



**Royal Berkshire**  
NHS Foundation Trust

# Laryngectomy stoma care

Information for patients,  
relatives and carers

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This booklet has been written by experienced staff and patients as a guide for anyone having a stoma following a laryngectomy. It answers those questions most frequently asked. The information is only a guide and your healthcare team will give you more detailed information as you need and want it. We hope you and your family will find the information both reassuring and supportive.

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### Cleaning your stoma

Before you leave hospital you will be taught how to care for your stoma. This will become easier as you get into a routine. You need to check the secretions in and around your stoma at least three times a day (such as morning, lunch and before bed). Do not allow the secretions to build up around your stoma area or down the windpipe. You will have chest secretions to cough up and clean away from your stoma area. Hold some clean, disposable tissue/gauze near to your stoma, take some deep breaths and cough any secretions to the top of your windpipe and wipe away. If you wear a stoma tube (Bivona/Lary tube) or stoma stud you will need to remove and clean it when you clean your stoma.

To clean your stoma you will need:

- A freestanding table mirror.
- A good light source/pen torch.
- Gauze swabs/disposable tissues.
- Cool, boiled water at first and tap water once stoma has healed.

1. Once you have removed your Bivona/Lary tube, clean around the stoma with tissues or gauze and wipe away any secretions gently. You will need to do this carefully on the inside edge of your stoma.
2. Moisten any dried secretions with damp gauze and wipe away gently, or remove with clean fingers. Dry the outside of your stoma afterwards so your skin is not damp. Using a pen torch check that the inside of your stoma is clear but do not probe down the stoma too deeply. If you are unable to remove the dried secretions then ask your district nurse for assistance.
3. When your stoma is clean, reinsert a clean stoma tube or stud if required.
  - The skin around the stoma may occasionally become sore; apply cream such as Vaseline, E45, Cavilon or aqueous cream to protect the skin. These can be purchased over the counter or on prescription from your GP.
  - Never cut up small pieces of gauze to clean around the stoma as fragments may fall into your windpipe.
  - Do not use cotton wool as small fibres may be inhaled, causing irritation in the airway which can be difficult to relieve.
  - Place your hand near your stoma and you will feel the air on your hand as you breathe in and out. This will reassure you that your airway is clear.
  - Report any changes in your stoma such as size, redness or sores to your GP, District Nurse, Speech & Language Therapists or Head and Neck Cancer Specialist Nurses.

## The size of your stoma

Your stoma should be at least the size of your thumb and can contract as part of the healing process. After about 6 months this will settle down. You will be discharged from the ward with a small tube called a Bivona/Lary tube. Between surgery and when healing is complete we advise that you wear a Bivona/Lary tube at night (or 12 hours in the day) in order to keep the stoma at a reasonable size. The Bivona/Lary tube can also be used to check the size of the stoma by putting it in daily. If it is a tight fit then keeping it in would be necessary to stretch the stoma. If you lose the Bivona/ Lary tube or need a new one, please contact the Speech and Language Therapy department on 0118 322 5205 or the Head and Neck Cancer Specialist Nurses on 0118 322 8827.

## How to keep your mucus thin

It is important to keep your mucus thin so that it is easy to cough up.

- You should always wear a stoma protector (Buchanan Bib, Laryngofoam or Heat Moisture Exchanger (HME)) which are available on prescription and will moisten your mucus helping to keep it thin. While you are in hospital your nurse and speech and language therapist will discuss this with you.
- Drinking plenty of water will help to keep the body tissue moist, which will help keep the secretions in your chest thin.
- Practice deep breathing exercises.
- Breathing in steam from a bowl of hot water may be helpful if your mucus is becoming thick and difficult to cough up.
- Plastic spray bottles can also be used to moisten the air you breathe; nursing staff will show you how to do this.

- If you have a nebuliser box/machine at home you can use saline nebulisers to help keep the mucus thin as prescribed.
- Your mucus may change according to the time of year. Your mucus may also become thicker during a cold so you may need to check your stoma more frequently.

## General information

- During the summer there are more flies and wasps in the air that may present a hazard to the unprotected stoma. Ensure you wear stoma protection.
- Take care with water near the stoma. Wear a shower protector to protect your lungs when showering / bathing. Your Clinical Nurse Specialist can advise you further with this.
- Do not go swimming unless you have the correct breathing equipment and have had lessons on how to use it. Your local laryngectomy support group or NALC can advise you further.
- Take care not to spray aerosols too near to the stoma to avoid irritation.
- During hot weather, protect your skin from the sun.
- While on the beach, take care not to get sand in the stoma. Wear a stoma protector.

## Useful contact details

### **Speech Therapy**

Susan Willows and Caroline Parry: 0118 322 5205

### **Head and Neck Cancer Clinical Nurse Specialists (CNS)**

Amy Raynor, Annabel Jacob and Jo Hand 0118 322 8827

**Dorrell Ward:** 0118 322 7172

The National Association of Laryngectomy Clubs

Lower Ground Floor

152 Buckingham Palace Road

London SW1W 9TR

Tel: 020 7730 8585

Fax: 020 7730 8584

[www.laryngectomy.org.uk](http://www.laryngectomy.org.uk)

Macmillan Cancer Support

0808 808 0000

Mon-Fri 9am-8pm

[www.macmillan.org.uk](http://www.macmillan.org.uk)

# Notes

This document can be made available in other languages and formats upon request.

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