Laryngectomy Patient Pathway

This booklet helps you understand and prepare for your surgery.
*PLEASE BRING THIS BOOK TO ALL APPOINTMENTS AND YOUR HOSPITAL STAY*
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Introduction

This guide is for you and your family about the admission and the care you receive during your hospitalization for a laryngectomy.

Any of these days may be repeated as people recover differently. Your own activities and discharge might be slightly different than the guide.

The pathway goal is to provide care in a timely and efficient way so that the patient can be discharged 5-6 days after the surgical procedure.

How is Laryngectomy Surgery Performed?

- A total Laryngectomy is performed when the tumor is very advanced and extends beyond the vocal cords.
- The larynx (voice box) is removed along with the hyoid bone, epiglottis, cricoid cartilage and 2 or 3 rings of the trachea.
- The trachea (windpipe) is brought up through the front of your neck as a stoma (or hole). You will breathe through a tracheostomy (trach) breathing tube in your neck that goes into your windpipe.
- After a day or two you will have your tracheostomy tube removed and you will have a laryngectomy tube inserted to keep your stoma open for you to breathe through.
- Removing your larynx results in a permanent loss of voice and change your airway.
- The connection between the throat and the esophagus (swallowing tube) is usually not affected. You should have normal swallowing.
- Before your surgery you may have a Percutaneous Endoscopic Gastrostomy or (PEG) tube inserted through the skin and stomach wall as a way to provide you with nutrition as you recover from your surgery. This procedure this done in Endoscopy Unit in the hospital.
- A Speech Language Pathologist (SLP) will see you and provide you with information about your surgery and recovery.
Planning for Your Surgery

It is important for you to be in the best possible condition for your surgery. This will help you recover faster and decrease the chances of any problems. The goal is for you to get back to your regular activities as soon as possible. To do this, you need to play an active part in getting ready for your surgery.

Quit Smoking
You are not allowed to smoke in our facilities. People who stop smoking/don’t smoke prior to surgery have fewer complications after surgery. Smokers have more breathing problems after surgery because of the irritation from the smoke in their lungs. Cigarette smoke contains carbon monoxide which reduces the amount of oxygen in your blood and nicotine which increases your heart rate and blood pressure. This may be a good time to consider quitting smoking. By quitting smoking, your recovery in hospital may also be shorter.

If you need help to quit, speak to your family doctor and visit Partnership to Assist with Cessation of Tobacco (PACT) [www.makeapact.ca](http://www.makeapact.ca) or call the Smokers Helpline [1-877-513-5333](tel:1-877-513-5333).

The benefits of quitting smoking begin the day you quit!

Get Active
Exercise and do your regular activities. Exercise can help decrease pain, increase strength and keep your heart healthy before and after surgery.

You are strongly encouraged to perform 20-30 minutes of moderate intensity activity (biking, walking) 3-4 times per week leading up to your surgery. Research shows that patients who do moderate exercise prior to surgery have fewer complications and better outcomes.

Healthy Eating
Good nutrition before and after surgery can mean a faster recovery for you:

- Eat three meals a day or five small meals a day. **Do not** skip meals.
- Balance your meals with foods from each of the food groups: grain products, vegetables and fruit, milk products, meat, and alternatives. Refer to Canada’s Food Guide for suggested portion sizes for your age.
- Eat protein rich foods at each meal such as lean meat, fish, poultry, beans, eggs, tofu, cheese, nuts, cottage cheese and yogurt. Protein is important for your body to heal.
- Drink at least six to eight glasses (one glass = 250ml or 8 oz.) of fluid per day, preferably water
Planning for Your Surgery

Important Information for Your Surgeon

Keep your surgeon informed about your medical health. Health problems such as allergies, diabetes, breathing problems and obesity can affect your surgery and treatment outcome.

Plan early to help reduce worry and anxiety by having arrangements ready for your discharge from the hospital.

- The day of your surgery is called **Day 0**. Your expected length of stay in the hospital is about **5-6 days**. Tell your nurse if you have concerns about going home.

Things to Arrange in Advance:

- Someone to pick you up from the hospital and take you home when you are discharged.
- Someone to help you after your surgery. This could be for a brief time or longer, depending on the surgery.
- You may need help with laundry, cleaning, cooking, yard work, etc.
- Someone to assist you in your usual care of others such as children, parents, or pets.
- Humidifier – The air you breathe through your stoma requires humidity so that your secretions remain moist and do not become dry and make breathing difficult.

