

Head & neck cancer

Having a laryngectomy

Patient information



After consent:

Once you have consented for your surgery you will usually have your operation within one month.

In between that time you will have a pre-assessment

1. To check on your general health, and
2. A pre-assessment with the speech therapist, dietitian, specialist nurse and physio to help prepare you for your surgery and recovery afterwards.

At the time of surgery:

- After your operation you will return to ward 35 and a nurse will care for you on a one to one basis for 48 hours.
- You will have a tracheostomy tube to maintain your airway, and will be attached to some equipment that helps to give you warm, moist oxygen.
- The nurses will give you fluids and medications through a drip.
- You will also have a catheter inserted into your bladder in theatre to measure your urine which is usually removed approximately 48 hours later.
- You will have some drains that collect fluid from around your wound usually for three to five days and then they are removed.

Recovery:

- In days two to seven after surgery the nurses will work with you to help get you moving independently and caring for your stoma.
- Gradually the catheter, drains, drips and oxygen will all be removed.

Eating and drinking:

- You will not be able to eat and drink and you will be fed through a tube for approximately 7-10 days.
- Then you will have a swallowing assessment to make sure everything has healed up to allow eating and drinking to start.
- When allowed to eat and drink the nurses will start by giving you fluids, followed by soft diet and build up towards normal diet.

Discharge:

- Arrangements will be made for you to be discharged home once you are well and confident in caring for your stoma.
- The ward nurses will arrange for you to visit home for a short period of time to ensure you are confident in managing at home before you are fully discharged.
- The district nurse will be arranged to support you at home.

Long term effects of having a laryngectomy:

- Having a stoma means that you now breathe from your neck
 - There are stickers and wrist bands we can provide you with to inform other people of this in case of emergency.
 - The ward nurses will demonstrate how to ensure you keep your stoma clean and moist.
 - You will not be able to swim.
 - When showering you will need to use aids to protect your stoma.
- Having a stoma means that you cannot smell
 - It is important to have a smoke alarm.
 - Being unable to smell can also cause some taste changes.
- Lifting weights and straining can be difficult.



Contact
telephone numbers:
01642 835702 or
01642 835963

Communication:

- You will not be able to talk after a laryngectomy and the speech and language therapist will talk to you about long term speaking options.
- After your surgery people often use a white board or pen and paper to communicate.
- Staff are also very good at lip reading.
- But it may take family and friends some time to get used to this.

Follow up:

- After your discharge from ward 35 you will come back to ENT outpatients for your follow up two to three weeks later.
- If you need any further treatment this will be explained to you.
- You will have regular appointments for many years.
- The head and neck specialist nurses or ward 35 staff can be contacted for over the phone advice.

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