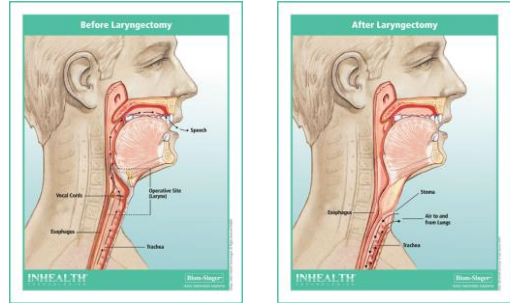


LARYNGECTOMY

Laryngectomy

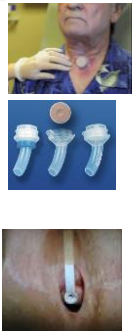


Tracheostomy vs laryngectomy

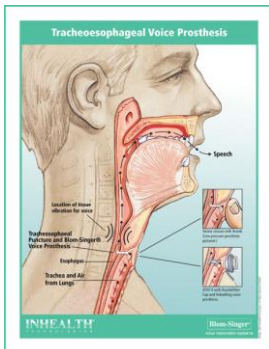
	Tracheostomy	Laryngectomy
	Temporary stoma maintained with tracheostomy tube	Permanent stoma
	Normal anatomy is intact	Trachea permanently separated from the oesophagus
	Hard tube, usually double lumen	Soft tube, single lumen.
	Speaking valve can be used when cuff is down	Speaking valve or caps must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

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.**



TO Tube / Catheter in TEP



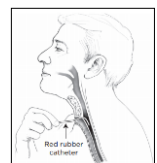
Voice prosthesis



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.**

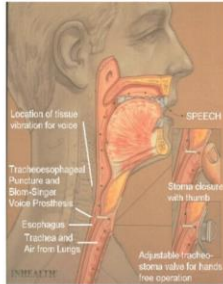
Laryngectomy

_____ 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

Watch this space!

New hospital guideline on TEP management, including algorithm for TO tube / voice prosthesis management coming soon!

Spot the difference!



Know your patient and ensure clear handovers!



Check the medical and operation notes!

Any questions...?