

NURSING CARE OF THE CLIENT HAVING A TOTAL LARYNGECTOMY

PREOPERATIVE CARE

- Assess knowledge and understanding of the diagnosis and proposed surgery. Clarify information and reinforce previous teaching as needed. *A clear understanding by the client and family of the purpose, anticipated benefits, and consequences of total laryngectomy prior to surgery is vital to promote postoperative recovery.*
- Provide routine preoperative care and teaching as explained in Chapter 7.
- Assess anxiety levels of the client and family related to the diagnosis and proposed surgery. *High levels of anxiety interfere with learning and the ability to cooperate in care. Interventions to reduce anxiety may be required prior to teaching and providing preoperative instructions.*
- Without increasing fear, emphasize that total laryngectomy results in a loss of speech and that the client will breathe through a permanent stoma in the neck. *Although clients and family members may verbalize an understanding of the loss of speech following surgery, they may believe that verbal communication will still be possible through the stoma.*
- Establish a means of communicating postoperatively, using a magic slate, alphabet board, eye or hand signals, or other strategies. *Learning techniques for communicating preoperatively decreases the client's and family's postoperative anxiety. Long-term speech rehabilitation measures, such as the tracheoesophageal puncture are not appropriate for use in the immediate postoperative period.*
- Point out that surgery will affect the sense of taste and smell, and eating in the initial postoperative period. Reassure that nutritional and fluid needs will be met with intravenous or enteral feedings until eating can be resumed. *The client may not be prepared for the effect of surgery on taste and smell, and therefore the enjoyment of food.*
- If possible and desired by the client and family, arrange a visit by a postlaryngectomy client who effectively uses an alternate form of verbal communication. *The client and family may feel more comfortable expressing their fears and asking questions of someone who has gone through the same experience they are facing.*

POSTOPERATIVE CARE

- Provide routine postoperative nursing care and monitoring as explained in Chapter 7.

- Frequently monitor airway patency and respiratory status, including respiratory rate and pattern; lung sounds; oxygen saturation. *Excessive or retained respiratory secretions can impair gas exchange, increase the work of breathing, and lead to complications such as pneumonia.*
- Encourage deep breathing and coughing. *Deep breathing helps ensure adequate ventilation of lower airways; coughing helps to move secretions out of airways.*
- Elevate the head of the bed. *The upright position promotes effective ventilation of the lungs, and reduces edema and swelling of the neck.*
- Maintain humidification of inspired gases. *With a tracheostomy, humidification of inspired air in the upper airways is lost. Humidified air helps maintain moist mucous membranes and secretions, promoting secretion removal by coughing or suctioning.*
- Maintain an adequate fluid intake (intravenously, enteral, and oral when allowed). *Adequate hydration keeps secretions liquid and mucous membranes moist.*
- Suction via tracheostomy using sterile technique as needed. *Surgery, impaired nutrition, and the effects of radiation therapy may cause fatigue and a weak cough effort. Suctioning may be necessary to clear secretions and maintain airway patency.*
- Provide tracheostomy care as needed. See Procedure 35–1. *Periodic cleaning of the tracheostomy tube is necessary to remove accumulated secretions and maintain airway patency.*
- Teach to protect the stoma from particulate matter in the air with a gauze square or other stoma protector. *Permanent tracheostomy results in loss of the protective mechanisms of the upper airway that prevent foreign material from entering the lungs.*
- Instruct to support the head when moving in bed. *Additional head support reduces the strain on tissues in the operative area.*
- Place the call light within easy reach at all times; answer the call light promptly. *The client who is unable to speak needs reassurance that help is within reach at all times.*
- Encourage family members to remain present when possible. *Supportive family presence helps reassure the client that he or she will not be left alone or helpless.*
- Spend as much time as possible with the client. When leaving the room, specify the time when you will return. *These measures help establish trust and relieve anxiety.*