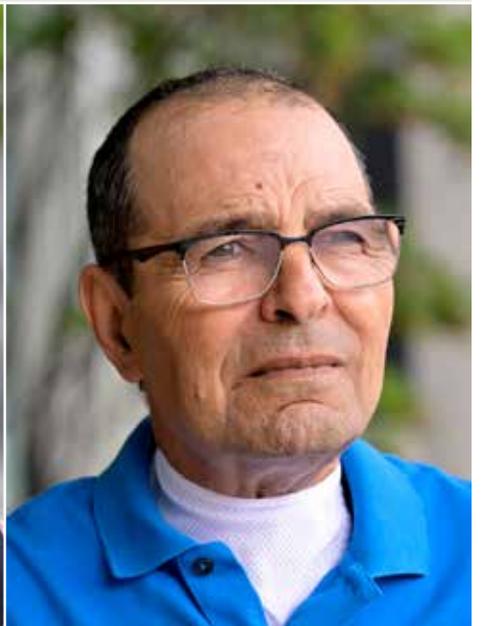
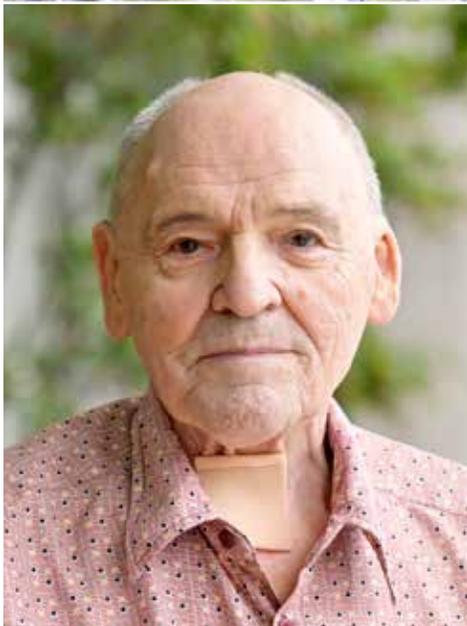


**NEW VOICE,**  
 A Guide for Laryngectomees  
**NEW LIFE!**







# Testimonial

*A total laryngectomy is not the end of life, but rather the beginning of another one. A different life, I agree, but one that can be just as pleasant and rewarding as the last.*

*Before, the word cancer would get me thinking, but it was something that happened to other people. But now, it happened to me. This is completely different. What's going to happen to me?*

*However, when we look more closely, we realize medicine has solutions for laryngeal cancer: radiotherapy, a combination of radiotherapy and chemotherapy, or surgery. Whatever happens, this is not the end, but a new beginning.*

*The doctor did explain to me what the operation entailed, but I was in such a state of shock that I didn't hear a word, let alone remember anything. A perfectly normal reaction.*

*This guide is here for you, to help you organize your ideas and your new life. That's why we're sharing our experience with you on the pages that follow.*

*Trust your doctor and other caregivers, but above all, trust yourself. Be positive and, you'll see, your new life will be worth living.*

*L. G. who underwent a  
laryngectomy 9 years ago*

# Contents

Testimonial .....	1
Answers to your questions.....	3
This document informs you about .....	3

## Part 1

### Understanding the diagnosis and operation

How is laryngeal cancer diagnosed? .....	4
Why did the doctor suggest a total laryngectomy?.....	5
What are the next steps? .....	5
Is my reaction normal? .....	6
What is a total laryngectomy? .....	7
First, let's take a look at the larynx.....	7
What is a total laryngectomy? .....	7
What are the consequences of a total laryngectomy?.....	8
Is it a risky operation? .....	8
Will other treatments be needed? .....	9
Chemotherapy .....	9
Radiotherapy .....	9
What are the chances of recovery? .....	9

## Part 2

### Hospitalization

What happens on the day of the operation? .....	10
What should I expect immediately after surgery?.....	10
What special care can I expect while I'm in the hospital? .....	11
Before returning home.....	13
How to get through this period.....	13

## Part 3

### Back home

Applying the care learned at the hospital.....	14
Daily Care.....	14
Mouth care.....	16
Eating.....	17
Protecting your stoma.....	18
Why wear a filter? .....	18
Filters to meet different needs.....	18
Our advice .....	18
General precautions.....	19
What should I look out for? .....	19
Getting back in shape .....	20
First aid .....	21
Modes of communication after a total laryngectomy .....	22
The artificial larynx .....	22
The esophageal voice.....	23
Tracheoesophageal voice prosthesis .....	24
Taking control of your life .....	25
Keeping up morale .....	25
Life as a couple .....	26
Family .....	27
Social and leisure activities.....	28
Back to work .....	29
Sources of support.....	30
Acknowledgments .....	31



*Cross with confidence*

NEW EDITION

## This document

### Informs you about:

- the tools leading to the diagnosis and the need for a total laryngectomy,
- the members of the multidisciplinary team, who, each according to his or her specialty, do their utmost to inform you, care for you and ensure your well-being and safety,
- the operation and other treatments,
- the expected post-operative situation,
- care to be learned before returning home,
- the various aspects of going home,
- the various ways to speak again without vocal cords,
- ways for you and your loved ones to understand what you're going through, and how to support your rehabilitation.

Take the time to read and, if necessary, reread it. Don't hesitate to ask any questions you may have to our team members, who are there to help you and your loved ones. A clear understanding of what happens at each stage will help you get back to living as normally and pleasantly as possible.

## Answers to your questions

Being told you have cancer can rightly put you in a state of mind where you feel like you're falling off a cliff. Learning that this cancer will deprive us of our vocal cords for the rest of our lives is also quite a shock. The person enters an unknown area, all the more so as laryngeal cancer is much less frequent, and therefore less well known, than other types of cancer. Under emotional stress, we become less receptive to the information we receive from the doctor or other caregivers. This document is here to help you review the information at your leisure, with your loved ones.

If you are given this document, it is because you, or someone close to you, have been diagnosed with laryngeal cancer that requires surgery called **total laryngectomy**. We'll try to answer your questions:

- How did we arrive at the diagnosis of laryngeal cancer?
- What is a **total laryngectomy**?
- Why a **total laryngectomy** and not another treatment?
- What's in store for me in the next few days and when I'm hospitalized?
- What will change after my operation? Will it hurt? Who's going to help me?
- Will I be able to return home? To go back to work?
- Will I ever speak again? Will I eat normally?
- Am I at risk of losing morale?
- How do I deal with my family and friends?

## **PART 1 :** **Understanding the diagnosis and operation**

### **How is laryngeal cancer diagnosed?**

For most people, it's because of certain signs or symptoms that they decide to consult their family doctor or local clinic: a hoarse voice? A lump on the neck? Trouble breathing or swallowing? Unexplained weight loss? Ear pain? Based on observations during the consultation, the doctor referred you to an Ear Nose and Throat Specialist (ENT) for a more in-depth medical evaluation.

The ENT doctor has various means at his or her disposal to establish a diagnosis and a treatment plan. This is where you will recognize some of the examinations you have undergone or will undergo in the future.

#### **Physical examination of the head and neck**

Examination of the mouth, palpation of the neck to look for signs of wounds or tumours.

#### **Examination of the vocal cords**

Sometimes with a first look by the doctor using a laryngeal mirror placed at the back of the mouth (indirect laryngoscopy).

By endoscopy:

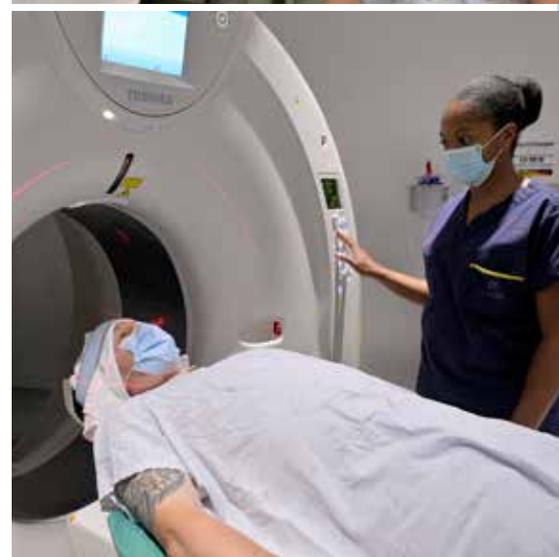
- using a flexible tube fitted with a camera inserted through the nose into the throat (flexible laryngoscopy),
- or under general anaesthetic; the surgeon inserts a rigid laryngoscope into the mouth to look at the larynx (direct laryngoscopy) and take a tissue sample where a lesion is found in the larynx (biopsy).

#### **Radiological examinations**

Of the larynx and thorax (X-ray, CT scan, MRI, ultrasound, positron emission tomography) giving a precise image of these regions to ensure the absence of metastases.

#### **Consultations with various specialists**

Such as an oncologist or radiation oncologist, to complete the investigation and determine the need for further treatment (e.g., radiotherapy, chemotherapy or a combination of both).



## Why did the doctor suggest a total laryngectomy?

The data collected and the various consultations have enabled your ENT specialist to establish his or her diagnosis and the best treatment options, and to share them with you. Rest assured that the choice of the total laryngectomy has been made with best practices in mind, as determined by:

- where the tumour is located,
- tumour size,
- the spread of the tumour over the larynx and nearby structures,
- whether lymph nodes are involved,
- and if you have previously had other treatments for laryngeal cancer, such as radiotherapy.

