University Hospitals of Leicester NHS
NHS Trust

Laryngectomy Management by Specialist Head and Neck Speech and Language Therapist (SLT) UHL Guideline

Approved By:	Clinical Support and Imaging Clinical Management Group Quality and Safety Committee
Date of Original Approval:	**12th September 2018**
Trust Reference:	**C41/2018**
Version:	V3
Supersedes:	V2
Trust Lead:	Kathryn Sutton Adult Speech and Language Therapy Clinical Service Manager (Acute)
Board Director Lead:	Chief Nurse, Julie Hogg
Date of Latest Approval	**January 2024**
Next Review Date:	**January 2027**

CONTENTS

REVIEW DATES AND DETAILS OF CHANGES MADE DURING THE REVIEW

April 2020 – V2

5.3 Stoma management:

Bullet point 1: SLT will provide nursing staff with the 'Laryngectomy Inpatient pathway' algorithm (Appendix 1). Information for new laryngectomy patients leaflet (Appendix 3). Within these leaflets are links to laryngectomy self help videos on the UHL website

Removed from bullet point 3 under communication: This includes a communication loan form, manufacturers instruction leaflet and information leaflet.

SLT will liaise with the ward…

- Bullet point 2: Nebuliser equipment will be ordered by the ward staff.
- Bullet point 3: SLT also offers patients Quality of life questionnaires (Appendix 4) so that recovery and adaptation to laryngectomy can be monitored and supported.

Key areas to review:

Added: Review quality of life questionnaires and if further support from other services is indicated. Other

Added: Hosting a Laryngectomy support group bi-monthly

Section 7: monitoring compliance

Addition to table

Monitoring incidents/complaints	Specialist SLT's	Datix, PILS	Monthly	

Section 9: Supporting references

Additions

Govender R, Lee MT, Drinnan M, Davies T, Twinn C & Hilari K. (2015) Psychometric evaluation of the Swallowing Outcome after Laryngectomy (SOAL) patient- reported outcome measure. Head & Neck.

Hogikyan ND, Sethuraman G. Validation of an instrument to measure voice-related quality of life (V-RQOL). J Voice 1999;13:557-69.

Appendix:

Addition of inpatient pathway, information for new Laryngectomy patients leaflet and Laryngectomy Quality of life Questionnaires

Removal of Communication aid loan form and how to get the best from your electrolarynx

Sept 2023 Version 3

5.3 d change from clinical nurse specialist to medical team

6.0 addition of RCSLT Laryngectomy Position Paper (2023) and RCSLT Laryngectomy Competency Framework (2023)

Appendix: Format change and updated versions of ‘how to look after your stoma’ and ‘ information for new laryngectomy patients’ leaflets

KEY WORDS

Laryngectomy

Altered airway

Stoma

Speaking valve

1 INTRODUCTION AND OVERVIEW

1.1 This document sets out the University Hospitals of Leicester (UHL) NHS Trusts Policy and Procedures for the management of total laryngectomy adult patients by Head and Neck Specialist Speech and Language Therapists (SLTs)

1.2 In conjunction with the Management of Laryngectomy patients with Surgical Valve restoration (SVR) Trust ref. C2/2018, this policy serves to educate and raise awareness of multi-disciplinary team staff on the value of the Specialist SLT role within the pathway of total laryngectomy patients from diagnosis, through surgery and then outpatient care.

2 POLICY SCOPE –WHO THE POLICY APPLIES TO AND ANY SPECIFIC EXCLUSIONS

2.1 This policy applies to all Specialist Head and Neck SLTs who are employed by, or working on behalf of Leicestershire Partnership Trust (LPT) and working in UHL as a contracted professional service.

2.2 All specialist Head and Neck SLT staff who work within this procedure must demonstrate competence to do so. Details of training and competence required are given in section 6.

2.3 This policy relates to any adult patient who presents for or following total laryngectomy surgery. Adult patients are patients over the age of 18.

2.4 Medical staff are outside the scope of this policy and should follow their own professional guidance in managing this client group. The Consultant and their team will manage patients' needs medically when seen as inpatients or outpatients and identify if SLT input is required.