**Sharing information** with your health care provider about your needs and concerns helps us meet your needs and work together to make decisions for your care.

**Ask your surgeon** when you are able to:
- drive
- return to work
- return to usual activities, such as cleaning, exercise, or laundry
- take your own medications
- travel long distances, including air travel.
Medications

Some medications increase the risk of bleeding during surgery. Your health care provider tells you which ones to stop before surgery.

**Some that may be stopped before surgery are:**

- **Blood thinners:**
  - warfarin (Coumadin®, Taro-Warfarin®)
  - dabigatran (Pradax®), rivaroxaban (Xarelto®), or apixaban (Eliquis®)

- **Anti-platelet medications:**
  - clopidogrel (Plavix®, ticagrelor (Brilinta®), or prasugrel (Effient®)
  - Acetylsalicylic acid (ASA) or Aspirin®, or medications containing this product. Examples include:
    - Entrophen®
    - A.C. and C. (various manufacturers)
    - Alka-Seltzer®
    - Asaphen® products
    - Norgesic®
    - Aspirin® products
    - Novasen® products
    - Robaxisal® products

- **Non-steroidal anti-inflammatories (NSAIDs):**
  - ibuprofen (Motri®, Advil®)
  - Naproxen (Aleve®)
  - Diclofenac (Voltaren®)

*This is not a complete list!*

Some herbals, vitamins and over-the-counter medications increase your risk of bleeding and may need to be stopped before surgery. Ask your health care provider when and if you should stop these medications.
The Day Before Your Surgery

- Eat and drink normally until midnight the day before your surgery.

- **DO NOT** eat any solid food or drink fluids after midnight the day before your surgery.

The Morning of Surgery:

- **DO NOT** use mints, gum, candy, throat lozenges and/or chewing tobacco the morning of surgery.

- You may brush your teeth and/or use mouthwash as long as you do not swallow.

- If you are instructed to take medications on the morning of your surgery, only a sip of water is allowed.

Bathing or Shower Instructions:
Have a bath or shower and shampoo your hair with unscented products the night before or morning of surgery.

**DO NOT** shave, wax or clip any hair around the surgical site for 7 days before surgery

**DO NOT** use scented personal care products (e.g. deodorant, after shave lotion, colognes or shampoos).

Remove makeup, jewelry and body piercings before coming to the hospital.

**Failure to follow these instructions can result in cancelling your surgery.**
What if Your Health Changes Before Surgery?

If you do not feel well or if there is a change in your health, let your surgeon’s office know at least 24 hours before your surgery.

Some important changes could be:
- a new cough or a cough that is getting worse
- fever or chills (temperature higher than 38 °C or 100.4° F.)
- diarrhea
- shortness of breath (worse than your usual)
- severe headache (worse than your usual)
- muscle aches
- extreme fatigue or feeling very tired
- vomiting (throwing up).

If You Must Cancel Your Surgery:
Monday to Friday from 7:30 a.m. to 4:00 p.m.
Call your surgeon’s office or the Surgical Waitlist Inquiry 1-866-622-0222

For immediate cancellation of the next day’s surgery (after 4:00 p.m. to 7:30 a.m.) or anytime on weekends:
Call Bedline (306) 766-6075

Note: On the day of surgery, unexpected things may happen that make it necessary to cancel your surgery (e.g. an emergency case, all hospital beds are full). Be prepared to have a ride home in case this happens. The Operating Room schedulers make every effort to rebook your surgery as soon as possible.

Antibiotic Resistant Organisms (AROs)
During your PAC interview, we ask if you have or carry any possible infections that could affect or complicate your hospital stay.

AROs may cause problems for patients who are in the hospital.

If you are positive, you will require special precautions during your hospital stay.
Four organisms of concern are:

**Methicillin Resistant Staphylococcus Aureus (MRSA)** - bacteria that may be found on the skin and in the nose of healthy people.

**Vancomycin Resistant Enterococcus (VRE)** - bacteria that may be found in the bowel.

**Extended Spectrum Beta Lactamase (ESBL)** - enzymes produced by some bacteria or germs that can make them resistant to certain antibiotics. These bacteria or germs can be found in many parts of your body but are normally in your bowel.

**Carbapenemase-Producing Organism (CPO)** - a family of germs found in the bowel that are difficult to treat because they have high levels of resistance to antibiotics.