*Don't hesitate to ask your doctor what options have been explored to treat your laryngeal cancer, and how he or she came to this choice. The final decision is yours.*



*Ask your questions, there are no bad questions. Everyone is there to help you in their specialty, but also to alleviate your fears.*

## What are the next steps?

Before the operation, there are two main stages:

### Pre-admission tests

Before your surgery, as with all surgeries, you'll need to undergo a medical check-up (e.g., blood tests, X-rays, etc.). At this time, the staff will guide you through your hospital stay. They may tell you when to arrive for surgery, where to go, what to bring, and how to get home.

### A multidisciplinary meeting

You meet the members of the care team before your operation, sometimes one by one, sometimes with the whole team around the table. This allows you to get to know the professionals who will be taking care of you or who will be called upon to do so, to receive information about the upcoming process and to ask any questions or express any concerns you may have:

**ENT** – specialist, who performs the surgery and ensures your long-term follow-up, and other specialists as needed, such as the oncologist, radiation oncologist, etc.

**Nurse, or pivot nurse** – who coordinates and ensures your care during your stay and after your return home.

**Speech pathologist** – who provides you with one or more means of communication.

**Nutritionist** – who looks after your diet.

**Social worker** – who will support you in any steps you may need to take as a result of your operation.

**Psychologist** – available to support you at this difficult time.

**Physiotherapist** – to reduce the impact of surgery on certain movements and regain your strength.

**Visitor-accompanist** – a person with a laryngectomy who has lived through what you're going through and allows you to share their experience, talk openly about your concerns and to benefit from this emotional support. Some even contribute to teaching or research, in which case they are known as «patient partners».

Other specialists or stakeholders may also join in.

Your spouse or a loved one can accompany you to these meetings, so you can discuss them afterwards when you get home. These meetings help to inform and reassure you.



## Is my reaction normal?

A cancer diagnosis of any kind is bound to come as a shock, not only to the person affected, but also to their spouse, children and loved ones. Emotions can build up very quickly. It is not uncommon to feel anxiety, stress, anger, insecurity, uncertainty and even disbelief. Why me? Fear of illness and even death can make you lose your nerve. It is normal to experience a moment of depression because you're feeling the loss you're about to experience. These feelings are perfectly normal.

Many spouses and relatives are calm and full of encouragement. Others are overwhelmed and unable to cope with the situation at hand. Fear of losing a loved one, anxiety about the future, fear of new responsibilities — these are all feelings that can confuse them. The family atmosphere will surely be disrupted for a while.

## So, what can we do?

Some may want to isolate themselves and seek solitude to take time to reflect calmly and face this ordeal. Others will have the reflex to prepare their questions for the meeting with interveners or will look for a second opinion to reassure themselves about the directions being proposed to them.

### A FEW TIPS

Express your feelings to those around you; don't keep everything to yourself.

Don't hesitate to ask any questions you may have about the planned procedure and its consequences, and don't be left with questions that will cause you anxiety.

Talk to members of the multidisciplinary team about your anxieties and, if necessary, seek help.

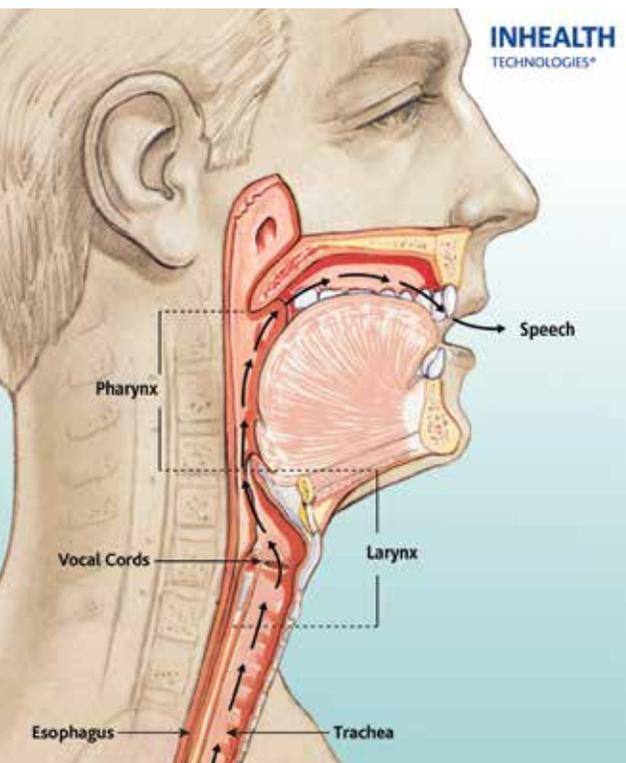
**These moments of uncertainty and anxiety will pass, and the situation is bound to improve if everyone shows patience and understanding.**

---

*« My life isn't over, it's different, because I have to include small gestures that I didn't do before. »*

*JPB  
who underwent a  
laryngectomy 5 years ago*

---



**Anatomy of the larynx**

## What is a total laryngectomy?

### First, let's take a look at the larynx

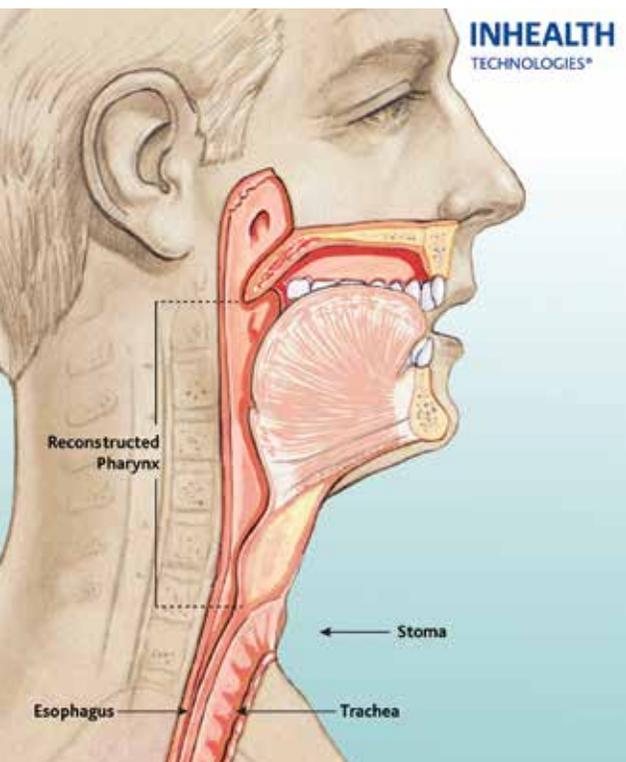
The larynx is the organ at the front of the neck, between the tongue at the top and the trachea at the bottom. It is the protruding part often referred to as the «Adam's apple.»

### The larynx contains the vocal cords and has 3 functions

**Breathing** – When the vocal cords are relaxed and the larynx is open, air breathed in through the nose or mouth passes through the larynx into the trachea and then into the lungs. The air then exits in the opposite direction.

**Speech** – To produce sounds, air exhaled from the lungs passes through the larynx. The muscles of the larynx contract and the vocal cords (vocal folds) vibrate together, producing the sound of the voice. The air then passes through the mouth, where the lips and tongue articulate sounds to form words.

**Swallowing** – When swallowing solid or liquid food, the larynx closes to prevent food from entering the trachea and lungs. Food is thus directed towards the esophagus and then the stomach. Occasionally, the swallowing mechanisms don't work perfectly, and food gets caught in the larynx and airways, forcing us to cough to clear the airways. That's when we say, «It went down the wrong pipe.» The vocal cords act as a barrier to protect our airways. The larynx is therefore a «crossroads» between air and food.



**Anatomy after a total laryngectomy**

## What is a total laryngectomy?

A total laryngectomy is surgery to remove the entire larynx: cartilage, muscles and ligaments, including the vocal cords. This surgery is performed when the cancer has invaded the larynx significantly, or when the disease has relapsed or persisted despite other treatments.

By removing the larynx, the surgeon separates the respiratory tract from the alimentary tract and there is no longer a «crossroad.»

**The respiratory tract** – The surgeon performs a permanent tracheotomy, i.e., bends the trachea and connects it to an opening in the front of the neck called the STOMA. Air enters directly through the neck to the trachea and lungs, and exits via the reverse route. It no longer passes through the nose or mouth.

**The alimentary tract** – The alimentary tract is reconstructed to allow food to pass from the mouth to the esophagus and stomach, without the risk of reaching the lungs.

## What are the consequences of a total laryngectomy?

As the vocal cords are no longer present and the respiratory tract is separated from the alimentary tract, there is:

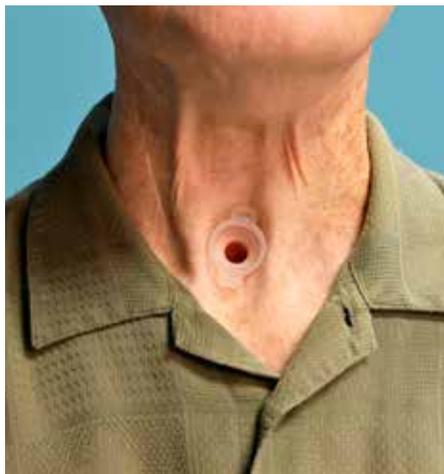
### Loss of the natural voice

By removing the vocal cords, you lose your natural voice and can no longer make sounds as you used to. The speech pathologist will work with you to find ways to make yourself understood by your family and staff immediately after the procedure and during hospitalization and recovery.

The speech pathologist will also explain the various ways of communicating once you've recovered: she'll help you choose the most appropriate method for you, and then guide you in learning how to use it.

### Loss of the vocal cords also leads to:

- the inability to produce the sound of laughter or crying, and thus to express emotions, with laughter now manifested by brief expulsions of air through the stoma,
- the inability to block your breathing to exert an effort such as lifting heavy loads, pushing, etc. for which there are various means of adaptation.