2.5 Nursing staff are outside the scope of this policy and should follow their own professional guidance in managing this client group.

3 DEFINITIONS AND ABBREVIATIONS

Ear, Nose and Throat department (ENT)

Health Care Professions Council (HCPC)

Laryngectomy- A laryngectomy is the complete surgical removal of the larynx (voice box) which disconnects the upper airway (nose and mouth) from the lungs. The trachea is transected (cut) and then the open end is stitched onto the front of the neck. This is an irreversible operation and once it has been performed, the patient will never be able to voice, breathe or be oxygenated or ventilated through the upper airway again.

Some surgeries will involve reconstruction procedures to the pharynx and for the purposes of this SLT policy, these patients are included.

Royal College of Speech and Language Therapists (RCSLT)

Trach-Oesophageal Puncture (TEP)

Water-Soluble Contrast Study (WSC)

4 ROLES – WHO DOES WHAT

4.1 **The Executive Lead** for this policy is the Chief Nurse.

4.2 **Head of Service for Adult Speech and Language Therapy** is responsible and accountable for ensuring only registered and competent Specialist Head and Neck SLTs apply this policy.

4.3 **SLT Lead in UHL** is responsible for ensuring that the service is suitably structured and that staff have access to appropriate training and supervision.

4.4 **Specialist Head and Neck SLTs** are responsible and accountable for adherence to professional standards as set out by the HCPC/ RCSLT. They will facilitate the patient's knowledge, understanding and self-management of anatomical changes to breathing, communication and swallowing. This will begin with pre-treatment counselling and continue as long as the patient requires it. Complex issues may require instrumental assessment to ensure timely and accurate management. SLT will be the key troubleshooters for any issues related to communication, stoma and swallowing management and provide training to other medical staff on patient management related to communication, swallowing and pulmonary rehabilitation.

Please see the Management of Laryngectomy Patients with Surgical Voice restoration (SVR) Policy for Specific Management of Speaking Valves (Trust ref C2/2018), located on INsite.

5. POLICY IMPLEMENTATION AND ASSOCIATED DOCUMENTS

5.1 Indications:

Any patient who has a total laryngectomy for the following reasons:

- Cancer of the larynx
- To manage chronic aspiration of gastro-intestinal contents
- For airway protection in the case of life threatening chronic aspiration and airway compromise due to non functioning larynx

5.2 Complications of a laryngectomy:

SLTs will be aware of the complications associated with total laryngectomy:

Immediate:

- Risk of blockage of the trachea with secretion or blood
- Loss of normal warming, filtering and humidification through upper airway
- Fistula
- Wound breakdown
- Infection
- Haemorrhage

Delayed:

- Risk of blockage of the trachea with secretions
- Infection – pulmonary or stoma
- Tracheal instability

- Ulceration of trachea
- Fistula development
- Tapes/holder too tight
- Stomal stenosis

Long term

- Strictures
- Dysphagia
- Stomal stenosis
- Altered quality of life

5.3 SLT Patient Pathway

a) Pre-treatment

All patients identified as requiring a total laryngectomy due to cancer will be discussed at the multidisciplinary team meeting where the extent of surgery is identified. SLT will attend the MDT meeting and establish with the team the likely communication options available to the patient and possible complications to swallow recovery.

Once a diagnosis and treatment plan has been given to the patient by the managing consultant the patient will be seen by the Specialist Head and Neck SLT team for assessment, pre-treatment counselling and advice about post-operative care and long term management. SLT will adhere with the 62 day target to treatment as per MDT time frames. This will include:

- Altered anatomy including inability to voice using vocal folds post treatment, change in breathing, reduced smell and taste, swallow changes
- Types of communication options: Electro larynx, oesophageal speech and Surgical voice restoration (if applicable)
- Swallow management: patients will be Nil by Mouth initially whilst healing, with alternative feeding and will need to await a water soluble contrast (WSC) study before eating and drinking may commence.

b) Post-operative care following total laryngectomy

The SLT team will be aware of a patient's surgery date via the surgical pathway coordinator and review within 2 working days after their operation. If the patient is not known to SLT before their surgery, a review will be made within 2 working days of referral. This would include patients who live out of area and transfer specifically for surgery in UHL or a patient who declines pretreatment assessment.