## What to Bring to the Hospital

- this booklet and a pen
- your Saskatchewan Health Services card
- your current prescription medications in their original container or bubble pack and a list of any herbals, vitamins, and over the counter medications
- personal care items as: toothbrush and toothpaste, comb or brush, razor, deodorant*, soap*, shampoo* and cream rinse* (if desired)
- slippers (non-slip walking shoes with a low heel)
- tissue*
- any special equipment or aids you may use at home such as CPAP machines, crutches, walkers, wheel chairs or braces (label them with your name and address).
- hearing aids, dentures, and glasses with cases if you have
- a small amount of cash if you wish (cafeteria or gift shop)
- something to read or puzzle book
- a hospital gown and housecoat are provided. You may bring your own, but you are responsible for the care of these items

*Do not bring scented personal care products. Scented products can aggravate health problems for some people who have asthma, allergies and other medical conditions.

The Saskatchewan Health Authority does not assume responsibility for damaged or lost items.
Advance Care Planning (Living Will)

It is routine on admission to a SHA facility to be asked if you have an Advance Care Plan or Proxy. If you have completed an advance care plan (living will), please bring a copy with you.

There are three steps in Advance Care Planning:

1. **Think** about your values and wishes regarding health care preferences.

2. **Talk** to your health care providers, understand and learn about your health. Get the information you need to make informed choices about health care treatments and interventions. **Talk** to those close to you and choose someone (Proxy) who can honour your wishes.

3. **Act** by:
   - completing an Advance Care Plan
   - appointing a Proxy. A Proxy can assist in making health care decisions for you if you can no longer speak for yourself. To be valid, the appointment of a proxy needs to be in writing, signed, and dated (no lawyer needed). It is important that you discuss your health care directions with your proxy.
   - sharing your advance care plan with your proxy, loved ones and health care providers

“My Voice - Planning in Advance for Health Care Choices” is a workbook that has been developed to assist you in making informed decisions about your health care. To obtain a copy of the “My Voice” workbook or to access additional resources on Advance Care Planning and appointing a proxy contact:

Advance Care Planning Program
Phone: 1-306-766-5922
Email: advancecare@rqhealth.ca

You are encouraged to bring in your advance care plan. It is your legal direction for the health care team and your proxy (substitute decision makers) to follow in situations where you are unable to make health care decisions for yourself.

YOU HAVE A RIGHT TO BE INVOLVED IN YOUR HEALTH CARE
In the Hospital Day of Surgery

Go directly to the Day of Admission Surgery/Day Surgery Unit on the second floor as instructed at your pre-operative visit.

In the DAS unit

- You will change into a hospital gown.

- You place your belongings into a plastic bag which is labeled with your name and taken to your room later in the day.

- Your height and weight are measured.

- Your blood pressure, temperature, heart rate and oxygen levels are checked.

- Your nurse may clip your hair in the surgical area, if required.

- Your nurse confirms your medical history and medications.

- Your nurse starts an intravenous (IV) in your arm.

- Your surgeon may mark the area of your surgery.

- You may get a warm blanket before surgery to keep you warm.

- You empty your bladder before you go in for your surgery.

- You have an opportunity to ask questions about your surgery and post-operative care.

Once all of the preparations are complete and the Operating Room (OR) is ready, a porter or nurse takes you to the OR. Family and friends are not allowed in the OR.

- Your family is informed of the location of the Intensive Care Unit (ICU) and waiting room.
After Your Surgery

- You wake up in the Intensive Care Unit (ICU).
- Your expected length of stay in ICU is usually 1-2 days and then 5-6 days on the nursing unit.
- Medications for pain and nausea are given.
- Blood is taken for testing.
- You have a tracheostomy. Your registered respiratory therapist (RRT) helps manage this tube and assists you with your breathing.
- Some patients need to be on a breathing machine for several hours after surgery.
- When you are fully awake and breathing well on your own, the tracheostomy tube is removed and replaced with a laryngectomy tube (Larytube™).
- After the breathing machine is no longer needed, your nurse assists you to sit on the side of your bed. You may be up in a chair at the bedside for a short period of time.
- Tube feeds may start as early as 4 hours after your surgery.
- You have a drainage tube along the side of the incision.
- You have a urinary catheter draining your bladder.
- To help the blood flow, calf pressure pumps will be applied to your lower legs. These are removed once you are up and walking around.
- You are able to write to communicate when your strength returns.
- Your physiotherapist (PT) helps you with movement and deep breathing. Your SLP sees you in ICU and throughout your hospital stay.
- Your SLP brings supplies for you: Larytube™ brushes to clean your Larytube™, Heat Moisture Exchanger (HME), shower guard, and voice box prosthesis brush.
- You may be transferred to the nursing unit as early as 12 hours after your surgery, but most often on the next day.
- Family members may visit after surgery. Visitors are asked to call the ICU from the waiting room before each visit.
Pain Control

- Pain is expected after surgery. The aim is to keep the pain bearable.

