Jenna MacKenzie, M.S., CCC-SLP & Nicole Palmer, M.S., CCC-SLP Texas Laryngectomy Association 2019 Conference

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



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

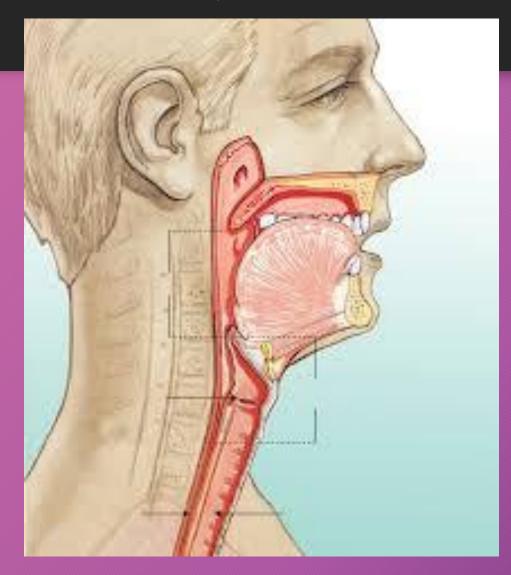
- Surgeon and SLP need to be on the same page!
 - Related to...
 - Post-Operative Communication Options
 - ES vs. AL vs. TE Speech vs. AAC
 - Post-Operative Swallow Function
 - Patient's wishes & understanding of procedure
 - Overall plan of care
 - Extent of surgery & prognosis
 - Plan for post-op chemo/XRT

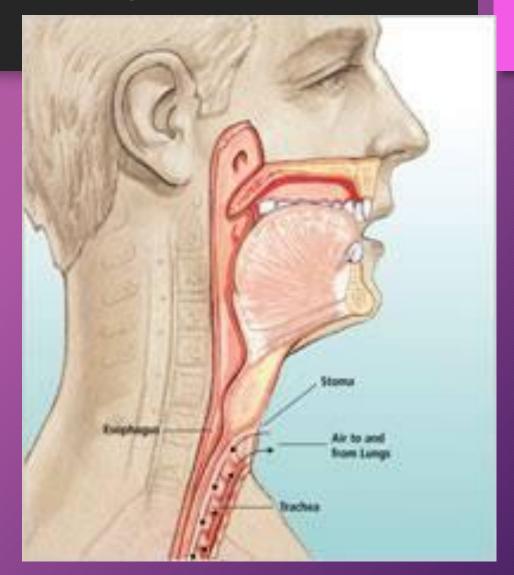


How?

- 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

*Courtesy of Inhealth Technologies





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 postlaryngectomy
 - 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

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**



- 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





- 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

- 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

- 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

- 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



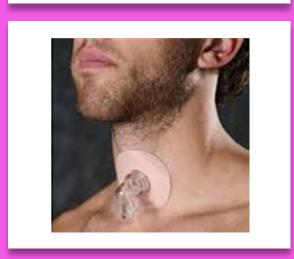


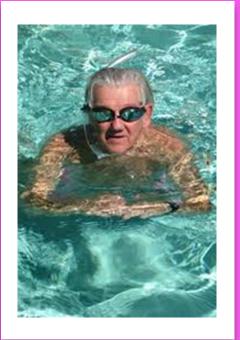


- Overview of Lifestyle Changes
 - Showering
 - Need for additional protection shower cover or handheld hose
 - Swimming & Water
 - Loss of ability to protect airway
 - Requires adaptive device and in-depth training
 - Advise on risk of drowning
 - Lifting
 - Inability to generate pressure in throat
 - 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



- 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



- 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 <u>support network for</u>
 <u>laryngectomees & their families</u>
 through meetings & social gatherings of fellow laryngectomees & their partners
- Facilitate <u>access to equipment & resources</u>



Laryngectomee Support Groups & Clubs



- Collect, coordinate, and <u>disseminate information</u> 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 <u>nonthreatening environment for people</u> <u>to practice</u> new modes of communication, gain confidence & enjoy social interaction

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

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Questions?