Stoma management:

- SLT will monitor patients until their tracheostomy tube has been removed (usually within 48hours) and then liaise with and offer support to nursing staff on stoma management and protection to allow for maximum pulmonary rehabilitation and minimise risk to the patient's airway post-surgery. SLT will provide nursing staff with the 'Laryngectomy Inpatient pathway' algorithm (Appendix 1)
- SLT will encourage the patient to self-care for their stoma and maintain adequate stoma protection. SLT will give the patient the SLT Stoma care leaflet (Appendix 2) and Information for new laryngectomy patients leaflet (Appendix 3). Within these leaflets are links to laryngectomy self-help videos on the UHL website.

- SLT will arrange an equipment bag (provided by a prescription Delivery Company) containing mirror, light and other relevant equipment to be provided in the first week following surgery.

Communication

- Due to new altered anatomy patients will not be able to voice post-surgery. Initially patients must be encouraged to write down their needs and mouth if able. SLT and ward staff will instigate this.
- Communication charts must be provided for those patients who have literacy difficulties. The ward has a stock supplied by SLT.
- The SLT will review the patient for communication needs. If appropriate the patient will be offered an electro larynx to aid verbal communication. The SLT will train the patient to use this device and give all relevant information and equipment to maintain it appropriately.
- Patients who have had a primary puncture for surgical voice restoration (SVR) will be reviewed by SLT when oral intake has been commenced by the managing ENT team and they are planning to remove the feeding tube in the trache-oesophaeal Puncture (TEP). A red catheter will be inserted by the nursing staff or medical team to continue to secure the puncture, maintain patency and prevent aspiration. An initial speaking valve insertion will be offered on discharge by SLT as per the management of laryngectomy patient with Surgical Voice Restoration (SVR) policy Trust ref. C2/2018.

Swallow management

- Post laryngectomy, patients are Nil by Mouth (NBM) and enterally fed until a water soluble contrast confirms no surgical leaks. If patients have a TEP then a feeding tube will be passed through the TEP, via the stoma, at time of surgery by the ENT surgical team. If a TEP has not been made at the time of surgery, the patient will have a nasogastric tube or surgical feeding tube inserted for enteral feeding.
- The ENT Consultant team will indicate when the patient is appropriate for a WSC to assess surgical healing - usually around day 10 post operatively. WSC is arranged with radiology in the x-ray department by the nursing staff or ENT team. The Consultant will review the WSC and advise the ward team whether the patient can start oral intake
- The Level of oral intake consistency will be advised by the consultant team
- SLT will monitor how the patient manages with increasing diet texture via patient review and offer swallow management as appropriate.

SLT will liaise with the ward team and patient to ensure the following:

- Registration with a prescription delivery company, and patients and carers informed of how to access further laryngectomy equipment when needed.
- Correct equipment given: patients will receive an equipment bag containing necessary equipment for the patients' needs. Nebuliser equipment will be ordered by the ward staff.
- The patient (and carers if appropriate) is/are educated and confident in all aspects of stoma care including airway checking and cleaning of laryngectomy tubes, TEP site (if applicable) and use of a nebuliser unit. Written information in the form of

leaflets are given by SLT (Appendix 2& 3). SLT also offer patients Quality of life questionnaires (Appendix 4) so that recovery and adaptation to laryngectomy can be monitored and supported.

- Communication with external agencies – District Nurse, General Practitioner, Social Worker and other professionals who will be involved in the patients care in the community.
- Arrangement of SLT follow up and SLT contact details given.

c) Outpatient care

SLT will arrange to review a patient within 2 weeks of discharge from hospital in the SLT ENT clinic.

Key areas to review in this initial appointment are:

- Healing of the stoma
- Surgical recovery- check all stitches removed/ drain sites healing. SLT will liaise with the Clinical Nurse specialists if issues are noted.
- Discuss communication needs and advise as indicated
- Assess patient understanding of and ability to perform practical stoma care
- Discuss any issues reported by the patient
- Review breathing status
- SLT will assess if ongoing use of a laryngectomy tube is required and advise how to wean off this as indicated
- Patient adjustment to laryngectomy, understanding altered anatomy and self-management
- Discuss and review or trial stoma protection as able
- Ensure patient has ENT Consultant follow up
- Liaise with Consultant team if any issues need immediate medical management.
- Discuss and monitor eating and drinking ability as well as weight management (agreed with dietetics) and offer review by the Dietetic Service as indicated
- Review quality of life questionnaires and if further support from other service is indicated.

