Role of the SLP: Pre-Surgical Assessment & Counseling

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Disclosures

• Neither presenters have any financial disclosures to report.
• Both presenters are active employees with the Veterans Health Administration in South Texas
• Mrs. MacKenzie has also been employed with the UT Health San Antonio

**The views discussed in this presentation do not represent the views of the VA**
Preoperative Counseling in Total Laryngectomy

• Why?
  • Counseling important for rehab following TL
    • Physical and emotional health
  • TL is a high-cost procedure
  • Significant post-operative changes & potential health care costs
    • Face-to-face pre-operative counseling by SLP = relatively inexpensive
      • May improve care quality & decrease long-term costs

• Shenson, Craig & Rohde (2017)
  • Retrospective of 116 pts from 2011 - 2015
    • Patients that received pre-operative counseling vs. those that did not
      • Significantly lower length of hospital stay
      • No changes in ED visits
      • No increase in re-admissions

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When?

• Ideally occurs...
  • PRIOR to patient’s admission to hospital for surgery
  • AFTER they have been diagnosed and initially educated by Surgeon or medical doctor
  • With patient, family & caregivers present

• May include counseling on risks/benefits
  • Patient may not have made final decision about having surgery

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- Surgeon and SLP need to be on the same page!
  - Related to...
    - Post-Operative Communication Options
      - ES vs. AL vs. TE Speech vs. AAC
    - Post-Operative Swallow Function
    - Patient’s wishes & understanding of procedure
  - Overall plan of care
    - Extent of surgery & prognosis
    - Plan for post-op chemo/XRT

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How?

• During the discussion
  • Allow for ample time to process information
  • Use visuals & provide handouts for later reference
  • Try not to overload!!

• Time, logistics & acute need do not always allow for early intervention
  • Ideally… counseling should occur 1+ weeks prior to surgery
  • Airway safety or disease progression may not allow for extended time

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*Courtesy of Inhealth Technologies
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What??

• Primary Components:
  • Initial SLP screening measures
    • QOL measures (EAT-10, VHI, RSI)
    • Clinical exams as appropriate - determine need for further assessment
  • Education about anatomical, physiological & lifestyle changes post-laryngectomy
    • Patient education video or materials outlining:
      • Functional changes in respiration, swallowing, & communication
      • Emotional support & advocacy
  • Contact information for physicians and medical providers
  • Meeting with laryngectomy support visitor

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SLP Screening to assess:
- Baseline Speech
  - Articulation to play a role in post-op communication options
- Informal cognitive screening
- Manual dexterity
  - Informal - ROM, fine motor manipulation
- Visual acuity
  - Informal - glasses, low vision, blindness
- Personality
- Goals of care
- Level of communicative demand
- Swallow/Voice Baselines**

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• Education!
  • Overview of Anatomic Changes
    • Stoma
      • Purpose & appearance
    • Flap Sites
    • Scars & Aesthetics
      • Altered body image
  • Resuscitation
    • Neck breathing for oxygen
    • Provide handouts and educate family
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• Overview of Physiologic Changes:
  • Breathing & Humidification
    • Inhalation/exhalation via stoma
    • No involvement of nose or mouth for breathing
    • Loss of nose for filtering and warming of air
      • Need for external filtration/humidification
  • Importance of stoma covers
  • External filtration options

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- Overview of Physiologic Changes
  - Coughing
    - Increased mucus production as consequence of surgery
    - Inability to cough
    - “Huff” to clear secretions
    - Need to cover airway rather than mouth
    - Importance of maintaining clean airway
    - Need to carry tissues, handkerchief for mucus removal
    - Feelings around mucus and stoma maintenance

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• Overview of Physiologic Changes
  • Swallowing
    • Altered anatomy removing risk for aspiration*
    • Acute post-surgical changes
      • Temporary enteral nutrition
    • Potential impairment due to muscle grafts and/or stenosis
    • Potential changes in saliva production after XRT
    • Potential impairment related to fibrosis
    • Types of swallow strategies that may be of assistance
      • Diet modifications
      • Altering foods & liquids
      • Smaller but more frequent meals
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• Overview of Physiologic Changes
  • Taste
    • Potential change to flavor perception and taste due to lack of air moving through nose
    • Use of food additives to enhance taste
  • Smell
    • Why smell impaired
    • Implications related to danger warnings (fire, gas) & personal hygiene
    • May still be able to smell strong odors
  • Blowing Nose
    • Unable to do so in same way
    • Learn how to direct air up into nasal cavity

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- Overview of Physiologic Changes
  - Communication
    - Why communication is altered
    - Acute/Temporary Post-op communication options
      - Electrolarynx
      - AAC - low vs. high tech
      - Whiteboards, Pen/paper, head nods/gestures
      - Variety of communication boards
    - Long-term Post-operative Communication Options
      - ES vs. AL vs. TE vs. AAC
      - Pros & Cons of each
    - Implication of changes
    - Demonstration & Videos
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- Overview of Lifestyle Changes
  - Showering
    - Need for additional protection - shower cover or handheld hose
  - Swimming & Water
    - Loss of ability to protect airway
    - Requires adaptive device and in-depth training
    - Advise on risk of drowning
  - Lifting
    - Inability to generate pressure in throat
    - May change some activities of employment/lifestyle
    - May be able to learn compensatory strategies

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• Overview of Lifestyle Changes
  • Relationships & Sexual Activity
    • Altered body image & need to wear stoma covers
    • Conscious of odors
    • Talking during sexual activity
    • Can be discussed/counseled further with SW, Counselor, Psychologist
  • Airline travel
    • Different oxygen masks - contact airline before travel
    • Use of extra filtration
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- Overview of Lifestyle Changes
  - Laughing/Crying/Shouting
    - Altered ability to express certain emotions
    - May be mis-interpreted by listener
  - Occupation
    - Encourage return to work & hobbies where possible
    - May need to change employment related to physical demands

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- Laryngectomy Support Visitor
  - Should be at least 6 months past their surgery
  - Good functional communication skills
  - Physically & emotionally well
    - Good adjustment and positive attitude
  - Warm & supportive
  - Neat presentation - well groomed & dressed
  - Should act under guidance of SLP
  - Undergo training before encounter
  - SLP acts as facilitator
Laryngectomee Support Groups & Clubs

• **Support & promote rehab** of laryngectomees through support programs

• Provide **support network for laryngectomees & their families** through meetings & social gatherings of fellow laryngectomees & their partners

• Facilitate **access to equipment & resources**
Laryngectomee Support Groups & Clubs

- Collect, coordinate, and **disseminate information** relevant to laryngectomees through regular meetings & guest seminars
- **Enhance community awareness** & assist in the training & education of health professionals, through lectures to community groups, students, & other professions
- Provide a **nonthreatening environment for people to practice** new modes of communication, gain confidence & enjoy social interaction

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Laryngectomee Support Groups

• Texas Laryngectomee Association
• International Association of Laryngectomees
• Web Whispers
  • http://www.webwhispers.org/
• Lost Voices Club of San Antonio
• SPOHNC
  • Support for People with Oral Head & Neck Cancer
References


Questions?