**Air enters and leaves through the opening in the neck, called the STOMA.**

### Breathing through the stoma

Air enters and leaves through the opening in the neck, called the STOMA, rather than through the nose and mouth.

We then note the following:

- There is an impairment of the sense of smell and possibly a reduction in taste, as these two senses are intimately linked. The persistent loss of smell remains the most common complaint, although certain techniques can help.
- When coughing, secretions exit through the stoma.
- The need to adapt the way you blow your nose due to nasal discharge may be uncomfortable.

### Changes in diet

Immediately after the operation, you will be fed through a nasogastric tube, i.e., a tube inserted through your nose into your stomach. For most people, eating returns to almost normal afterwards. For some, a few adjustments may be necessary in the short or longer term.

## Is it a risky operation?

Surgery always carries the risk of complications, and a laryngectomy is no exception. Your doctor will be able to specify these risks according to the type of surgery you are considering and your state of health.

One of the problems sometimes encountered following surgery is the development of a fistula, i.e., an opening created at the incision site, in the inner part of the pharynx or between the pharynx and the outer surface of the neck. The normal tissue healing is then slowed down, particularly by secretions and saliva that enter the fistula. During this period, the person cannot feed by mouth, but must do so via a nasogastric tube, i.e., a long tube inserted through the nose into the stomach. People who have undergone radiotherapy prior to their operation are more exposed to this kind of complication because the tissues have become more fragile.

## Will other treatments be needed?

Quite often, the surgeon must also remove lymph nodes from the neck and certain adjacent tissues that may contain cancer cells. This is known as neck dissection, and is performed at the same time as the laryngectomy. Possible consequences:

- The neck will be a little narrower than before and may lose some of its flexibility.
- The adjacent shoulder may be less resistant to fatigue and have a tendency to sag.
- You may feel some pain, shoulder stiffness or discomfort.
- There will be swelling (edema) in the neck area, which will diminish over time.

Physiotherapy exercise programs are available to counter these problems. Persons with a laryngectomy who have taken up these exercises seriously have seen the benefits.

## Chemotherapy

This is a medication-based treatment. In cases of laryngeal cancer, chemotherapy is sometimes used in combination with radiotherapy, which is performed after surgery. Chemotherapy then makes radiotherapy more effective in destroying cancer cells, but can also increase its side effects.

## Radiotherapy

Your doctor will be able to tell you whether radiotherapy is part of your treatment plan. If this is the case, radiotherapy will be started several weeks after the operation.

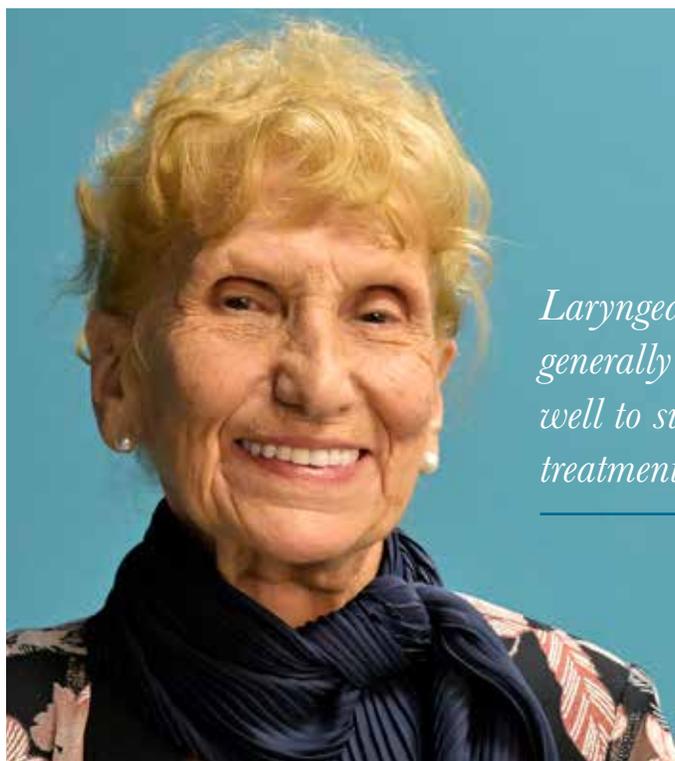
Radiotherapy involves a high dose of radiation designed to destroy any cancer cells that may still be present after surgery. Healthy cells in the treated area may also be damaged, even if precautions are taken to protect normal tissue as much as possible. Damage to healthy cells causes side effects. The care staff will tell you what you can do to mitigate these effects during the treatment period. Most of these effects will fade after a few weeks.

## RADIOTHERAPY TEMPORARY SIDE EFFECTS

- fatigue
- sensitivity, burning and skin colour changes
- dry mouth, difficulty swallowing
- more sensitive teeth (a visit to the dentist prior to treatment is usually recommended)
- altered taste

## What are the chances of recovery?

Laryngeal cancers generally respond very well to surgery and various complementary treatments. As with many cancers, prognosis depends on the size of the tumour, the site of the lesion, and the degree of spread. Some tumours are more malignant than others. Sometimes a combination of treatments is needed to treat them effectively. Everyone knows that the earlier a cancer is detected, the better the chances of being cured.



*Laryngeal cancers generally respond very well to surgery and treatments.*

## **PART 2 :** **Hospitalization**

### **What happens on the day of the operation?**

You are first taken to a waiting room adjacent to the operating room to allow the doctors and other caregivers to prepare you, and then you are taken to the operating room.

It takes several hours in the operating room, depending on the extent of the surgery to be performed. Your doctor will be able to tell you exactly what you need to know, especially if you want to inform your family, who will be waiting in the hospital during this period.

Upon leaving the operating room, you are taken to the «recovery room.» This stage gives the anesthetic time to wear off and the nursing staff time to look after you and make sure you're as comfortable as possible.

Then you'll be referred either to intensive care for one or two days, or directly to your assigned room, depending on the hospital facilities in place.



### **What should I expect immediately after surgery?**

**The length of your hospital stay can vary but is generally between 10 and 15 days. If necessary, the doctor can keep you a little longer.**

#### **What situation will I be in when I leave the operating room?**

Don't worry about all the equipment you will be fitted with when you leave the operating room, it's there to speed up your recovery.

#### **The cannula**

In the operating room, the surgeon installs a cannula in the stoma to help keep the airway open for breathing during the stoma healing process. This is a small plastic tube held in place by a cord or Velcro strap. The length of time you need to wear the cannula varies from person to person. Your doctor and nurse will tell you what to do. Don't be surprised if you have to leave the hospital with your cannula. What's more, some people will need longer-term help to keep the stoma open, and for this purpose, there are different cannulas to suit your needs.

#### **Dressing, staples and drain**

The incision site is closed with staples or stitches, which are removed after about ten days. The surgeon may have installed a drain, a kind of thin, soft plastic tube, near the surgical site to allow the evacuation of liquids and residual blood. The drain is usually removed a few days after surgery. You may notice some swelling in the neck, but this will gradually subside.

#### **The tube, or nasogastric tube**

You won't be able to swallow anything by mouth for several days during your hospital stay, neither solid foods nor liquids. This measure is designed to promote proper healing of the throat tissues. A long tube is inserted into the nostril and passes through the esophagus into the stomach: this is enteral feeding. You will be able to be fed by this tube and receive your medication. The tube may cause you some discomfort, but this will cease once the tube is removed.

## What special care can I expect while I'm in the hospital?

During your recovery at the hospital, the staff will take care of these different aspects of your recovery.

### Intravenous

A needle can be placed in a vein in your hand. It is connected to a tube and a serum bag attached to a pole, to give you fluids and certain medications. It is usually removed soon after surgery.

### Bladder catheter

A tube is inserted into your bladder to empty its contents. It is usually removed soon after surgery.

### Tracheal secretions

The body reacts to the direct arrival of air in the lungs, which is no longer warmed, humidified and cleansed of impurities as when breathing through the nose. You'll notice that your lungs and trachea secrete a good deal of mucus, known as secretions. The lack of humidity in the ambient air could cause secretions to dry out, forming unpleasant scabs or bleeding. To avoid these inconveniences, the nurse and respiratory therapist will use various means, among them:

**Cleanliness** : by regularly cleaning the area around the stoma

**Instillation** : by pouring some little liquid into the trachea to soften secretions and facilitate their evacuation by coughing

**Aspiration** : by sucking secretions into the trachea via the stoma with a small plastic tube connected to a suction device to clear excess secretions. Aspiration is not painful, but does create some discomfort by inducing coughing

**The oxygen and moisture mask** : by placing the mask in front of the stoma, it supplies oxygen, softens secretions, making them easier to clear, and ensures greater comfort

Don't worry if you notice that your cough sounds unusual, is intense and makes you blush. This is perfectly normal.



## Eating

You won't be able to eat by mouth for much of your hospital stay to let your throat heal. You will be fed with nutrients through the nasogastric tube (enteral feeding) from the day after surgery, usually for around ten days. The return to feeding will be gradual, starting with liquids, then purees and finally solids. The nasogastric tube will be removed when the medical team judges that the situation allows you to eat and hydrate sufficiently by mouth. A nutritionist will guide you in your choice of foods.

However, the presence of a fistula (page 8), may delay the resumption of oral feeding.

## Pain

Some pain or discomfort is normal. It's important to tell your medical team if this happens to you. They can ease discomfort and control pain with the medication you're prescribed. Pain controlled in this way will help the healing process.

## Mobilization

You will be placed in a comfortable position in the hours following surgery. Over the next few days, you'll be helped to get up and sit in the chair, and then gradually allowed to move around on your own.