SLT will offer patients ongoing review for swallow, stoma and communication management as required:

- Stability, size and shape of stoma and the effect this has on breathing
- Assess any ongoing use of laryngectomy tubes and how best to wean patients off them
- Discussion and demonstration of different types of stoma protection
- Advice on pulmonary rehabilitation to protect chest
- Management of sensitive skin around the stoma
- Cleaning of the stoma and avoiding trauma which can cause airway blockages
- Nebulizing regime
- Management of secretions
- Deteriorating breathing
- Ongoing review of swallow function
- Swallow therapy as indicated
- Identifying deteriorating swallow and offering instrumental assessment to inform management
- Impact on swallow function on communication

- Ongoing review of communication options including alternative equipment choices and patients acceptance of this
- Electro larynx practice
- Management of surgical voice restoration (SVR), as per policy Trust ref. C2/2018
- Training patients in oesophageal voice as applicable.

Other:

- Supporting patients pre-surgery in meeting total laryngectomy patients for information and guidance prior to their operation
- Supporting patients post surgery in terms of their psychological wellbeing
- Hosting a Laryngectomy support group bi-monthly

d) Management of Total Laryngectomy patients admitted to UHL with other medical issues

Laryngectomy patients who have been admitted to UHL and referred to SLT via ICE, will be considered by the Head and Neck Cancer Specialist SLT team. SLT will liaise with the medical team and offer advice to the managing ward in relation to communication, swallowing or stoma issues. SLT will directly review laryngectomy patients if appropriate to support their inpatient stay.

6 EDUCATION AND TRAINING REQUIREMENTS

The Royal College of Speech and Language Therapists (RCSLT) state that SLTs require extended training to work in this specialist field (RCSLT 2009). It is therefore recommended that SLTs working in Head & Neck Cancer are at Band 6 or above, with relevant post-graduate training and/or experience in areas such as post laryngectomy anatomy and physiology for respiration, alaryngeal phonation, and swallowing during and following surgical and non-surgical treatment for cancer (RCSLT 2010).

The Health and Care Professions Council (HCPC) requires Allied Health Professionals to engage in and be able to evidence their continuing professional development. SLTs working in the area of Head and Neck Cancer must maintain their professional competence by engaging in clinical supervision and further post-graduate training and development opportunities.

See also SVR policy (Trust ref. C2/2018) for specific training related to speaking valve management.

7 PROCESS FOR MONITORING COMPLIANCE

Element to be monitored	Lead	Tool	Frequency	Reporting arrangements
SLT competencies to manage laryngectomy patients	UHL SLT lead	Appraisal	Once per year	Meeting minutes Evidence in personal file
Monitoring incidents/complaints	Specialist SLT's	Datix, PILS	Monthly	

8 EQUALITY IMPACT ASSESSMENT

8.1 The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.

8.2 As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

9 SUPPORTING REFERENCES, EVIDENCE BASE AND RELATED POLICIES

Cancer Rehabilitation Measures (Moss, 2008)

Policy for the Management of Laryngectomy patients with surgical voice restoration (SVR) by Specialist Head and Neck Speech and Language Therapists (Trust Ref C2/2018)

RCSLT Resource Manual for Commissioning and Planning services for SLCN – Head and Neck Cancer (2009)

RCSLT Laryngectomy Position Paper (2023)

RCSLT Laryngectomy Competency Framework (2023)

Policy for consent to examination or treatment (Trust Ref A16/2002)

