube before leaving home
- Clean stoma tube 2 times a day and as needed
- Clean skin around your stoma when you clean your stoma tube
- If you have an HME, use a new one each morning

Supplies and emergency kit

- Keep your emergency kit with you at all times – see page 20 for details
- Keep suction machine plugged in so it stays charged
- Empty suction machine canister into the toilet from time to time. Replace canister twice a month.
- Keep stoma tube care supplies in a clean place. If you re-use bowls, cups, trays and/or a bottle brush for your stoma tube care, wash them after each use with warm water and soap and let air dry on a lint free towel.

Laryngectomy discharge teaching checklist

Use this form to keep track of teaching from your hospital team. Have your nurse check off the topics they teach you, and initial and date the form when you correctly teach back key points.

Teaching topics	Teach-back complete Nurse initial and date
Days 1 - 2	
<input type="checkbox"/> Parts of a stoma tube	
<input type="checkbox"/> Type of stoma tube – LaryTube, trach or stoma vent	
Days 2 - 3	
<input type="checkbox"/> Suctioning stoma tube	
<input type="checkbox"/> Cleaning stoma tube	
<input type="checkbox"/> Cleaning skin around the stoma tube	
<input type="checkbox"/> Signs of a blocked stoma tube and how to use saline vials	
Days 4 - 5	
<input type="checkbox"/> Changing Velcro ties	
<input type="checkbox"/> What to do if the stoma tube comes out	
Days 6 - 7	
<input type="checkbox"/> When to call surgeon and when to call 911	
Before leaving the hospital	
<input type="checkbox"/> Follow-up plan with surgeon	
<input type="checkbox"/> How to reach surgeon	
<input type="checkbox"/> Items in emergency kit	
<input type="checkbox"/> Details about your stoma tube page filled out by nurse	
Other concerns:	

Comments: _____

Details about your stoma tube

Make sure a member of your hospital care team fills this out.

Keep this information with you.

LaryTube Stoma vent Trach

For trach only:

Shiley Proximal XLT Distal XLT Other: _____

Cuffed Cuff less

Size: _____