**You own a tablet computer?  
You will be able to use it to  
communicate after the surgery.**

## Communication

When you wake up from surgery, you will no longer be able to make sounds, as your vocal cords will have been removed. Use the call button next to your bed to alert a nurse that you need help. In the beginning, use these means of communication:

- Pencil and paper,
- Cell phone,
- Make gestures and articulate words with your lips.

People who own a tablet computer (iPad, Android) are encouraged to use them. Others can buy a «magic tablet,» a kind of drawing tablet that can be written on and erased at the touch of a button (a Boogie Board type).

A few days after surgery, the speech pathologist will suggest the use of an artificial larynx. This is a battery-powered device to which a flexible tube is attached and inserted into the mouth. Pressing a button produces a sound that can be articulated with the lips and tongue, making it easier to be understood. Later, the speech pathologist may suggest other means of communication once healing is complete.

These ways of communicating remain the primary means of making yourself understood. It can be frustrating but give yourself time to master these new habits. The people around you (life partner, children, family) will undoubtedly experience moments of frustration too. They too need time to adapt.

**You will be able to use  
an artificial larynx**



## Before returning home

The medical team, especially the nurse, will take time to explain to you and a family member the care to be taken when you return home, the precautions to be taken and the things to watch out for.

Caregivers may also ask your CLSC to visit you at home to assist with your care.

You will leave the hospital with the equipment you need for your care. Your CLSC and the CHUM and CHU de Québec - Université Laval Service aux laryngectomisés (SAL-PAC) will take over to provide you with what you need, free of charge.

You'll have your prescriptions on hand, including painkillers if necessary.

The nurse and nutritionist will give you all the instructions you need for your diet, right up to your follow-up appointment with your doctor. If you must leave with a nasogastric tube, you will be told how to eat and take your medication.

You will be informed about upcoming appointments with your doctor or other professionals.

You will be given contact details for the nursing staff should you have any questions or problems. Keep them in a safe place!



**You will learn how to care for yourself, and we will support you every step of the way as you return home.**

## How to get through this period

Don't be surprised if all these events trigger intense emotions. People often experience feelings of anxiety and depression. It's also not uncommon to experience fears and anxieties about the future. Some fall into passivity or resignation. These are all ways of coping with the stress of this difficult situation. Don't forget that the whole family is also going through a period of adjustment. These adaptations will take time, patience and mutual understanding. Think of the person with a laryngectomy you met before your operation or during your hospitalization. His or her life has returned to normal after going through these periods of adjustment. The best thing is to maintain a good attitude and to get actively involved in learning new things and adapting to your new life.

## **PART 3 :** **Back home**

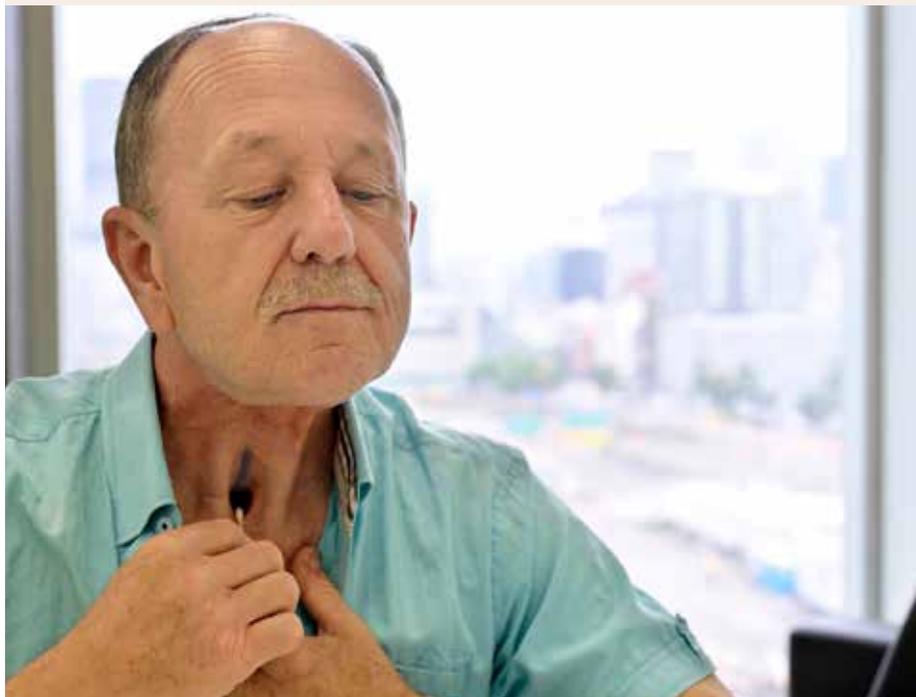
### **Applying the care learned at the hospital**

Being back in your usual environment is both beneficial and sometimes a source of anxiety. During your stay in hospital, the nursing staff gradually trained you to take care of everything yourself before you went home. To avoid first-time stress:

- Take the time you need.
- Sit down comfortably for your treatments.
- Have good light directed at your stoma, if necessary, a flashlight or a light mirror.
- Wash your hands before starting.

Most hospitals provide written care instructions. The nature of care may vary from person to person, depending on the surgery and other treatments received. It is important to refer to the hospital's recommended practice. Keep this document handy, at least at the outset.

Often, your surgeon or nurse will book you in for a visit from your CLSC nurse to assist with your care when you return home. Don't worry, she will only stop visiting when you're ready.



### **Daily care**

To breathe comfortably, you need to take care of your stoma. The important thing is to get rid of the secretions lodged in the cannula, the trachea and around the stoma.



### **ANTICIPATE THE NECESSARY EQUIPMENT**

- mirror
- tracheal brush
- filter
- tracheal cord
- bottle of 0.9% NaCl
- 3% hydrogen peroxide
- boiled water
- compresses
- cotton swabs, etc.

Some of this material is provided by your hospital and the Service aux laryngectomisés and the Programme d'aide à la communication (SAL-PAC). Use only recommended equipment.

### **Cannula care**

- Always keep your cannula very clean. This is the only way to prevent stoma irritation or mucus build-up. An abundance of mucus in the cannula makes breathing more difficult.
- Clean at least 3 times a day, more if necessary.
- Cut soiled cords and dispose of them.
- Remove the part(s) of the cannula as you were taught.
- Make sure all surfaces of the cannula are clean and free of dry scabs before reinserting it.
- Attach the cannula with clean cords.



**Place a tissue in front of your stoma, lean forward and expel the air vigorously as if coughing.**

### Trachea care

- It is important to dislodge the secretions lodged in your trachea. You can no longer cough as you did before your surgery, but you can clear your windpipe by rapidly expelling air. To do this, first place a tissue in front of your stoma, lean forward and expel the air vigorously as if coughing, then wipe your stoma clean.
- The instillation method is often recommended to clear the trachea: a small amount of saline solution is poured into the tracheal opening, softening secretions and facilitating coughing and mucus expulsion.
- If you have a cold, are in a place where there are irritants in the air or are working harder, secretions may increase.
- As you no longer breathe through your nose, the air entering your trachea is no longer humidified as it used to be. So pay particular attention to humidifying your home (40-50%), and make sure you're well hydrated, to prevent the formation of crusts and even dry plugs of mucus in your trachea.
- Some persons with a laryngectomy worry about their breathing during the night, fearing they'll run out of air. Don't worry, breathing takes care of itself. By following the correct hygiene recommendations and wearing the cannula for the length of time specified by the doctor, respiratory comfort will be maintained throughout the night. It's normal to have a little more secretion to clear in the morning.

### Stoma care

- Keep your stoma and surrounding area clean and free of irritants. Above all, avoid allowing secretions, whether dry or liquid, to remain there for too long and irritate your skin.
- Most often, we recommend using cotton swabs soaked in 3% hydrogen peroxide for cleaning, then soaking it in NaCl solution to rinse.
- Don't forget to clean the equipment thoroughly after use.

### Runny nose

- Air no longer passes through the nose, so you can't blow your nose the way you used to. Make sure you have a good handkerchief, especially if you have a cold.
- People with tracheoesophageal prostheses can force air into the nostrils by blocking the stoma and blowing their nose.
- A runny nose in the absence of a cold can be a consequence of a laryngectomy. If this is the case, consult your ENT doctor, who may suggest a treatment.

## How long will I have to perform tracheostomy care?

### Cannula care

• The duration of cannula wear varies from person to person, but is generally temporary, depending on healing and the size of your stoma. Your doctor will tell you when you can start removing it, at what times of day, and how long this process should last. When you no longer need the cannula, your stoma will remain permanently open and you'll be able to breathe comfortably at all times. However, from time to time, you should check whether your cannula fits properly.

• Cannula care must be maintained for as long as the cannula is worn.

• Sometimes, the plastic cannula is replaced by another type of cannula that keeps the stoma open. Some of them allow the installation of a device facilitating communication (hands-free valve) or a heat and moisture exchanger, commonly known as an HME. You'll hear terms like «stoma button,» or «flexible cannula.» These cannulas, made of soft silicone, have their own maintenance procedure.

### Stoma and trachea care

Care of the stoma and the trachea will be maintained and will vary according to the state of the secretions during the day (abundant, dry...), but are minimally required when getting up and going to bed.



## Mouth care

**After the laryngectomy, special attention must be paid to various aspects of mouth care.**

The nursing staff will give you the appropriate advice for your case. Follow their recommendations carefully.