Health and Care Professions Council

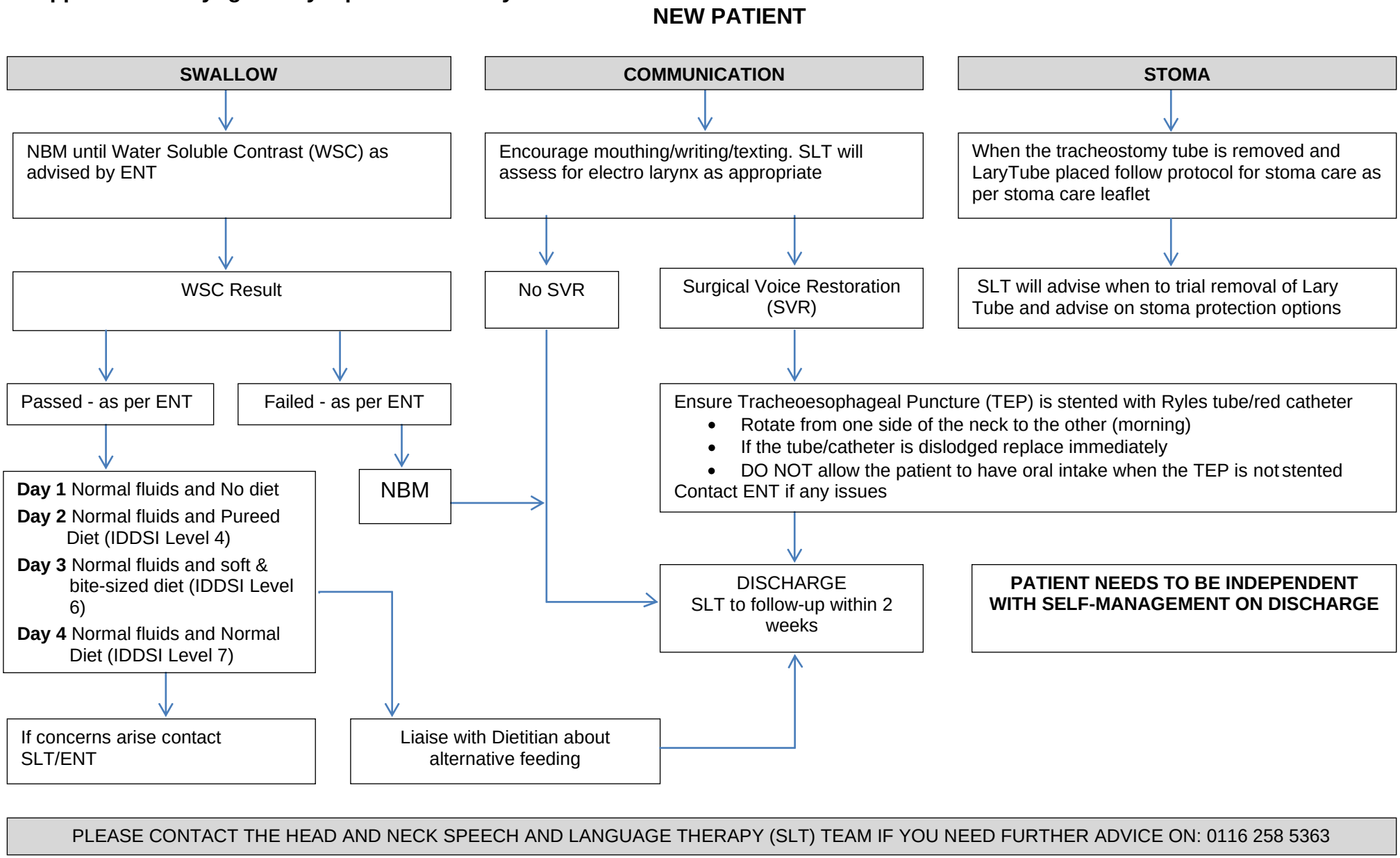
Govender R, Lee MT, Drinnan M, Davies T, Twinn C & Hilari K. (2015) Psychometric evaluation of the Swallowing Outcome after Laryngectomy (SOAL) patient- reported outcome measure. Head & Neck.

Hogikyan ND, Sethuraman G. Validation of an instrument to measure voice-related quality of life (V-RQOL). J Voice 1999;13:557-69.

