

# Caring for my Laryngectomy

## Introduction

The aim of this booklet is to provide you or those caring for you with the necessary information to feel confident in caring for your laryngectomy. There is a lot of information which we have tried to simplify by grouping into sections.

## Laryngectomy equipment checklist:

You will have been given a large range of equipment which should be recognisable to you prior to discharge. If you are not confident in what they are and how they work please ask.

- Suction machine



- Suction tubing and bags



- Nebuliser machine
- Nebuliser mask and tubing



- Sodium chloride 0.9% (normal saline) nebulisers



Reference No.

GHPI1819\_11\_23

Department

Head &amp; Neck

Review due

November 2026

**Patient  
Information**

- Suction catheters



- Spare laryngectomy tube



- Spare smaller size laryngectomy tube
- Neck ties



- Buchanan® bib



- Heat Moisture Exchange (HME) device



- Cavilon™ stick for stoma care



## Patient Information

- Gauze



- Foam laryngectomy dressings



- Cleaning swabs



## Caring for the stoma

It is important to keep the skin around your stoma (the hole in your neck) healthy.

You will need to wash the stoma daily using a piece of gauze which has been dampened with tap water. Take care not to get water into the actual stoma as this may cause you to cough.

After washing, use a Cavilon™ stick to wipe the skin surrounding the stoma. Cavilon™ provides a barrier between the skin and the secretions coming out of the stoma, preventing the skin becoming sore.

Next, place a dressing around the stoma and underneath the laryngectomy ties to soak up any secretions. This dressing must be changed daily or more often if wet.

## Changing the neck ties

The neck ties hold the laryngectomy tube in place and will stop it falling out if you cough or move. The ties do not need to be tight - you should be able to put 2 fingers underneath. Any excess length can be cut off before securing the ties.

## Patient Information

The neck ties must be changed when wet or at least twice a week.

If you notice any skin damage around the stoma such as dryness, redness, pain or stickiness, this can be a sign of infection, so please contact a healthcare professional for further advice.

### Air filtration

A laryngectomy allows air directly into the laryngectomy tube instead of through your nose and mouth. This means the air does not get warmed or cleaned in the usual way. To compensate for this, a heat-moisture exchange device (HME) is worn on the end of the laryngectomy tube to filter the air breathed in.

The HME also prevents your airway from becoming dry. This is important because it reduces coughing and keeps any secretions thin. Thin secretions move along the tubes easily and are easier to clear or cough out. Regular nebuliser use with normal saline (sterile salty water) also helps thin the secretions and makes it easier to cough out the secretions from the tube.

The HME must be replaced daily to make sure the filter is clean and should only be worn during the day. At night the HME device needs to be removed and a Buchanan<sup>®</sup> bib worn to help keep secretions from getting thick and prevent the airway from becoming dry.

### Secretion management

When you feel secretions in your airway, try to cough to remove them and use a nebuliser with normal saline. If you cannot cough up these secretions then you may need to use suction.

While on the ward you will be shown how to perform deep suctioning to clear secretions.

- The suction catheter should be inserted into your tube to the point it makes you cough.
- You must then pull the suction catheter back up by about 1cm.
- Apply suction and remove the suction catheter slowly (should not take longer than 10 seconds).

## Patient Information

- Suction catheters can only be used once and must be discarded after use.

Secretions should appear clear or slightly yellow in colour. If they are green or dark yellow – this may be a sign of infection and you will need seek advice from your GP.

If the secretions are red (a red fleck or streak) contact your GP for advice.

If there is active fresh bleeding, contact 999 immediately.

### Cleaning the laryngectomy tube

To clean, place the tube under running tap water and use the cleaning swabs you have been given to clean inside the laryngectomy tube. The cleaning swabs are single use and will need to be thrown away after use. A new swab must be used for the next clean.

After cleaning you must dry the laryngectomy tube with gauze to prevent bacteria from growing in the tube. Do not leave the tube to soak in water for any length of time.

Your laryngectomy tube must be cleaned a minimum of every 4 hours or more regularly if you are experiencing frequent or thick secretions.

### Living with a laryngectomy

It is important to carry with you a spare tube, cleaning swabs, neck ties and the emergency card provided in your Atos bag and suction equipment.

**Showering** – you will need to wear a shower bib to protect the laryngectomy from water entering and going into your lungs. Shower bibs are available via the Atos.