- If you receive radiotherapy, your mouth is more likely to become dry, sensitive to injury, and the condition of your teeth should be monitored closely. You'll need to pay close attention to your teeth and gums. Before treatment begins, your doctor will refer you to a dentist who will assess your mouth and teeth, clean them and, if necessary, repair or extract any teeth that may be problematic.
- Brush your teeth regularly with a soft toothbrush and mild cleaning products. You can rinse your mouth with a solution of salt and baking soda in lukewarm water. Do not swallow. Do not use mouthwashes containing alcohol, and avoid irritants such as smoke, alcohol and acidic foods. Good oral hygiene will also prevent bad breath.
- If you wear dentures, they may also require adjustment after surgery. Brush daily with the denture brush and rinse thoroughly. If the prosthesis injures your gums, remove it to allow the wound to heal.
- If you have a dry mouth, bring a bottle of water and take sips from time to time. Chew sugarless gum to stimulate saliva production. Your pharmacist or doctor may also recommend artificial saliva products that will increase your comfort.

## Eating

**When you leave the hospital, you'll probably quickly return to your usual menus at home. A few difficulties that you may not have suspected may arise during meals:**

- You may feel some discomfort or slowness in swallowing and sometimes a sensation of food being stuck in the throat. This situation is safe but unpleasant. To reduce the discomfort, take your time when eating, take small bites, one at a time, and chew properly. If you feel a piece of food stuck in your throat, swallow several times. This sensation can be unpleasant, even panic-inducing, but don't worry, it's no longer possible to «suffocate» yourself after surgery. During the meal, if you alternate each bite with a little water, you will reduce the number of these blockage episodes.
- Some people leave the hospital with a nasogastric tube and have to eat prepared food through force-feeding. Before being discharged, the laryngectomized patient receives all the necessary information from the nurse and nutritionist, including the choice and quantity of products to ensure adequate nutrition and energy requirements. If this is your case, follow these instructions carefully until your doctor authorizes you to resume feeding by mouth.

- As the esophagus is now used for both eating and speaking (see Esophageal voice and Tracheoesophageal voice prosthesis), it is not possible to speak while eating. When food is in the esophagus, there's no room for the air needed for speech. You can then take breaks during the meal to join in the conversation. Explain it to your family and friends, and they'll adapt too.
- If you experience coughing during a meal, immediately place a handkerchief in front of the stoma and leave the table. Take the time to clean your stoma, wash your hands and join the guests once the episode is over.



- Since food travels more slowly from the mouth to the esophagus, and the entrance to the esophagus closes a little less tightly than before surgery, you may have food (especially liquids) come back up into the nose or mouth. To avoid this inconvenience, take small sips one at a time, take the time to swallow thoroughly and don't lean forward immediately after swallowing.



## Protecting your stoma

The stoma is located at the entrance to your trachea. Protecting it is therefore of the utmost importance, whatever the circumstances. Tracheal protectors, often called «filters», are the most common way of protecting the entrance to the trachea and should be worn at all times.

### Why wear a filter?

In addition to keeping your stoma out of the public eye, the filter is used to:

- maintain sufficient humidity in the trachea, especially in winter when heating dries out the ambient air,
- limit your exposure to air pollutants,
- prevent the entry of foreign bodies such as water droplets, food or hair,
- warm the air entering the trachea.

### Different filters are available to meet different needs

**Openwork filter** – made of lightweight fabric that is attached to the neck with cords or Velcro fasteners. Avoid filters that are too small or too soft, or that are insufficiently perforated that would make breathing more difficult.

**Filter square** – light foam is placed in front of the stoma and held in place by a sticky strip

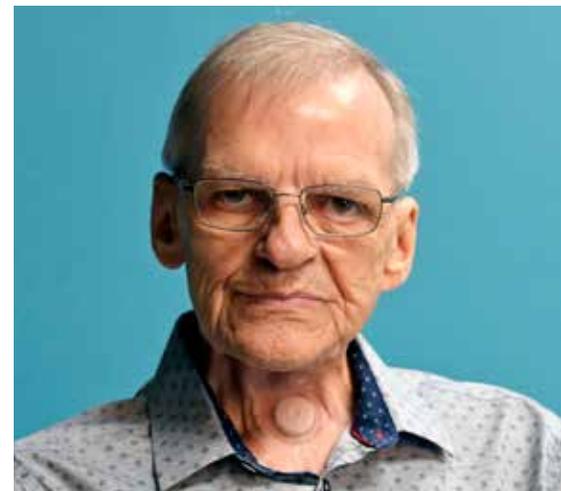
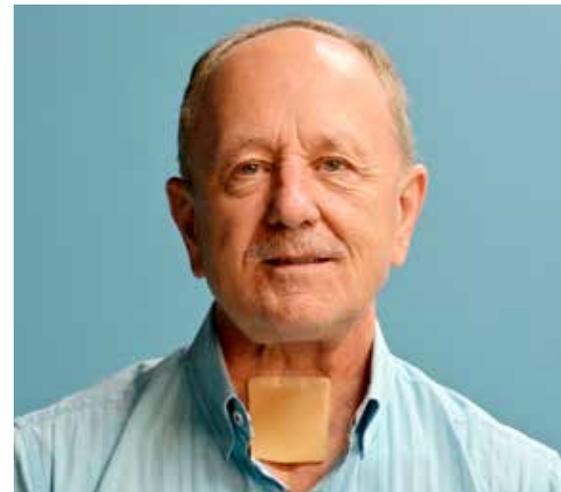
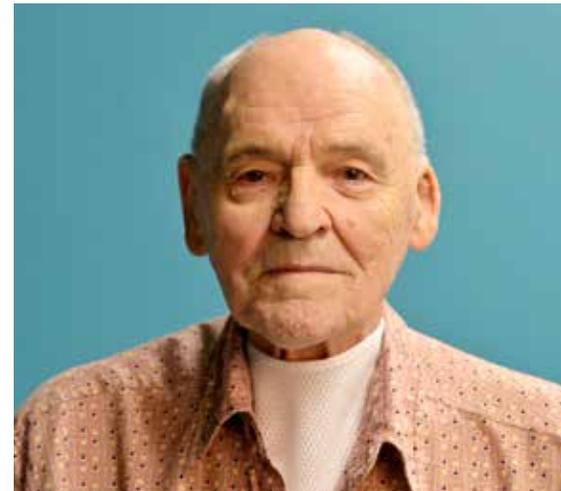
**Round cassette** – contains a foam filter (HME) generally held in place by an adhesive backing, or a suitable flexible cannula, placed around the stoma.

### Our advice

- Depending on the time of year, when physical activity is more intense, laryngectomized patients are called upon to vary the use of their filters, from lighter in summer to denser in winter, or adapted to the physical effort or quantity of secretions. Everyone will find the way that suits them best.
- Despite the filter, beware of ambient air conditions, such as exposure to smoke, dust, or air that is too dry or too cold.
- You can conceal your filter with a scarf, knitted collar or neck ornament.
- For maximum benefit, most filters can be worn day and night.

If, at first, you feel that wearing a filter interferes with your breathing, start by using an openwork filter. As you become more comfortable, wear denser filters.

Filters are available from your local Service aux laryngectomisés (SAL-PAC). You can also purchase additional supplies for your comfort and appearance from the Association québécoise des laryngectomisés (AQL).



**Your stoma must always be protected. You'll find the filters that suit you best!**



**Conceal the filter in style by wearing a scarf, a neck ornament or a knitted collar – the possibilities are endless!**

### What should I look out for?

**Tell your nurse or doctor if any of these symptoms occur:**

- If you have a prolonged fever.
- If you have difficulty breathing even after respiratory care or have a persistent cough.
- If you have blood, pus or food in your secretions.
- If your wound or stoma shows signs of swelling, redness or discharge.
- If pain increases or is not relieved by your painkillers.
- If you can't get your cannula back into the stoma.
- If you are no longer able to swallow or eat.

When you left the hospital, you were given an initial appointment with your ENT surgeon to check on your post-operative progress and monitor your state of health. Your ENT will also tell you what to look out for. Thereafter, you'll receive close follow-up, more intense at first and gradually more spaced out, eventually becoming yearly appointments. Other follow-up appointments may also be necessary, for example, in radiation oncology, dentistry, etc. Even though these follow-ups may be demanding at first, they are important. So be there! If necessary, make a note of what you want to discuss with your doctor before you leave, even if some of your concerns seem trivial.

### General precautions

**Shaving** – When you shave or get a haircut, protect your stoma with a towel to prevent foam or hair from penetrating. Avoid perfumed soaps, which are irritating.

**Humidity** – Keep a humidifier at home, especially in winter, to help keep moisture in the trachea. Drink plenty of fluids, but don't overdo dehydrating drinks like coffee or energy drinks.

**Swimming** – **Never swim.** Water would enter your lungs through your stoma and could make you drown. Always be careful around water, whether you're boating, fishing or swimming.

**Physical effort** – Avoid lifting heavy objects for any length of time. Wait for your doctor's OK.

**Going out** – Always bring the supplies you need for your care.

**Safety** – Wear a medical alert bracelet to identify that you have undergone a laryngectomy and are breathing through your neck.



### SHOWERING

**Cover your stoma when showering or washing your hair.**

Use a shower collar, a shower protector on adhesive backing or cover the stoma with your hand. When showering, direct the showerhead jet away from the stoma, or with your back to the showerhead. Should a little water inadvertently enter the stoma, don't worry too much: a coughing fit will expel the irritant. The Service aux laryngectomisés and the Association québécoise des laryngectomisés can provide you with information on existing products. If you wash your hair under the tap, lean forward and cover your stoma with a towel.

## Getting back in shape

After hospitalization, it's not unusual to feel exhausted. But as time goes by and life at home with the family settles in, you'll gradually get back into the swing of things. Don't forget that your family is going through changes too and needs time to adapt. Of course, you'll need to adapt some of your activities to take account of your new reality and be sure to include the now-important precautions to avoid problems, specially respiratory ones.

