



Your Hospital Stay

For patients receiving treatment for head and neck cancer

This section of the Guide to Your Head and Neck Cancer Treatment explains what will happen while you are at the hospital after surgery, including where you will stay, who will be involved in your treatment, and what will happen when you meet with the different members of your care team.

Intensive Care Unit

After surgery, you will be moved to the Intensive Care Unit (ICU). Your stay in the ICU will be 1 or 2 days. You will be either in a private room or in a large room for 2 patients.

In the ICU, you will receive close attention from the nursing staff. The surgery residents will check on you often. When your condition is stable, you will transfer to 4-Northeast.

4-Northeast

On 4-Northeast, you will have a private room. The nurse caring for you will care for 4 to 5 patients. This means that you will not receive the same level of attention as in the ICU, but you will still be closely observed and cared for during your recovery. You will increase your activity every day with the help of nursing staff, and physical and occupational therapy.

Your Care Team After Surgery

Surgery Staff

Your **surgeon** and the **surgical residents** will see you every day while you are in the hospital. The residents will see you at least 2 times per day to make sure that you are making progress after surgery. This will be in the early morning and in the afternoon during surgery rounds. These doctors will follow your progress closely until you are discharged from the hospital.

Terms

Tracheoesophageal puncture (TEP): a puncture between the trachea and the esophagus in which a prosthesis is placed to enable esophageal speech

Tracheoesophageal speech: communicating by using a device with a one-way valve that pulls air into the esophagus, then closes off to produce speech

Nursing Care

A **nurse practitioner** will follow your progress beginning with your pre-surgery visit in the clinic, during the time you are in the hospital, and after discharge to home. While you are in the hospital, the nurse practitioner will work with the residents and your surgeon to make sure all plans are on track, answer questions for you and your family, and work with nursing staff and the social worker in planning your discharge. The nurse practitioner will also assist you and your family in setting up the first clinic visit before you leave the hospital.

A **registered nurse** will care for you in the ICU and on 4-Northeast. Different nurses will care for you during your hospital stay. All the nurses involved in your care have been trained to take care of laryngectomy patients after surgery. Your nurse will be your advocate during your hospital stay and will help with your recovery.

Social Work

A **social worker** will be involved while you are in the hospital to help with your discharge plan to home. The social worker will assist with any special concerns about your discharge.

Speech Pathology

A **speech pathologist** will meet with you during your pre-surgery visit to talk with you about the physical effects of surgery, and will begin to teach you how to produce a new voice after surgery. The speech pathologist will continue to work with you after surgery in the hospital to help you learn to use an *electrolarynx*. This is a battery-powered device that will produce a voice after loss of the voice box. Learning to use the device takes persistence and patience on your part.

Respiratory Therapy and Stoma Care

A **respiratory therapist** will be involved with your care in the hospital, from the time you are in the ICU until your discharge to home. After your total laryngectomy, you will breathe through a *stoma*. Before you leave the hospital, you and your family members will have a private lesson in stoma care with a respiratory therapist.

The respiratory therapist will also order the equipment you will need at home. The equipment includes an oxygen mist mask for your stoma to maintain humidification, cleaning supplies for your stoma, and portable suction with suction supplies. Your respiratory equipment and supplies will be delivered to your home.

Dietary and Nutritional Therapy

A **dietitian** will be involved with your care in the hospital. After surgery, you will not be able to eat by mouth while your surgery site is healing. You will have a small feeding tube inserted in your nose that goes down to your stomach. Liquid nutrition, fluids, and medicines will go to your



This patient had her laryngectomy surgery 1 year ago. She has a tracheo-esophageal puncture (TEP) in place for speech.

stomach through the feeding tube. A dietitian will evaluate your nutrition needs and follow you during your recovery after surgery. Good nutrition will help your body heal after surgery.

Physical and Occupational Therapy

Physical and occupational therapy staff may work with you after your surgery to help you increase your activity. The goal with physical therapy is to improve your strength after surgery with exercises and to help you when you are walking. Occupational therapists will work with you to help you return to your normal activities. They may prescribe aides or devices to help when you return home.

Care Issues After Surgery

Pain

You will have an IV line for fluids and pain medicine. Tell your nurse what your pain level is, so you can be as comfortable as possible.

Drains

Drains are usually placed in the neck area during surgery to prevent swelling. They are removed 3 to 5 days after surgery. The surgical incision is held closed with staples or sutures that will be taken out at your first clinic visit after surgery.

Feeding Tubes

After surgery, you will have a nasal feeding tube placed. You will receive your nutrition, fluids, and medication through this tube while you are healing after surgery. If you had a *tracheo-esophageal puncture* (TEP) placed in surgery for a planned prosthesis, you will have a soft red rubber catheter at your puncture site. You will receive your nutrition or tube feeding formula through this catheter.

Bring a whiteboard to use for communication. It works better than paper. It takes a bit of practice using the Electrolarynx before one can be easily understood.

~ UWMC Patient

- *Nasal feeding tube* – If you have a nasal feeding tube, the plan is to remove it before you go home. If your surgery site is slow to heal, you may go home with this tube in place. If you need to keep the feeding tube, we will teach you and your family how to give feedings at home. We will order all your supplies and everything will be delivered either to your hospital room before you leave the hospital or to your home.
- *Red rubber catheter* – If you have a red rubber catheter at your TEP site, you will go home with a feeding tube in place. Your surgery site will have to heal completely so that the prosthesis can be placed during a clinic visit in about 2 weeks. We will teach you and your family how to give tube feedings. We will order all your tube feeding supplies, and everything will be delivered either to your hospital room before you leave the hospital or to your home.

Smoking Cessation

One of the risk factors for developing head and neck cancer is cigarette smoking. While you are in the hospital, we will work with you to help you stop smoking, if needed. Our social worker has information on smoking cessation programs. Working with an organized program can support you as you make this lifestyle change.



This patient is showing how he uses his Electrolarynx. His surgery was about 2 years ago.

Potential Inpatient Visits

ARNP (ARNP)

Social Work

Speech Pathology

Respiratory Therapy

Questions?

Call 206-598-4022

Your questions are important. Call your doctor or health care provider if you have questions or concerns. UWMC Clinic staff are also available to help at any time.

Otolaryngology/Head and Neck Surgery Center: 206-598-4022

Dietitian

Physical and/or Occupational Therapy

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