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**Care of a Laryngectomy Policy**

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# Introduction

A laryngectomy is the surgical removal of the larynx and the creation of a new airway through a stoma in the neck into the trachea. It is permanent and irreversible and leaves the patient unable to speak without assistance.

# Policy Statement

[Company Name] are committed to providing timely and appropriate laryngectomy care within the patient’s home in line with the standards for best practice. This policy provides a guide for all staff undertaking procedures associated with laryngectomy care.

# Scope

This policy and the procedures apply to all staff providing direct patient and laryngectomy care.

The Registered Manager is responsible for supporting staff in their compliance with the principles of this policy.

# Procedures

Basic and everyday laryngectomy care aims to maintain the airway by ensuring the stoma remains patent. For all procedures relating to laryngectomy care healthcare professionals at [Company Name] must:

* involve the patient and/or their carer in their care as far as possible and as much as they wish to be involved, as appropriate
* fully inform the patient of any proposed procedures, what is involved and obtain fully informed consent, where possible, otherwise referring to guidance from the Mental Capacity Act 2005
* maintain a clean environment and regularly undertake handwashing to prevent infection
* wear an appropriate level of personal protective equipment for the procedure being undertaken
* not undertake any procedure for which they have not been deemed competent or for which they do not feel confident to undertake
* clearly document all patient interaction and procedures in the patient’s record.

For patients with a laryngectomy stoma and a tracheostomy tube in place, follow the procedures outlined in the Care of a Tracheostomy Policy.

# Stoma Care

The laryngectomy stoma must be kept clean and free from crusts with at least once daily cleaning, occurring more often if required due to excessive secretions. Patients using stoma aids, such as a stoma button, laryngectomy tube or speaking valve, should have these cleaned at the same time:

* after removing the stoma aid, if present, clean the stoma edges and surrounding skin with gauze and warm water or sodium chloride 0.9%
* use tweezer-type forceps to remove any dried respiratory secretions
* apply a barrier cream, if appropriate, to protect the skin from secretions
* clean the dirty stoma aid under hot running water, using a brush device if needed
* replace with a new or clean stoma aid, if used.

Always store spare stoma items in a clean, dry place. If assisting with showering or bathing, ensure that no water directly enters the stoma by adjusting the shower head to be lower than the stoma and not overfilling the bath. Alternatively, apply a shower shield if available.

# Humidification

As a laryngectomy bypasses the nose and upper airways, artificial humidification is vital to maintaining stoma patency. Attending healthcare professionals must:

* ensure that an appropriate heat moisture exchange (HME) humidification device covers the stoma (e.g., Buchannon bib)
* administer regular sodium chloride nebulisers 0.9%, if required, via a tracheostomy mask
* assess whether excessive secretions and crusting are an issue and consider whether steam treatment or a room humidifier could be beneficial.

# Suctioning

Suctioning should not be used routinely. Instead, encourage the patient to cough and clear their secretions via the stoma, after removing the stoma cover or HME device, using a tissue or handkerchief to cover the stoma and to catch the mucus. If needed, a Yankauer suction catheter can be used to remove secretions on coughing from the stoma. Deep suctioning should only ever be used if the patient is having difficulty due to an ineffective cough or mucus plug and requires further stimulation. Treat cases of mucus plugs as an emergency, for those not removed by suctioning, saline solution can be squirted into the stoma to loosen the plug. If the plug cannot be removed after several attempts, follow resuscitation protocols and contact the emergency services.

Monitor the type of secretions, as thick, odorous and sticky secretions could indicate infection. If there are concerns, contact the appropriate healthcare team for further assessment/intervention.

# Holistic Assistance

Following a laryngectomy, patients will no longer be able to communicate without assistance and will have input from speech and language therapy services. Assistance and encouragement to communicate should be performed in line with the speech therapy plan.

Patients will be nil by mouth for approximately 10 days after surgery, longer if indicated, to allow for the tissue to heal. Once the patient is allowed to eat and drink, diet and fluids should be gradually introduced and encouraged as per the speech and language therapy plan. Any swallowing concerns should be highlighted and referred to the speech and language team for further assessment.

# Alterations to Practice for COVID-19

Where the patient has suspected or confirmed coronavirus, but hospital admission is not indicated:

* the patient should be cared for (where possible) in only one room in the property
* limit the time spent with the patient as much as possible and as is safe to do
* minimise the number of different healthcare professionals attending the patient
* limit visits to the property to only those that are essential
* where possible, other household members should be in another room when healthcare professionals are in the property.

Some procedures relating to laryngectomy care are considered to be aerosol generating procedures (AGPs), as such, if a patient is suspected or confirmed to have coronavirus, appropriate PPE, including surgical masks, FFP3 masks, gloves, aprons and eye protection, should be used.

# Monitoring

Compliance with this policy and its procedures will be monitored through audit, as well as patient and staff feedback/complaints/incidents.

# Related Policies

* Care of Tracheostomy Policy
* Incident Management Policy
* Infection Prevention and Control Policy
* Health and Safety Policy

# Legislation and Guidance

**Relevant Legislation**

* Mental Capacity Act 2005
* Health and Social Care Act 2012

**Guidance**

* Everitt E (2016), Tracheostomy 4: supporting patients following a laryngectomy. Nursing Times; 112: online issue 1, 6-8.
* The National Association of Laryngectomee Clubs: Handbook for laryngectomy patients, 2014
* British Thoracic Society: Guidance for community management of patients receiving Long-Term Ventilation (LTV) during COVID-19
* [RCSLT-COVID-19-Laryngectomy-guidance-041120.pdf](https://www.rcslt.org/wp-content/uploads/2020/11/RCSLT-COVID-19-Laryngectomy-guidance-041120.pdf)

# Summary of Review

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