Some of the physical consequences of surgery may require rehabilitation exercises, for example, to improve breathing and neck mobility. Your doctor may even have referred you to a physiotherapist. Here are two exercises you can do at home.

### BREATHING EXERCISE

- **As you inhale,** expand your belly as your ribcage increases in volume.
- **As you exhale,** draw in your belly at the same time as your ribcage decreases in volume.

This exercise will help deepen your breathing.

### NECK EXERCISE

**During this exercise, it is important to keep both shoulders level**

You can make three different movements:

- Tilt your head forward.
- Tilt your head alternately to each side.
- Turn your head to the left, then to the right.

Go gradually, without forcing yourself. Don't be discouraged, little by little, you'll gain amplitude.

Gradually, you'll be able to resume activities such as gardening, walking, golfing, driving a car, dancing, travelling. Just adjust your pace, you'll gain in the long run.



**Go gradually, without forcing yourself. Adjust your pace, you'll gain in the long run!**





## MEDICAL ALERT BRACELET

The universal way to publicize your condition

Wear a medical alert bracelet indicates you have a laryngectomy and breathe through your neck. You can register it to a program where your overall medical condition is recorded, i.e., your health problems, medications, emergency contacts, etc.

## First aid

Emergency situations can happen to anyone. If you need to receive first aid, particularly respiratory assistance, it is essential that your rescuers know that you are breathing through your neck.

You can keep a first-aid card in your wallet with emergency instructions. It is available from the Association québécoise des laryngectomisés.

Here is the content of this card:

- **The oxygen mask should be placed over the stoma, not the mouth.**
- Do not cover a person with a laryngectomy higher than the shoulders.
- Don't throw water to the face.
- Keep the person's head upright, chin pointing upwards to avoid obstructing the stoma.

**IN CASE OF EMERGENCY  
FIRST CONTACT 911**

---

I am a LARYNGECTOMEÉ.  
 I no longer have vocal cords.  
 **I breathe through an opening on my neck called tracheotomy NOT through my nose or mouth.**

Contact no 1 \_\_\_\_\_ Tel : \_\_\_\_\_  
 Contact no 2 \_\_\_\_\_ Tel : \_\_\_\_\_

 [www.aqlar.org](http://www.aqlar.org)  
 Mar 2021

**What to do while waiting for help\***



If artificial respiration is needed:

- ① Remove anything which covers the opening in the neck
- ② Do not turn head on the side, keep head straight
- ③ Apply oxygen **only through the opening in the neck** or inhale air through the mouth-to-neck method.
- ④ Some laryngectomees speak with a prosthesis installed in a fistula connecting the trachea to the esophagus: **do not remove it** to prevent the contents of the esophagus from entering the windpipe.

\*This card is intended exclusively as a breathing alert by tracheotomy



## TEXT TO 911 SERVICE

You can register for text-to-911 (T9-1-1) service with your wireless service provider. In emergencies, this service enables people who are deaf or have a hearing or speech impairment to communicate by text. You can also notify your local police station of your new situation.

## Modes of communication after a total laryngectomy

Learning to communicate again is of great importance in the absence of vocal cords. The method chosen will take into account the surgery undergone, the person with a laryngectomy's state of health and his or her preferences.

### What are the best ways to get people talking again?

There are ways of speaking again using other methods to produce sounds. In the absence of a larynx, these are called «alaryngeal» voices. There are 3 main types:

- Voice by artificial larynx
- The esophageal voice
- Tracheoesophageal voice prosthesis

None of these voices will give a «normal» voice, but each will enable communication. At first, you and those around you will need some time to get used to and accept the change. Then one day, you'll hardly think about it at all, and your new voice will become part of you, part of your reality. Use the phone gradually, starting with people who are familiar with your condition.

It may seem difficult to make the right choice among these modes of communication. Of course, they all have their advantages and disadvantages, but each is equally valid. The speech pathologist will discuss the pros and cons of each choice with you, based on your needs. Do you speak a lot or a little? Do you have many social activities? Do you work in a noisy environment? Are you used to speaking loudly? Are you far from the services available in your area? Here's an idea of what it's like for everyone.

### The artificial larynx

The artificial larynx most often takes the form of a rigid tube, 10 to 12 cm long and 2.5 to 3 cm in diameter, with a vibrating plate at one end and a button on the side to activate the vibrating plate. There are two modes of use.

**Cervical mode** – The vibrating plate can be placed directly on the neck and the vibration activated using the button. The sound produced is then transmitted to the mouth, where it is articulated by the tongue and lips. This procedure is used when the neck is well healed, but it must also provide sufficiently flexible space for the vibration to be transmitted, which is not always possible when edema or scarring blocks sound transmission.

**Buccal mode** – If the neck has not yet healed or offers little flexibility, the device can be used by placing a mouthpiece fitted with a buccal tube on the vibrating plate. The mouth tube is inserted into the mouth and by activating the vibrating plate, sound is transmitted directly into the mouth where it can be articulated with the lips and tongue.

### PROS

- It can be used very soon after surgery, usually within a few days.
- It's easy to handle and takes little time to learn.
- It's reliable and low maintenance.
- It allows you to change the volume and pitch of the sound, which can be very useful in noisy environments or on the phone.



### CONS

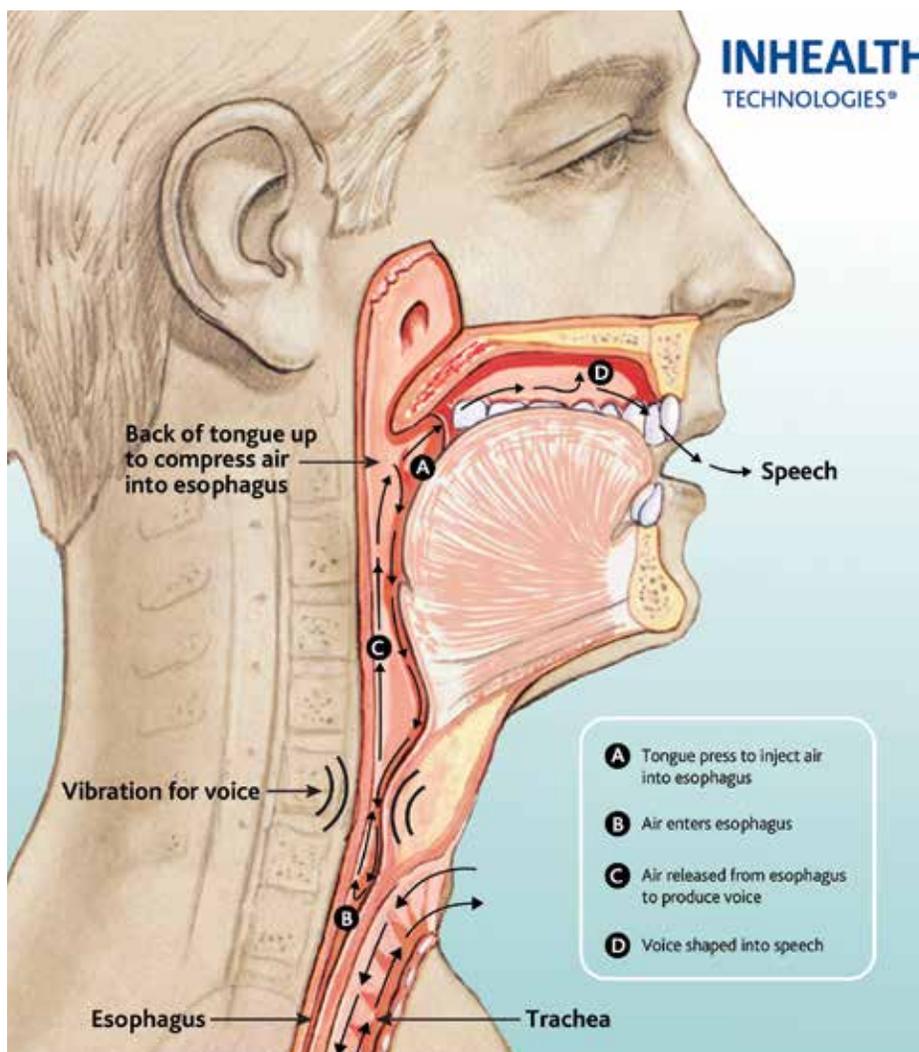
- The negative comment most often voiced by users is the artificial nature of the sound, its «robotic voice» character, which can be surprising for a listener who is not used to it.
- The device must be well positioned for good communication.
- It requires the use of one hand to speak.
- Use of the buccal tube may be hampered by the presence of abundant or thicker saliva.

The use of an artificial larynx can be temporary or longer term, depending on the person's needs.

## The esophageal voice

The esophageal voice, unlike the artificial larynx, is a more «natural» voice. The sounds emitted are different from laryngeal sounds, but they do not have the robotic character of the sounds of an artificial larynx. As the name suggests, it's a voice produced by the esophagus.

To learn an esophageal voice, the person with a laryngectomy must learn to store air in the esophagus and expel it by vibrating the muscles in the upper part of the esophagus. The sound produced is directed towards the mouth to articulate words. As the esophagus is a more limited air reservoir than the lungs, it is difficult to produce long sentences with this technique, as the air supply must be renewed more often to produce sounds. This technique requires sustained learning with the speech pathologist, as well as daily practicing on your own. It usually takes 3 to 6 months to develop a functional voice. Labour intensive at first, it becomes automatic with use. It therefore requires determination and motivation.



### PROS

- The voice is more natural and requires no equipment or maintenance.
- It does not require the use of a hand.
- If well developed, it can be of excellent quality and, over time, become automatic, like second nature.

