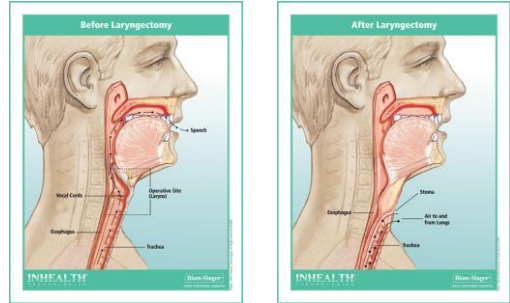


# LARYNGECTOMY

## Laryngectomy

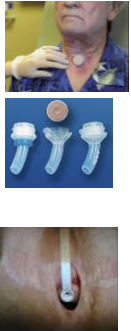


### Tracheostomy vs laryngectomy

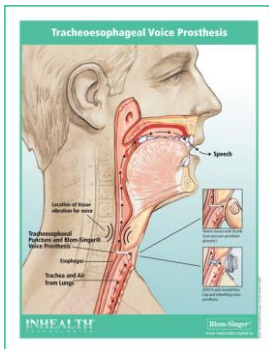
	Tracheostomy	Laryngectomy
	Temporary stoma maintained with tracheostomy tube	Permanent stoma
	Normal anatomy is intact	Trachea permanently separated from the oesophagus
	Hard tube, usually double lumen	Soft tube, single lumen.
	Speaking valve can be used when cuff is down	Speaking valve or caps must <b>NEVER</b> be used. <b>There is no upper airway &amp; patient will suffocate</b>

### Considerations on the ward:

- Emergency trache box
- **LARYNGECTOMY** bed sign (Resuscitation via stoma only as no upper airway)
- Communication method (pen/paper)
- Humidification (Bib / HME cassette)
- Lary tube
- Does the patient have a Tracheoesophageal puncture (TEP)???
- **\*\*\*Always refer to SLT\*\*\***



### Tracheoesophageal Puncture (TEP)



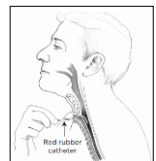
- Surgically formed puncture between trachea and oesophagus, to allow surgical voice restoration.
- TEP **must be kept patent at all times.**
- **Never remove the voice prosthesis.**



### What if the TO Tube or Voice Prosthesis comes out?



- The TEP must be plugged/stented **immediately**:
  - Insert a Ryles tube or Foley catheter the same size as the tube / voice prosthesis that has come out.
  - This is usually 12/14/16 Fr and taped above the bed.



**If you cannot insert a tube/catheter:  
- seek immediate assistance from SLT / ENT.**

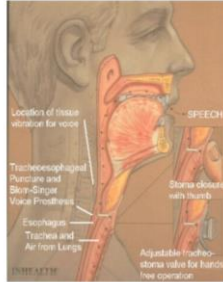
**Laryngectomy**

\_\_\_\_\_ has had a laryngectomy. |

The tracheoesophageal puncture (TEP) must be kept patent.

In the event that the TO tube or voice prosthesis is dislodged from the puncture:

- Seek **immediate** advice from Speech and Language Therapy, 01-4162471 / bleep: #480 / #481 (9am-4pm).
- Outside these hours, seek **immediate** advice from nursing staff on St. John's Ward, ext. 2181/ 2182 or the ENT team on call



Speech & Language Therapy Department, St. James's Hospital



St. James's Hospital  
SCQR  
Speech and Language Therapy

**Management of Tracheoesophageal Puncture in the Laryngectomy Patient**  
(Guideline Number: (submitted on registration))

Owner: Head and Neck Oncology Speech and Language Therapy team - Deirdre Leavy (Senior SLT)	Approved by:
Reviewed by:	Effective from: September 2020
<ul style="list-style-type: none"> <li>Consultant ENT &amp; Head and Neck Surgeon: Mr Paul Lennon</li> <li>SLT Manager: Gina O'Donohue</li> <li>Clinical Specialist SLT in Head and Neck Oncology: Noreen O'Regan</li> <li>Clinical Nurse Manager II, St. John's Ward: Lynsey Best &amp; Inmae Cogan</li> </ul>	Review due: Document History:

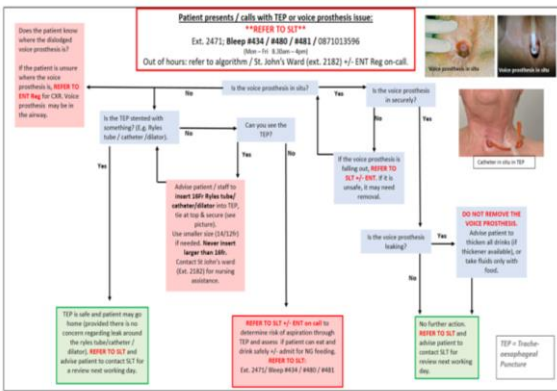
This guideline replaces all existing guidelines from September 2020 onwards and is due for review in September 2022. It will be reviewed during this time as necessary to reflect any changes in best practice, law, and organisational, professional or academic change.

**Distributed to:**

- SLT department
- ENT surgical and nursing team
- St. John's Ward nursing staff
- Inpatient Ward managers

**1.0 Introduction**

St. James's Hospital (SH) is responsible for the provision of safe, effective, person-centred care that meets all relevant legislative and regulatory requirements and is in-keeping with best available evidence. In meeting and maintaining this standard the hospital recognises the importance of facilitating safe and effective care of patients following total laryngectomy with tracheoesophageal puncture (TEP) in St. James's Hospital.



**Spot the difference!**



Know your patient and ensure clear handovers!

Check the medical and operation notes!

Any questions...?