

Head & Neck Speech and Language Therapy

Information for GPs following total laryngectomy

This leaflet was developed with the UHCW Laryngectomy Group, to help inform GPs of the post-surgical changes patients have undergone and how they can provide support.

I have undergone a total laryngectomy

A total laryngectomy involves the removal of the voice box (larynx) and the creation of a stoma (hole) in the front of the neck, which is used for breathing. This is a permanent change, meaning that I will always breathe via the stoma, and not via my nose and mouth. This also means that I cannot speak in the usual way, and may have difficulties communicating. Other difficulties can include fluid collecting around my face/neck and problems moving my shoulders.

One of the most common ways of communicating post-surgery is through the insertion of a speech valve. This is a small device that is fitted into the wall between my food pipe and wind pipe. This one-way device allows air to pass into my food pipe and out of my mouth, creating a voice. This is changed by my speech therapist.

If I require resuscitation

- Call for help and dial for an ambulance.
- Remove anything covering my neck that may be blocking the stoma and preventing air entering my lungs. Only remove laryngectomy tubes if it appears to be blocked and you feel confident to do so.
- Ventilate me only by the stoma. **Do not** ventilate me via the nose/mouth.

A leaking or dislodged speech valve does not require A&E attendance, unless it is causing problems with breathing or the valve appears to have become



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lodged in my airway. My speech & language therapist will have explained the procedures for a leaking valve to me and can be contacted if there are any concerns.

What I need from my GP

Because I have lost the function of my nose and mouth I may need a regular prescription for products that cover my stoma, and help filter, warm and moisten the air I breathe. This is not like ordering regular medication, where I will only need 1 a day, but will require an on-going prescription that may vary in number.

Common Laryngectomy Products

- HMEs (Heat Moisture Exchangers): These work as my nose and mouth - warming, filtering and moistening the air before it reaches my lungs. These can last for 24 hours, but may become dirty and need to be changed earlier.
- Baseplates: These stick around my stoma to help keep the HME in place. Again, these can last 24 hours, however they often become unstuck and need replacing.
- Skin Protection (Barrier Wipes): Baseplates and excess mucus may make the skin around my stoma sore, so barrier wipes and adhesive remover help me keep this clean and protected.
- There are also a number of other products available, such as stoma covers.

Common Medications

- Anti-fungal (e.g. Nystatin): Oral thrush can be an on-going problem, particularly if I have a speaking valve.
- PPI (e.g. Omeprazole): Changes to my food pipe can mean more problems with acid reflux or regurgitation.

Acid reflux and thrush can also affect the life of my speaking valve, leading to unnecessarily frequent valve changes, so it is important these are well controlled.

Communicating after a total laryngectomy

A total laryngectomy involves removal of the voice box and the surrounding tissues. This means that I cannot produce voice in the usual way. Communication options post-surgery include:

- Speech valve (as mentioned previously)
- Electrolarynx: an electronic device held to the neck that creates vibrations for speech.
- Oesophageal speech: air gets swallowed into the oesophagus and released in a controlled manner to create voice.
- Writing, mouthing/lip reading, gestures etc.

These changes may mean that I find communication more challenging, particularly over the telephone. You can help me by:

- Allowing me to make appointments face-to-face if possible.
- Letting me know if you are finding it difficult to hear/understand me, and using yes/no questions or allowing me time to write.
- Leaving answerphone messages for me to respond to or using email/text message where available.

Other laryngectomies have found it helpful to give permission for a relative or spouse to help communicate medical concerns and act as an advocate during discussions with the receptionist, nurse or GP.

If there is a way that this can be documented in my file, or if there is a form for me and my appointed advocate to sign, please let me know so we can ensure each appointment runs smoothly.

It may be useful for an appointment to be arranged after my operation to discuss any issues and to clarify my communication methods and who may speak on my behalf. It would also be useful to make the following information clear in my records:

- The date of my surgery
- The methods I use to communicate
- Whether or not I can be contacted by telephone, or can make appointments via telephone
- Relative/s that can be contacted on my behalf or who can discuss my medical concerns, and their relationship to me

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- The name and contact details for my Speech and Language Therapist
- Anything else that may be helpful for my GP to know about me

These details will help my appointments run more smoothly for both myself and my GP.

The Trust has access to interpreting and translation services. If you need this information in another language or format please contact **024 7696 6449** and we will do our best to meet your needs.

The Trust operates a smoke free policy.

To give feedback on this leaflet please email feedback@uhcw.nhs.uk

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