Emergency Procedures for Tracheoesophageal Puncture After Total Laryngectomy
After Laryngectomy

- Stoma
- Esophagus
- Air to and from Lungs
- Trachea

Images Courtesy of InHealth Technologies
Blom-Singer Voice Prosthesis

- 3 general types of voice prostheses
  - Duckbill
  - Low pressure
  - Indwelling
Duckbill Voice prosthesis

- Management of prosthesis by patient or trained caregiver
- Removed and cleaned on a weekly basis
Low Pressure Prosthesis

- Management of prosthesis by patient or trained caregiver
- Removed and cleaned on a weekly basis
Indwelling Voice Prosthesis

- Placed by SLP or ENT Physician
- For patients and caregivers unable to complete routine removal and insertion of the voice prosthesis
- May last for 6 months-year before being changed
Tracheo-esophageal puncture

- **MUST** be something in puncture site at all times. Either voice prosthesis OR 16 French catheter.

- Patient to be instructed not to swallow when nothing is in the puncture site.

- If there is nothing in the puncture site, the puncture will close quickly and require additional surgery to repuncture.

- Any leaking through the puncture site puts patient at risk for aspiration pneumonia.
If the Prosthesis Comes Out…

- Immediately place a **16 French** urethral catheter into the puncture site 6-8 inches.
  - YES 16 Fr fits easily?
  - NO Place smaller catheter successively until fits easily (14 Fr, 12Fr, 10Fr)

- Tie a knot in the end of the catheter to prevent passage of stomach contents through the catheter.

- Tape external end of catheter to skin of chest.

- Contact SLP or ENT. Give patient 3 sips of sterile water. If no leaking around catheter than patient is safe to eat and drink.
  - NO Able to place catheters?
  - YES May indicate closure of puncture. Contact ENT. SLP support is also available at some sites.*

*Refer to NSHSC Sites Providing TEP Services

Patient complaints of sharp pains in the chest indicates improper placement into the trachoeosophageal wall.