10 PROCESS FOR VERSION CONTROL, DOCUMENT ARCHIVING AND REVIEW

The Policy will be uploaded and available through INsite Documents and the Trust's externally-accessible Freedom of Information publication scheme. It will be archived through the Trusts PAGL system

Appendix 1: Laryngectomy Inpatient Pathway 2020



Appendix 2- Double click to open the leaflet 548 How to look after your stoma (head and neck)

http://yourhealth.leicestershospitals.nhs.uk/library/musculoskeletal-specialist-surgery-mss/maxillofacial/772-how-to-look-after-your-stoma-head-and-neck-copy/file%0c

Appendix 3- Double click to open the leaflet 609 Information for new laryngectomy patients

http://yourhealth.leicestershospitals.nhs.uk/library/musculoskeletal-specialist-surgery-mss/ear-nose-throat-ent/770-information-for-new-laryngectomy-patients/file

If the above hyperlinks do not work go to http://yourhealth.leicestershospitals.nhs.uk/ and search for the relevant leaflet.

Appendix 4 – Laryngectomy Quality of life Questionnaires

SWALLOWING OUTCOME AFTER LARYNGECTOMY (SOAL) PATIENT QUESTIONNAIRE

For each of the questions below, please indicate (✓) the response which best suits what you have felt or experienced today or over the last few days…

Question	No	A little	A lot	If you answered a little or a lot, does this bother you? Please indicate Y/N
1. In your opinion, do you have a swallowing problem now?				
2. Do you have a problem swallowing thin liquids (tea, water, juice)? *Unrelated to voice prosthesis leaking.*				
3. Do you have a problem swallowing thick liquids (soup, milkshake, supplement drinks)?				
4. Do you have a problem swallowing soft/mashed foods (macaroni cheese, shepherds pie)?				
5. Do you have a problem swallowing dry solid food (bread, biscuits)?				
6. Do liquids stick in your throat when you swallow?				
7. Does food stick in your throat when you swallow?				
8. Does food or liquid come back up into your mouth or nose when you eat or drink?				
9. Do you need to swallow liquid to help the food go down?				
10. Do you need to swallow many times on each mouthful to help the food or drink go down?				
11. Do you avoid certain foods because you cannot swallow them?				
12. Does it take longer to eat a meal?				
13. Has your enjoyment of food reduced?				
14. Has the size of your meal reduced?				
15. Has your appetite reduced because you cannot taste or smell food normally?				
16. Has your eating been more difficult due to dry mouth?				
17. Do you feel self conscious eating with other people?				

Thank you for your time

Scoring (for the clinician):
Assign a score of 0 for (no); 1 for (a little) and 2 for (a lot). Sum the columns and add the totals to obtain a score out of 34. Lower scores indicate fewer problems and better self-reported overall swallow function.

Bother: Items checked (yes) should be explored clinically to determine whether further discussion/intervention during rehabilitation may be helpful to the patient.

Appendix 5

Patient Questionnaire – *V-RQOL*

Voice Related Quality of Life (V-RQOL)

How to complete this Questionnaire:

• We are trying to learn more about how a voice problem can interfere with your daily activities. • Please answer all questions based upon what your voice has been like over the past 2 weeks. There are no "right" or "wrong" answers. • Considering both how severe the problem is when you get it, and how frequently it happens, please rate each item below on how "bad" it is (that is, the amount of each problem you have).	1 - 5 Rating Scale 1 = None, not a problem 2 = A small amount 3 = A moderate (medium) problem 4 = A lot 5 = Problem is "as bad as it can be"

Situation	Frequency of Problem
I have trouble speaking loudly or being heard in noisy situations	1 2 3 4 5
I run out of air and need to take frequent breaths when talking	1 2 3 4 5
I sometimes do not know what will come out when I begin speaking	1 2 3 4 5
I am sometime anxious or frustrated (because of my voice)	1 2 3 4 5
I sometimes get depressed (because of my voice)	1 2 3 4 5
I have trouble using the telephone (because of my voice)	1 2 3 4 5
I have trouble doing my job or practicing my profession (because of my voice)	1 2 3 4 5
I avoid going out socially (because of my voice)	1 2 3 4 5
I have to repeat myself to be understood	1 2 3 4 5
I have become less outgoing (because of my voice)	1 2 3 4 5

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