

For additional ideas refer to the brochure on Humidification and Radiation Therapy.

Other notes:

Your speech pathologist is:

Phone: _____

Email: _____

Hours: _____

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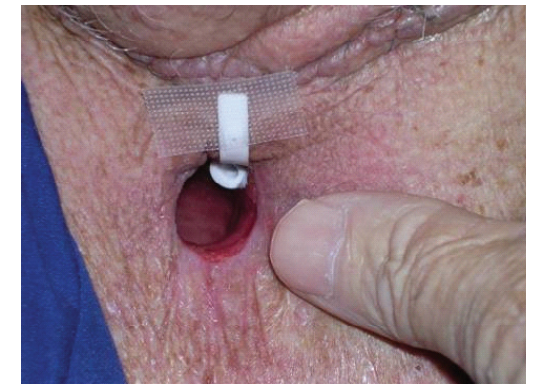
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Speech Pathology and Radiation Oncology

Laryngectomy Stoma Management



health · care · people

What is a stoma?

A stoma is the opening in your neck that allows you to breathe if you have had a laryngectomy. Air passes through this opening and flows directly to the lungs to allow you to breathe. If you have had a laryngectomy (your voice box removed) your radiation therapy will generally be targeted in the neck and stoma area. Therefore, it is important to care for this area during your treatment.

What is the speech pathologist's role?

Your speech pathologist is an expert in managing communication, voice and swallowing difficulties. He or she has a good understanding of how to manage people who have had a laryngectomy.



What changes to my stoma can I expect during radiation therapy?

Radiation may cause your stoma to shrink. This can be dangerous as your stoma is your airway and the only route through which you breathe.

Radiation can cause the skin in and around your stoma to become red and sensitive and may cause the skin to break down or blister.

The secretions in your mouth, throat and wind pipe may also change during radiation. They may become more frequent, thicker and harder to cough up. Your windpipe may also become drier. As a person with a laryngectomy, it is important to use humidification at all times.

How do I manage these changes during radiation therapy?

Stoma Shrinkage

Monitor your stoma size. You can do this by keeping an eye on how your laryngectomy tube fits. If your laryngectomy tube becomes difficult to get in and out, your speech pathologist, nurse and/ or doctor may recommend that you start wearing it all day. He or she may change the size of the laryngectomy tube you wear.

If you have voice prosthesis (VP) your speech pathologist may change your laryngectomy tube so that you can talk when you have your VP in place. It is important that you follow the recommendations made to ensure your stoma and airway are maintained

Skin reactions

Your nurse will discuss the appropriate creams and gels to apply to your stoma and neck during treatment. Some common creams and gels used include aqueous cream and intrasite gel. It is important to watch that your laryngectomy tube and/or strap are not irritating your skin. You may need to place a dressing underneath to stop the irritation, ask your nurse for further advice.



Humidification

Humidification refers to breathing in moist, warm air via your stoma. After a laryngectomy the air you breathe goes directly in through your stoma and is no longer warmed and moistened by the nose. You should already be using some form of humidification. Humidification is very important during radiation therapy and can be achieved in many ways. It can be used as frequently as required.

Humidification options include:

1. Using a stoma cover.
 - Using pink foam and attaching it to your stoma cover or to the skin of your neck using double sided tape.
 - Moistening your pink foam lightly with water will provide additional humidification
2. Commercially available humidification devices can be attached to compatible laryngectomy tubes. Discuss this further with your speech pathologist and/or nurse.
3. Using a commercial humidification system will help to thin your secretions to assist you coughing them up and also help to keep your windpipe clear. Ask your radiation therapy department if they have a humidification system available for patient use. Some chemists hire out humidification systems. Ask your speech pathologist or nurse for details of these systems.
4. Alternatively you can humidify at home by placing a towel over your head and leaning over a sink or bowl of steaming hot water. Breathe the steam from the hot water. Be careful not to burn yourself.