- Let your nurse know if your pain level is too high to do your daily activities.
After Surgery Exercises

Your health care team will remind you to do these after surgery exercises to prevent complications and speed up your recovery following your surgery.
Try to do these exercises every half hour when you are awake.

How to breathe deeply:
• Inhale as deeply as you can.
• Hold the breath for 2 seconds.
• Exhale completely.
• Repeat three times.

How to cough:
• Inhale deeply.
• Cough. The cough should come from your abdomen, not from your throat.
• Hold a pillow on your abdomen for support.

How to exercise your feet and legs:
• Push your toes toward the end of the bed, as if you are pressing down on a gas pedal.
• Pull your toes toward the head of your bed, then relax.
• Circle each ankle to the right, then to the left.
• Repeat 3 times.

Remember: Your recovery will go more smoothly if you do breathing and circulation exercises and get out of bed and walk with assistance as early as possible.
After Surgery Day 1

- Your vital signs (pulse, temperature, blood pressure, and respirations) are taken every 4 hours.
- Blood may be drawn for testing.
- Your bladder catheter is removed.
- You can expect a lot of mucous production from the stoma that may require suctioning.
- Your tracheostomy tube is removed today, if not already removed in ICU, and a Larytube™ inserted.
- Your SLP will see you.
- A heat and moisture exchanger (HME) is placed into the Larytube™.
- Avoid placing pressure on the beige top lid of the HME, as this results in closure of the airway.
- Wipe and/or replace HME if mucus accumulates or restricts breathing. Do not rinse the HME.
- Always replace HME after 24 hours.
- When you feel a cough coming remove the HME and allow the mucus to come out.
- After a cough inspect the HME for mucus accumulation and clean as necessary.
- Do your deep breathing and coughing exercises every 2 to 4 hours while you are awake.
- Pain medications are continued along with antibiotics and other medications, as needed.
- Your activity gradually increases from sitting in a chair to walking to the bathroom and in the hall.
- Your dietitian sees you before or during you hospital stay to help you meet your nutritional needs and explain tube feeding.
- You and your family begin to learn how to use your feeding tube for feeding, and how to care for your incision, stoma, and feeding tube.
After Surgery Day 2

- Your vital signs are taken less frequently. You are moving about the unit more often.
- Continue to do your deep breathing and coughing exercises throughout the day.
- You are given pain medication as needed.
- You do your own bathing, personnel care and mouth care.
- You or your family are doing more of your tube feeding.
- Your RT reviews with you how to use the suctioning equipment if needed.
- Your SLP will see you.
- Your respiratory therapist may teach you how to use your suction and humidity equipment.
- If ordered by your physician, Saskatchewan Aids to Independent Living (SAIL) forms may be completed to arrange for you to have suction and humidity equipment at home.

After Surgery Day 3

- The drain placed along your incision is removed when there is a small amount of drainage.
- The intravenous is removed when you are tolerating your feeding tube. All medications are then given through the feeding tube.
- Your SLP will see you.
- You demonstrate how to use the suction equipment if needed.
- You are managing to do your own tube feeding.
- You are encouraged to do your own incision care, stoma care, laryngectomy tube care and feeding tube care with supervision and support from your health care team.
- You learn to use the electro-larynx with mouth adapter with the help of your SLP.
- Your dietitian discusses how to obtain your tube feeding formula.
- Homecare arrangements may be made by the SWADD coordinator/social worker.
After Surgery Day 4-6

Discharge Day

- You are able to care for yourself.
- You are given a medication prescription and the medications are reviewed with you by your nurse.
- A discharge care plan with a follow up appointment with your surgeon and your SLP are given to you.
- Make sure you have comfortable clothes at your bedside and a designated driver for going home.

For patients living outside of Regina - You will be required to attend a number of appointments in the two weeks following your discharge. You will meet with a speech language therapist in Regina up to four times per week for two weeks. You will also have two appointments with your surgeon at the end of week one and week two. While it is not a requirement to remain in the city following discharge, you may wish to consider temporary living arrangements. The System Wide Admission and Discharge (SWADD) coordinator/social worker may be of assistance for discharge planning concerns.