

Introduction



Laryngectomy is a distressing operation for patients with advanced larynx cancer.

Self management is essential to prevent life threatening airway obstruction & for

learning to communicate without a voice box.

Enhanced recovery after surgery (ERAS) has significantly improved function, reduced morbidity and reduced length of stay in other surgical areas^{1, 2}. ERAS is an emerging field in laryngectomy care^{3, 4}.

Aim

This study is part of a large project, exploring areas for ERAS development in laryngectomy care. Initially we will 1) map the laryngectomy journey at Sunderland Royal Hospital (SRH), 2) identify gaps and areas of good practice, taken from the clinicians' perspective.

Methodology & Methods

- Qualitative study design
- Semi-structured interviews with clinicians working with the inpatient laryngectomy caseload
- Purposive sampling of all clinicians involved
- Interviews recorded and transcribed verbatim
- Data was used to populate an integrated patient journey mapping tool⁵.

Results

8 interviews were conducted in total. The laryngectomy journey fell into four sections as presented below. Areas for improvement are shown in red font.

Admission



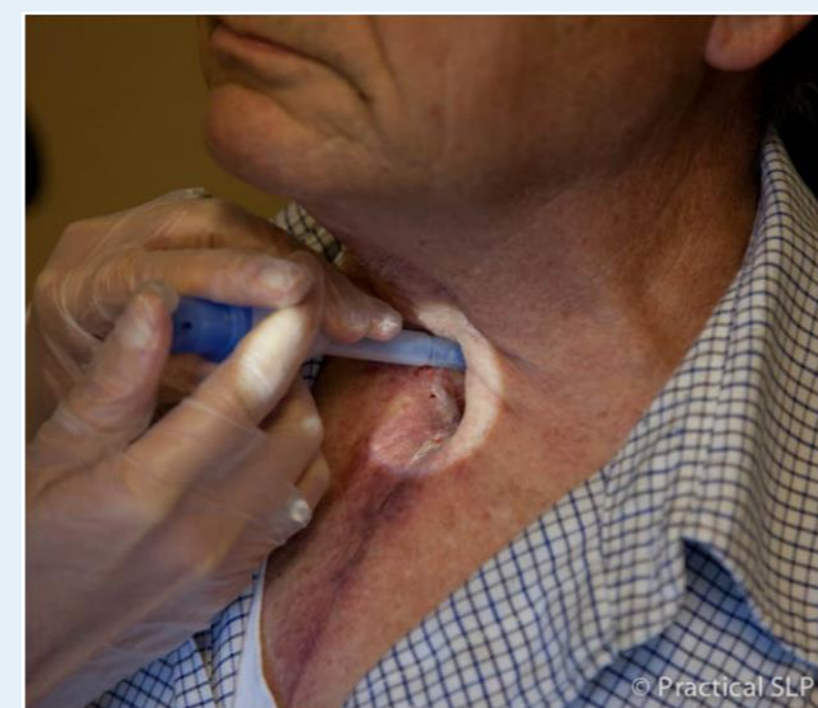
- Patient admitted to the day case unit. **No pre- contact with ward staff**

Post Surgery



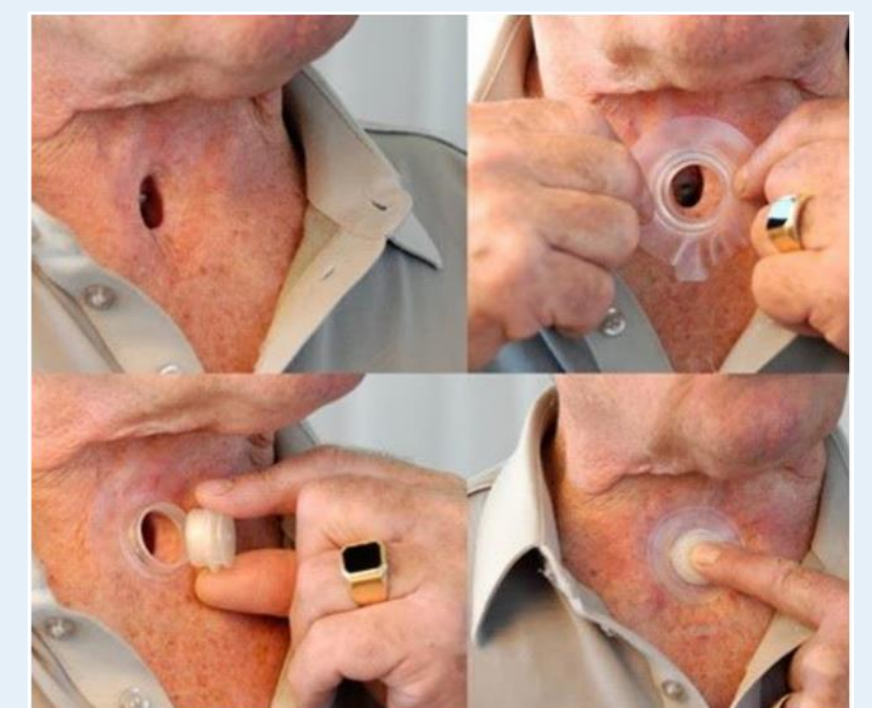
- **Medical team:** Monitor for complications
- **Nursing Staff:** Settle patient into bed, vital checks, provide nebulisers, reassurance
- **Speech & Language Therapy (SaLT):** **Total communication strategies**
- **Physio:** Chest & secretion management
- **Dietician:** Implement feeding regime

Day 2 - 7



- **Medical team:** monitor for complications, **contrast swallow**
- **Nursing staff:** Remove drains, mobilisation, stoma care, NG support
- **SaLT:** **Communication therapy**, stoma exposure, **self management & expectations**
- **Physio:** Chest care, stretches if indicated
- **Dietician:** Minimise weight loss via feed
- **Cancer Nurse Specialist:** Support visits

Week 2 & Discharge



- **Medical team:** As per Days 2-7, **contrast swallow**
- **Nursing staff:** Self management of the stoma, NG removal, home leave, **equipment for home**
- **SaLT:** Surgical voice restoration if appropriate, **dysphagia management**
- **Physio:** Likely N/A
- **Dietician:** Monitor oral intake / weight
- **Cancer Nurse Specialist:** Support visits

Conclusion

The study has enabled us to map the typical laryngectomy journey at a single centre. Areas for improvement were highlighted, as were discrepancies between the current service and emerging head and neck ERAS protocols³. Additionally, there were some differences within professional practice. The data will be combined with a concurrent project exploring patient experience to fully capture the journey and this will be used to inform service development in the future.