**Swimming** – please speak to the Speech and Language Therapist for advice about this.

**Patient  
Information**

## What to do in an emergency

- If the laryngectomy tube becomes blocked by secretions (known as a mucous plug) try coughing up these secretions first. Next remove and clean the tube. Then reinsert the tube and try suctioning as previously mentioned if you are unable to clear the secretions.
- Try regular normal saline nebulisers to loosen the secretions that are blocking the tube.
- Feeling unable to breathe and having a lot of secretions can be very frightening. Try to remain calm and continue to repeat the nebulisers, coughing and suctioning as required. If you are unsure always seek help either via NHS 111 or call for an ambulance by phoning 999.
- If you experience any swelling around the stoma or head and neck, go to your nearest Emergency Department to be examined.
- Take your emergency laryngectomy equipment with you whenever seeking help in an emergency.

## Contacting the Emergency Services via SMS messaging

You should contact 999 if:

- You have difficulty breathing.
- You feel that you have less airflow out of the laryngectomy tube.
- You notice bleeding from the laryngectomy site.
- The laryngectomy tube becomes blocked and you cannot remove the secretions.
- If you cannot reinsert the laryngectomy tube – try to insert the smaller sized laryngectomy tube in your emergency equipment.

It is important before discharge from hospital to set up a text message 999 service, in order to alert emergency services if needed when at home.

## Patient Information

### Setting up text messaging with 999

It is necessary to register with the 999 service to be sure to get the appropriate help. You can set up a text message as follows:

1. Send the word 'register' in an SMS message to 999.
2. You will then receive SMS messages about the service.
3. When you have read these SMS messages, reply by sending 'yes' in an SMS message to 999.
4. You will receive an SMS message telling you that your mobile phone is registered or if there is a problem with your registration.

### To check registration:

You can check your mobile phone registration by sending the word 'register' in an SMS message to 999.

You will receive an SMS message telling you if your mobile phone number is registered or if there is a problem with your registration.

To use this service in an emergency, send a text to 999 stating which service you need (ambulance, police or fire brigade). Add a brief description of your problem and location (house number, postcode etc).

You will receive a text to confirm the delivery of the message. If you do not receive this message then send another text to 999.

### Follow up

Before you are discharged from hospital, you will be given a follow-up appointment. This appointment will be in the Head and Neck outpatient clinic.

If you have not received an appointment, please contact the Head and Neck Outpatients Department on 0300 422 8419.

The Speech and Language Team will also arrange a follow-up appointment when you are discharged from hospital.

**Patient  
Information****Contact information****Atos Order Supplies**

Website: <https://www.atos-care.co.uk/how-to-order/>

Tel: 0800 783 1659

Text: 0780 014 0059

By post: Send to Freepost Atos Medical

Please reorder via Atos the following equipment when required:  
Stoma dressings, neck ties, Buchanan® bib, Heat Moisture Exchange (HME) device, cleaning swabs, shower bibs, gauze and Cavilon™ sticks.

Please order from your GP: nebulisers (sodium chloride), suction liners and tubing, suction catheters.

**Head and Neck Speech and Language Therapist**

Tel: 0300 422 8105

Monday to Friday,  
8:00am to 4:00pm

**Head and Neck Support Worker**

0300 422 8695

Monday to Friday 8:00am to 4:00pm

**Head and Neck Clinical Nurse Specialists**

0300 422 6785

Monday to Friday 8:00am to 4:00pm

Email: [ghn-tr.headandneckhna@nhs.net](mailto:ghn-tr.headandneckhna@nhs.net)

**Available support****The National Association of Laryngectomy Clubs**

Website: <https://www.laryngectomy.org.uk/>

National Association of Laryngectomy Clubs

c/o The Ludo Press Ltd

Unit 18

Wimbledon Stadium Business Centre

Riverside Rd

London SW17 0BA

Tel: 0207 730 8585

Email: [info@laryngectomy.org.uk](mailto:info@laryngectomy.org.uk)



## Patient Information

### Cancer laryngectomy Trust

PO Box 618  
Halifax  
West Yorkshire  
HX3 8WX

Email: [info@cancerlt.org](mailto:info@cancerlt.org)

Website: [www.cancerlt.org](http://www.cancerlt.org)

Charity registration 326653

Content reviewed: November 2023

## Making a choice

### Shared Decision Making

If you are asked to make a choice, you may have lots of questions that you want to ask. You may also want to talk over your options with your family or friends. It can help to write a list of the questions you want answered and take it to your appointment.



### Ask 3 Questions

To begin with, try to make sure you get the answers to three key questions if you are asked to make a choice about your healthcare.

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?

These resources have been adapted with kind permission from the MAGIC Programme, supported by the Health Foundation

\* Ask 3 Questions is based on Shepherd HL, et al. Three questions that patients can ask to improve the quality of information physicians give about treatment options: A cross-over trial. Patient Education and Counselling, 2011;84: 379-85



<https://aqua.nhs.uk/resources/shared-decision-making-case-studies/>