### CONS

- It takes a long time to learn, and the voice will vary in strength. Sometimes it can be jerky, leading many persons with a laryngectomy to choose another option.
- The muscles of the esophagus must be adequate to allow it to develop. Some may experience bloating during the learning process.
- The voice is deeper than a laryngeal sound, which may put some people off, especially women with a laryngectomy who attribute a masculine character to it.

## Tracheoesophageal voice prosthesis

This mode of communication requires the ENT surgeon to make a small opening called a tracheoesophageal fistula between the trachea and esophagus, just at the level of the stoma.

- This fistula may be performed at the time of the laryngectomy, or in a second surgery, a few months or even years after laryngectomy.
- When the fistula is performed at a later stage, the speech pathologist first ensures that the muscles in the upper esophagus are functioning properly.
- Once the fistula has been created, the prosthesis is immediately inserted. A catheter can also be used for a few days until the fistula is ready to receive the prosthesis.

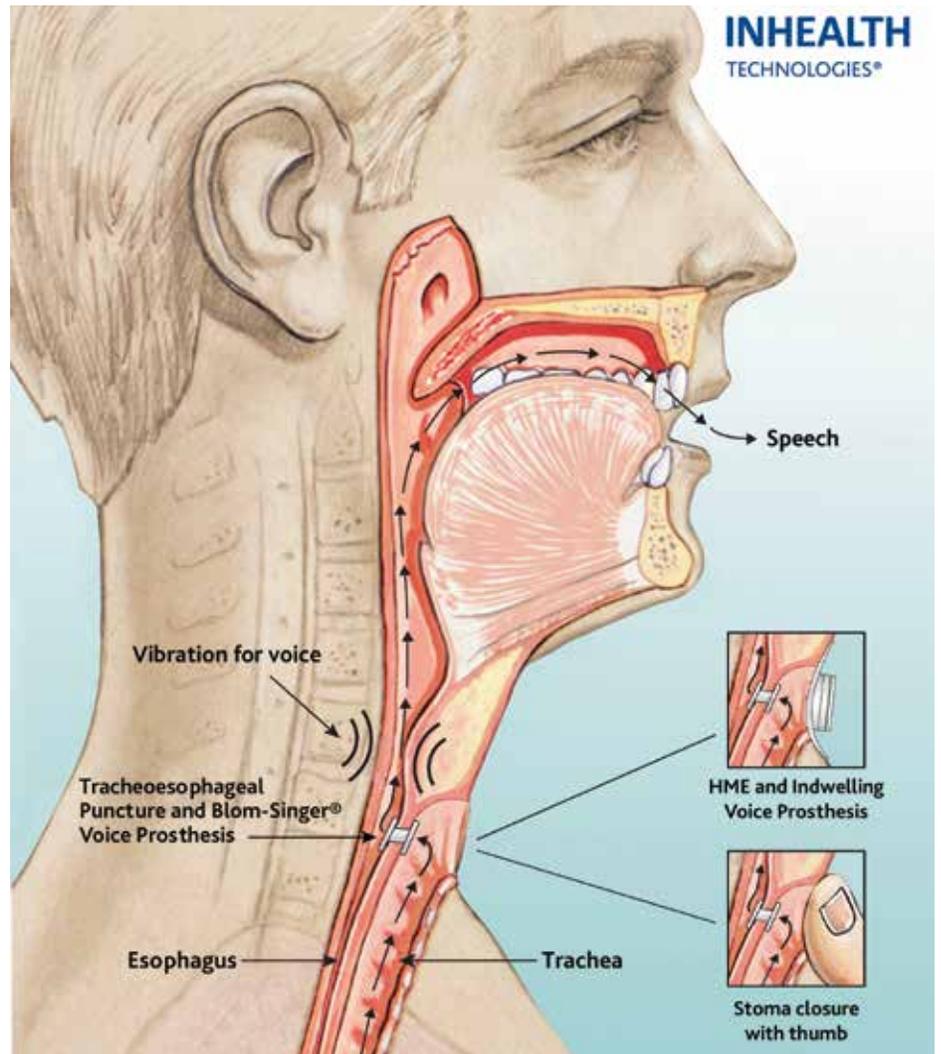
### What is a tracheoesophageal prosthesis?

It is a silicone tube inserted into the fistula to keep it permanently open. This tube is made in such a way that it allows air to pass from the lungs to the esophagus but prevents food from the esophagus from entering the lungs.

---

### HOW SPEAKING WORKS

- The person takes a deep breath.
- He or she then plugs the stoma with a finger or a device (valve, HME, etc.), allowing air to pass from the lungs directly into the esophagus.
- Once the air reaches the esophagus, it flows upwards, and as with the esophageal voice, causes the muscles in the upper part of the esophagus to vibrate, producing a sound that is then modulated by the mouth.
- The resulting voice is very similar to the esophageal voice.



### PROS

- You have direct access to the use of air from the lungs, enabling you to make sentences almost as long as before, and even to add intonation.
- Your voice can generally be louder and lower than the esophageal voice.
- Your voice becomes available soon after the fistula is made.
- Voice production can be learned quickly.

### CONS

- Like all prostheses, it requires rigorous maintenance by the person with a laryngectomy.
- The prosthesis must be replaced regularly.
- Depending on the prosthesis model, the person with a laryngectomy must either learn to remove and maintain the prosthesis him- or herself or go periodically to a hospital to have it changed.

## Be patient

You may be able to communicate effectively with the speech pathologists, but as soon as you leave the calm atmosphere of that office, it will be harder to communicate properly. The outside world is full of noise, and people aren't necessarily attentive or aware of the difficulties you're experiencing. You will learn how to get around these obstacles, and the difficulties will fade as you become more adept. Talk to the speech pathologists and persons with a laryngectomy you meet with; together, you'll find solutions.

## Can we change the way we communicate?

Like any learning, such as learning to drive, you need to give yourself time to master the technique. You may feel somewhat discouraged at times, but time will work in your favour. Be patient. However, there are times when a mode of communication is no longer appropriate or no longer works. The speech pathologists work with you to assess the cause and, if necessary, to determine which substitute can be used on a temporary or permanent basis.

*« After the rain comes the sun »*



## Taking control of your life

**Coming home is an emotional time. You're happy to be going home, but it's also possible that the prospect will frighten you and raise concerns about the life ahead of you.**

All these feelings are not surprising since you are going through a period where many adjustments are necessary for yourself and for those around you. You may even feel frustrated. Give yourself the time you need to adapt to these changes in your life. Remember that your loved ones also have to adapt.

### Keeping up morale

After major surgery such as a laryngectomy, it's quite normal to go through a period of feelings of depression.

- You're faced with a new self-image, a new way of communicating that is sometimes and, last but not least, a limitation, especially at first, in accomplishing your daily tasks.
- You may have the very clear feeling of having lost control of your life. This is actually a grieving process for you. You need a little time to regain your strength and gradually get back on track. Trust yourself.

Everyone reacts differently, depending on their personality and the circumstances. You may feel like you're riding on waves of good days and bad days. These ups and downs are part of the normal recovery process. Little by little, the storm will subside. Give yourself time to work through these emotions, whatever your initial feelings.

Resuming your activities will help restore your morale. Visit relatives or friends, go on outings, take part in activities organized by self-help groups such as the Association québécoise de laryngectomisés. However, if feelings of discouragement persist, talk to your doctor. He or she will recommend a specialist to help you regain your balance and your zest for life. It's perfectly normal to need a helping hand when you're going through a difficult period.

## Life as a couple

**People who have undergone a laryngectomy often worry about the possible effects on their relationship.**

- Some feel they are losing their charm and fear that their partner will find them less attractive because of the physical changes. Like them, don't forget that what unites you and your partner goes far beyond appearance. But it will take time for both of you to adjust. Give your partner time to come to terms with the situation.

- The presence of the stoma can embarrass or even frighten your partner. The sound of breathing may bother him or her. If your tracheal breath touches his or her face or gives off unpleasant smells, it is normal for him or her to feel uncomfortable. To avoid these embarrassing situations, take precautions. Carefully clean your stoma and cannula frequently if you wear one. Wear a clean filter and change it often. A neat appearance is your best asset.

A couple's dynamic is unique in itself. That's why every couple adapts to a laryngectomy in their own way. One thing is certain, both partners are affected and each must be given time to come to terms with the fact that their lives have changed. Some will find it more difficult than others. If this is your case, think about how you coped as a couple with difficult situations before the laryngectomy. Generally speaking, united couples remain so afterwards.

- Studies confirm that stress often accompanies a laryngectomy. Don't let worries or frustrations spoil your life. You're probably both more tense, aggressive or tired, and therefore less receptive to what the other is going through.

- Of course, communication between spouses will be less easy during this period because the person with a laryngectomy is not yet adept at communicating in other ways. You're likely to be less patient with each other due to the slowness of your conversations. Even if communicating is more difficult, share your feelings and problems. You'll iron out the difficulties, reduce stress and find solutions together.

- It may be necessary, at least for a while, to change some of your habits as a couple. Healthy partners often have to take on new responsibilities for which they were unprepared, giving them the impression that everything is resting on their shoulders, which can be stressful. Of course, this situation will change as the person with a laryngectomy resumes the responsibilities he or she had before.



---

*A couple's dynamic is unique.*

*Give your partner time to tame the situation.*

*Generally speaking, united couples stay that way!*

---

## Family

**As with your spouse, communication with family members will require adaptation, tolerance and patience on both sides.**

Your family members need to realize that talking takes time and perhaps effort for you. They may have difficulty grasping what you mean, especially at first when you haven't quite mastered your new voice. Make people feel free to ask you to repeat yourself if they haven't understood. Your family members need time to adjust, and some will be more anxious than others.



