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# Discharge Instructions for Laryngectomy

You had a procedure called a laryngectomy. This is surgery to take out all or part of your voice box (larynx). The larynx is in the throat. It connects the upper part of the airway (mouth and throat) with the lower part of the airway (trachea). Here's what you need to know about home care after surgery.

## Incision and stoma care

- Check your incision site daily for 1 week after discharge. Change the dressing per the directions you were given.
- Bathe in shallow water. If any water enters your stoma, it will make you cough.
- Use a waterproof bib to cover your stoma when you shower.
- Don't swim.
- Learn to care for your stoma as directed by your health care provider. This includes cleaning and suctioning.
- Wear a stoma cover to keep moisture from being lost when you breathe.
- Use a cool-mist humidifier by your bedside. Be sure to clean the humidifier regularly.

## Activity

- Don't do any heavy lifting or strenuous activities for 6 weeks, or for as long as your health care provider says.
- Plan frequent rest periods, so you don't have shortness of breath.
- Don't drive until you are off your pain medicine and free of pain. This may take up to 4 weeks.
- Do deep breathing and controlled coughing exercises. Ask your provider for directions.

## If you smoke, quit

- Enroll in a stop-smoking program to raise your chances of success.
- Ask your health care provider about medicines or other methods to help you quit.
- Ask family members to quit smoking as well.
- Don't allow smoking, including e-cigarettes, in your home or around you.

## Other home care

- Wear a medical alert pendant or bracelet to alert others to your condition. It should say "Neck Breather—Resuscitate Through Stoma."

- Use pain medicine as needed.
- Don't go back to an oral diet until your health care provider says it's OK. When you do start an oral diet, pay careful attention to your neck and wound. If you have any saliva or drainage from the wound, or if you have increased neck pain or redness of the neck or wound, stop the oral diet right away and call your provider. These may be signs of a possible fistula or breakdown in the wound healing process. This can happen as long as 3 or 4 weeks after the operation.
- Plan a diet that helps you prevent choking. You may get tube feedings and progress to soft foods and liquids as your swallowing reflex returns.
- Keep an electronic device, or a pad of paper and a pen close at hand to communicate with others.
- Ask your provider about your choices for learning to speak again.
- Keep in mind that your sense of smell will be severely affected by the operation. This is because you will be breathing through your neck. Because of this, you may be at high risk for things like food poisoning. Consider labeling all the foods in your refrigerator with expiration dates, since you may not be able to smell spoilage. Also double-check your smoke alarms. Make sure they are working since you may not be able to smell smoke in the event of a fire. Some methods may help improve your sense of smell. Talk to your health care provider about your choices. Talk to your provider if you find your interest in eating has gone down a lot because of your lack of sense of smell.

## Follow-up care

- Make a follow-up appointment as directed.
- Plan to see a speech pathologist.
- Ask about reconstructive surgery, if needed.
- Talk with your health care provider if you feel depressed or anxious. This is a difficult surgery, and many people have serious emotional issues after it. Ask your provider for a referral to a counselor who has experience in this area. Also ask for a list of support groups for both patients and family members.

## When to call your health care provider

Contact your health care provider right away if you have:

- Trouble breathing ( **call 911**).
- A fever of 100.4°F (38°C) or higher, or as directed by your provider.
- Signs of infection around the stoma or incision. These include redness, drainage, warmth, or pain.
- Shortness of breath without exertion.
- Trouble swallowing.
- Nausea or vomiting.

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- Thoughts of self-harm.