Emergency laryngectomy management

Call for airway expert help

Look, listen & feel at the mouth and laryngectomy stoma
A Mapleson C system (e.g. ‘Waters circuit’) may help assessment if available
Use waveform capnography whenever available: exhaled carbon dioxide indicates a patent or partially patent airway

Is the patient breathing?

No
Call Resuscitation Team
CPR if no pulse / signs of life

Yes
Apply high flow oxygen to laryngectomy stoma
If any doubt whether patient has a laryngectomy, apply oxygen to face also*

Assess laryngectomy stoma patency

Most laryngectomy stomas will NOT have a tube in situ

Remove stoma cover (if present)
Remove inner tube (if present)
Some inner tubes need re-inserting to connect to breathing circuits
Do not remove a tracheoesophageal puncture (TEP) prosthesis

Can you pass a suction catheter?

No
Deflate the cuff (if present)
Look, listen & feel at the laryngectomy stoma or tube
Use waveform capnography or Mapleson C if available

Yes
The laryngectomy stoma is patent
Perform tracheal suction
Consider partial obstruction
Ventilate via stoma if not breathing
Continue ABCDE assessment

Is the patient stable or improving?

No

REMOVE THE TUBE FROM THE LARYNGECTOMY STOMA if present
Look, listen & feel at the laryngectomy stoma. Ensure oxygen is re-applied to stoma
Use waveform capnography or Mapleson C if available

Yes
Continue ABCDE assessment

Call Resuscitation Team
CPR if no pulse / signs of life

Primary emergency oxygenation

Laryngectomy stoma ventilation via either
Paediatric face mask applied to stoma
LMA applied to stoma

Secondary emergency oxygenation

Attempt intubation of laryngectomy stoma
Small tracheostomy tube / 6.0 cuffed ETT
Consider Aintree catheter and fiberoptic
’scope / Bougie / Airway exchange catheter

Laryngectomy patients have an end stoma and cannot be oxygenated via the mouth or nose
Applying oxygen to the face and stoma is the default emergency action for all patients with a tracheostomy