

This information sheet is for laryngectomy patients to provide advice about how to care for their laryngectomy stoma on the ward and at home.

What is a laryngectomy stoma?

A laryngectomy stoma is a permanent opening in your neck which is made as part of the surgery to remove your larynx (voice box). After the operation you will no longer breathe through your nose and mouth as you did before. You will only breathe through your stoma.

After surgery, the stoma may look swollen and feel sore to touch. You may be given a silicone tube (called a laryngectomy tube) to wear in your stoma to keep it open and the right size. You may need to wear this tube in the day time, at night or both. We will teach you how to put it in, how to clean it and when to wear it.

Laryngectomy tube size:

When to wear your tube:

Cleaning your stoma.

Whilst you are in hospital, we will show you how to clean and care for your stoma. It is important to begin taking an active part in caring for your stoma as soon as you can after the operation so that you feel confident to look after it yourself when you go home. You will need to check and clean your stoma at least twice a day (morning and evening) but you are likely to need to clean it more frequently in the early days after your operation. It is important not to let secretions build up around the stoma or down your windpipe as this will make you cough and may affect your breathing. When you cough up chest secretions, it helps to wipe them away with a tissue straight away so they do not become dry and crusted. It is helpful to use a mirror when you do this in the early days.

You will need the following equipment when cleaning your stoma:

- Free-standing mirror
- Torch
- Gauze swabs or disposable tissues
- Cooled boiled water while your stoma is healing, then tap water once it has healed.
- Tweezers
- Lubricating gel
- Tracheostomy cleaning swabs can also be useful – these will be provided.

1. If you are wearing a laryngectomy tube, you will need to remove this first.
2. Dampen a piece of gauze and gently wipe secretions away from the stoma. Avoid dripping any water into the stoma as this will make you cough. Dry the area afterwards so your skin is not damp.
3. If the secretions are dry or crusty, you can try using a nebuliser first to soften them or apply some lubricating gel to the dried secretions around the outside of the stoma. You may need to use tweezers to remove some of the secretions.
4. Use your torch to check the inside of your stoma is clear. Do not probe down in your stoma too deeply.
5. When your stoma is clean, reinsert the clean laryngectomy tube if you require one.
6. You may find it is beneficial to use a barrier cream (such as Cavilon) around the stoma as the skin can become sore or sensitive. There are other barrier creams available, please speak to your speech therapist for alternatives.

Do not use cotton wool balls or buds to clean your stoma. Small fibres can get in to your windpipe which can cause irritation in your airway.

If you place your hand near your stoma you will feel the air on your hand as you breathe in and out. This will reassure you that your airway is clear.

Should I cover the stoma?

You should keep your stoma covered at all times to warm, filter and humidify the air that you are breathing. Cold, dry air can irritate your lungs and cause more mucous to be produced. While you are on the ward you will be provided with a laryngectomy bib to cover the stoma. Your speech and language therapist will advise you on other types of stoma covers once your stoma has healed.

What should I do if my stoma starts to get smaller?

It is normal for the stoma to shrink a little as the swelling goes down. It is good to get used to looking at your stoma in the mirror so you know what your usual size is. If you are concerned that the stoma is getting smaller, please speak to your Speech and Language Therapist.

Stoma measurement at the time of discharge:

If you are having difficulty breathing or your breathing sounds noisy and you don't have a laryngectomy tube, or your stoma is too small to put the tube in, go immediately to your nearest Accident and Emergency department or ask someone to call 999 for you.

***Please report any changes in your stoma such as size, redness or sores to your speech and language therapist or clinical nurse specialist.**

Contact details

Should you have any concerns or further questions please contact the Speech & Language Therapy department at the Queen Victoria Hospital on 01342 414471.

Looking after your stoma after laryngectomy

Speech and Language Therapy

Please ask if you would like this leaflet in larger print or a different format.

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