Management of the laryngectomy patient with breathing difficulties

Apply high flow oxygen to laryngectomy stoma
If any doubt about whether patient has a tracheostomy or a laryngectomy, apply oxygen to face also*
Call for Airway Expert help – Anaesthetics/ITU AND ENT/Max Fax

Look, listen & feel at laryngectomy stoma
There may not be a tube inserted into the stoma
A Waters circuit or capnography may help if available

Assess patency

Yes

Is the patient breathing?

Remove cap (if present)
Remove inner tube1 (if present)
Attempt tracheal suction

No

Can you pass a suction catheter?

Deflate the cuff (if present)2
Look, listen & feel at the laryngectomy

Yes

The laryngectomy is patent
Consider partial obstruction
Continue ABCDE assessment
1. Some inner tubes need re-inserting to connect to breathing circuits
2. If bleeding from laryngectomy, await expert before deflating cuff

No

Is the patient improving?
Eg. SpO₂ >90%

Remove the tube that is in the laryngectomy (if present)
Look, listen & feel at the laryngectomy stoma. Ensure oxygen re-applied

No

Call Resuscitation team
Follow ALS algorithm
Emergency oxygenation

Yes

Continue ABCDE assessment
Support ventilation as required
Await Airway Expert

Basic emergency oxygenation

Expert emergency oxygenation

Laryngectomy STOMA ventilation
Paediatric face mask applied to neck
LMA applied to neck

Attempt intubation of stoma
Small trachy tube / 6.0 cuffed ETT
Consider Bougie / Aintree catheter / Fibre-optic ‘scope

LARYNGECTOMY patients have an end stoma and CANNOT BE INTUBATED via the mouth.
*Applying oxygen to the face & neck is a default emergency action for all patients with a tracheostomy.

www.tracheostomy.org.uk