*How you react to others will influence your relationships. Adopt a positive attitude!*

Don't worry too much if your family relationships are disrupted for a while. Adopting a positive attitude will help you regain your balance. The way you react to others will influence your relationships. Think about it. The ball is often in your court.



**Keep in frequent contact with someone close to you when you return home.**

## Do you live alone?

Persons with a laryngectomy who live alone or have to spend days without the presence of their family sometimes suffer from insecurity and are tormented by the fear of not being able to ask for help when needed.

- Ask someone close to you to maintain more frequent contact with you at first when you're back home.
- Families of persons with a laryngectomy often use a code to indicate an emergency, such as quickly tapping three times on the telephone receiver.
- For most persons with a laryngectomy, the use of an artificial larynx remains the most accessible means of communication at the outset. The speech pathologist will explain how to make it easier to use over the phone.
- There are safety devices on the market to which you can subscribe and that allow you to call for help in an emergency.

## Social and leisure activities

### Resuming social and leisure activities remains the best way to get back on track.

- Are you concerned about your eventual return to your circle of friends or your social environment?
- Are you worried about the reactions to your laryngectomy?
- Do you limit your social activities because you're embarrassed to talk?
- Are you uncomfortable because you can't speak during the meal?
- Are you abstaining from a hobby because you don't have the same ability as before?

Few people are familiar with laryngectomy and don't know how to deal with a person with a laryngectomy. That's one reason for the ambivalence you sense in your loved ones.

- Go to them, explain what's happening to you and share your feelings. Don't isolate yourself.

## Get back into your favourite sports and hobbies

- Get some exercise: camping, hiking, badminton, golf, gardening, and so on. But be careful though: anything that interferes with your breathing needs to be taken into consideration.
- Take it slowly. You may feel short of breath at first.
- Some demanding sports are more difficult to take part in, as your strength and stamina have surely decreased. Start slowly.
- Activities requiring lung or vocal performance are, of course, highly compromised, such as singing, acting and playing a wind instrument.
- If you're a handy person, you must protect yourself against anything that could affect your respiratory tract: noxious fumes, dust, varnish fumes or sand particles. By taking precautions, you'll avoid trouble and be able to resume most of your activities.

- To help demystify a laryngectomy, give them the documentation so they understand what's happening to you. Taking the first steps may take some effort at first, but you'll soon see that you'll come out ahead. If your loved ones are better informed, they'll be more at ease with you, and you'll be more at ease with them.

- Take advantage of opportunities to get out and about. Your friends and family are the people to whom you can freely express your fears and anxieties. Let them know what you want and how they can help, because at first they won't be able to guess what you are concerned about.

- Don't forget that your friends and family need a little time to adapt to your way of communicating.



## BEWARE OF WATER!

**Water sports such as swimming are out of the question. Water seeping into your windpipe is a sure-fire way to drown.**

It's not forbidden to put your feet in the water or take a walk on the shore of a lake. If you go boating, wear a properly fitted life jacket at all times. Around water, it's always a good idea to be accompanied.



## Back to work

**If you were employed, you're probably worried about getting back to work. As each person's situation is unique, there is no single answer.**

- The nature of the job, the conditions it requires, the time between now and retirement and your state of health are all factors that influence your decision to return to your previous job.
- If your job requires you to lift heavy loads or exposes you to extreme temperatures, gases, smoke or dust, you'll not only need to make adjustments, use suitable filters and learn new working methods, but also consider changing your job. Some professionals can advise you on how to adapt to your work.
- Discuss your return-to-work options with your doctor. Depending on the case, for your health, your doctor can advise you on the precautions to take or dissuade you from returning to your previous job.
- Some people choose to meet with their employer before their surgery to discuss what's happening to them and to get his or her perspective on the chances of returning to their position after surgery. When possible, this approach can help avoid surprises.

Faced with an unlikely return to their previous professional activities, some consider:

- a career change,
- early retirement,
- help from their accountant to assess their financial situation, help them make decisions and clarify their tax situation (in relation to their disability and caregiver support),
- the help of a social worker to support them in their efforts to obtain financial assistance: employment insurance, personal insurance benefits, eligibility for a disability or retirement pension.

People who have been unable to return to work following a laryngectomy have seen this as an opportunity to carry out certain projects or engage in activities for which they previously lacked the time. Set yourself realistic goals that will boost your self-confidence. Your life may be different, but it's just as stimulating.

## A few final words

«Having a laryngectomy means having to adapt to a new situation. But after a while, many aspects of daily life remain unchanged: talking, eating, travelling, being active, gardening. It often takes time for patients and their families to accept these after-effects, to learn to live with them and gradually forget them. By regaining self-confidence and working on communication skills, it's easier to get back on track.» (Angers University Hospital).

But above all, be realistic!

## Sources of support

There are many organizations that can help you. It's in your best interest to take advantage of the support they offer:

### Supplies

**Service aux laryngectomisés et Programme d'aide à la communication (SAL-PAC)**

#### CHUM

(for western Québec)

[chumontreal.qc.ca/patients/sal-pac](http://chumontreal.qc.ca/patients/sal-pac)

#### CHU de Québec – Université Laval

(for eastern Québec)

[chudequebec.ca](http://chudequebec.ca)

[/patient/maladies,-soins-et-services/  
m-informer-sur-les-soins-et-services/  
programme-d-aide-a-la-  
communication-service-aux.aspx](http://chudequebec.ca/patient/maladies,-soins-et-services/m-informer-sur-les-soins-et-services/programme-d-aide-a-la-communication-service-aux.aspx)

#### **Association québécoise des laryngectomisés (AQL)**

[aqlar.org/services/  
distribution-et-vente-de-fournitures](http://aqlar.org/services/distribution-et-vente-de-fournitures)

### Information, support and mutual assistance

#### **Association québécoise des laryngectomisés (AQL)**

[aqlar.org/services](http://aqlar.org/services)

#### **Canadian Cancer Society**

[cancer.ca/en](http://cancer.ca/en)

#### **Fondation Virage (CHUM)**

[www.viragecancer.org](http://www.viragecancer.org)

#### **Hope and Cope/L'espoir c'est la vie Jewish General Hospital**

[igh.ca/care-services/  
segal-cancer-centre/oncology-interdisciplinary-teams/  
hope-cope](http://igh.ca/care-services/segal-cancer-centre/oncology-interdisciplinary-teams/hope-cope)

#### **Your local CLSC**

---

*« With the right advice, patience, courage and willpower, life can still be beautiful and wonderful »*

*EL*

*who underwent a laryngectomy  
13 years ago*

---

## Acknowledgments

Thanks to the working group of the Association québécoise des laryngectomisés for revising the original document « New Voice, New Life »:

Sylvie Appleby, AQL, volunteer

Jean-François Bastien, AQL, visitor-accompanist

Jean-Pierre Boisvert, AQL, visitor-accompanist

Amélie Gagné, CHU de Québec Université Laval, speech pathologist SAL-PAC

Estelle Larocque, AQL, visitor-accompanist

Jean-Guy Gagnon, AQL, president and visitor-accompanist

Émilie Royal-Lajeunesse, CHUM, speech pathologist, SAL-PAC

Yves Ouellet, AQL, visitor-accompanist

Doris St-Pierre Lafond, AQL, resource person

Séverine Tacquenièrre, CHU de Québec – Université Laval, speech pathologist, SAL-PAC

Michel Teasdale, AQL, visitor-accompanist

Thanks to the members of the AQL who provided their comments and suggestions during the drafting process.

Thanks to the many people who contributed to the original 2003 version, enabling us to update it to its current version.

### Thanks to all those who accepted to be photographed

#### Laryngectomees:

Jean-François Bastien, Pierre Charette (and his spouse Francine Cherhal), Gabriel Croze (and his spouse Cécile Croze), Jean-Guy Gagnon, Ahmed Houacine, Marie-Françoise Jean, Estelle Larocque, Michel Teasdale.

#### Speech pathologist :

Stéphanie Doré, Clara Poulin, Émilie Royal-Lajeunesse

#### ENT specialist :

Dr Apostolos Christopoulos

#### ENT pivot nurse:

Catherine Laplante

#### Nutritionist:

Marjorie Drolet

#### Administrative officer:

Paola Maldonado

#### Medical imaging technologist:

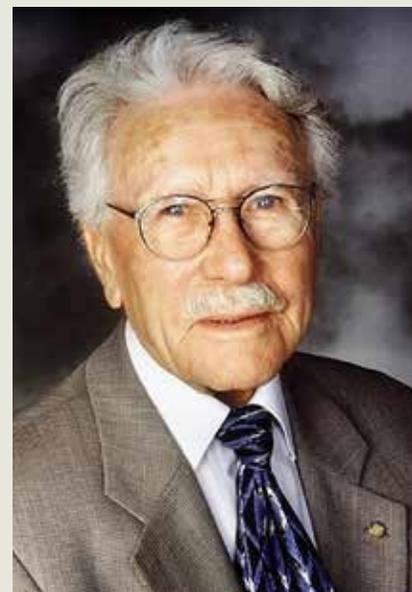
Vanessa Guillaume

#### Volunteer:

Pierre Létourneau

#### Photography, graphic design and counseling:

Éric Bolté, Stéphane Lord, Danielle Mongrain et Audrey Duff, Direction des communications et de l'accès à l'information, CHUM.



### Our thanks go to Jean-Paul Tardif the founder of the grouping of the laryngectomees in Québec.

Who made it possible to develop services for persons with a laryngectomy in Québec, who still benefit today from a well-integrated medical and community network.

---

*« Your life is not over.*

*It is just taking a different path. »*

---



Published by:



In collaboration with:

