Prior to surgery, assess for additional obstacles to communication. Communication may be impaired by hearing loss, illiteracy, or weakness associated with the disease process, altering the ability to use alternative communication strategies.

Assess the importance of verbal communication to self-concept, occupation, and lifestyle. Many factors influence adaptation to the loss of normal verbal communication. If the ability to speak is central to an occupation (e.g., elementary school teacher, singer) or self-concept (e.g., a politician or attorney), adapting to a total laryngectomy may be difficult. For these clients, laryngectomy may mean a loss of employment or career.

Prior to surgery, introduce nonverbal communication strategies such as pencil and paper, magic slate, or an alphabet board. Encourage the client to practice using each method and to choose the most acceptable one. Having the client determine a means of communication prior to surgery helps to alleviate anxiety and increases the sense of control.

Arrange consultation with a speech therapist about alternate forms of oral communication prior to surgery if possible. Determining a means of communicating on a continuing basis prior to surgery helps to relieve fear of inability to communicate and may guide the choice of a surgical procedure.

Arrange consultation with a speech therapist about alternate forms of oral communication prior to surgery if possible. Determining a means of communicating on a continuing basis prior to surgery helps to relieve fear of inability to communicate and may guide the choice of a surgical procedure.

Reinforce teaching about alternative communication strategies. Anxiety or information overload may impair the ability to retain information; reinforcement facilitates learning.

Maintain a positive attitude about postoperative communication, but do not promote unrealistic expectations. Not all clients are able to use all alternative methods of verbal communication after the laryngectomy. Some clients remain nonverbal.

**Practice Alert**

Prior to surgery, introduce nonverbal communication strategies such as pencil and paper, magic slate, or an alphabet board. Encourage the client to practice using each method and to choose the most acceptable one. Having the client determine a means of communication prior to surgery helps to alleviate anxiety and increases the sense of control.