Living Well
After A Laryngectomy
Prescription Devices

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We created this book to help laryngectomees, spouses, caregivers, companions and loved ones gain a greater understanding of what to expect after a total laryngectomy. The information is not intended to replace the advice of your medical team but rather to complement their guidance. Ultimately, our goal is to allow you to make informed choices that will help you live well after your surgery.

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Atos Medical, we are committed to giving a voice to people who breathe through a stoma, with design solutions and technologies built on decades of experience and a deep understanding of our users.

Since the introduction of the first Provox® voice prosthesis in 1990, Atos Medical has become the world leader in laryngectomy care.

Our commitment and dedicated specialization in this field, along with our substantial level of evidence, has allowed us to gain a deep understanding of the needs of our customers. This understanding drives our innovation process and allows us to continuously bring cutting-edge solutions to our users.

Over the years, we have served the needs of around 100,000 people who have had a laryngectomy in over 70 countries. Our comprehensive laryngectomy care portfolio includes a complete range of Provox voice and pulmonary rehabilitation devices. This broad selection of high-quality products allows for a personalized combination of solutions for each user.

Atos Medical understands that being the leader in this field comprises more than product development. Supporting clinical research and educating both professionals and users is an integral part of our business. Our products are featured in over 150 peer-reviewed publications. We support and conduct hundreds of conferences and educational programs every year and host thousands of events across the country for users and caregivers.

We are proud of our history, accomplishments and mission toward customer-driven innovation. We continue to be excited by learning from our users and being inspired to provide the best products, services and education in laryngectomy care.
A person who has undergone a total laryngectomy is often called a laryngectomee.
What is a total laryngectomy?

Undergoing a total laryngectomy can be overwhelming and lead to changes in the way you live, but you are not alone. More than 100,000 people around the world have been through the same thing and many have found ways to live well as a laryngectomee. Your unique journey to recovery after surgery begins now. By reading this book, you have taken the first step in getting back to enjoying life. At Atos Medical, we are prepared to take this journey with you every step of the way. We are always here to help!

A total laryngectomy is a surgery performed in the advanced stages of cancer. The procedure involves removing the larynx and epiglottis. The larynx, also known as the voice box, plays several important roles — it houses the vocal folds that produce the sound of your voice. The larynx also plays a role in breathing and swallowing. Removal of the voice box not only leads to changes in the voice, it also changes the way you breathe, swallow and smell. Going through a total laryngectomy means breathing through a stoma instead of your nose and mouth, and also learning to speak in a new way.

There are proven ways to regain the power of your speech after a laryngectomy. Thousands of laryngectomees can tell you so — with their own voices! Although one of the biggest changes after a total laryngectomy is losing your vocal cords, with some patience and perseverance, most people can learn to speak again. More details about speech options are provided in this book.

When eating and drinking, the larynx and epiglottis seal off the pathway to the lungs during swallowing. After they are removed during surgery, you need another way to protect your airway. The surgeon permanently separates your windpipe from your esophagus. This allows you to eat and drink without the risk of having food or fluids enter your windpipe and lungs. So you can breathe, the surgeon attaches your windpipe to an opening that is created in your neck. You then do all of your breathing through this opening, called a tracheostoma or more commonly, a stoma.

Another change is the loss of nasal function. You may not realize it, but your nose does more than just smell. It plays an important role in keeping your lungs healthy and working well. Because the air you breathe is not filtered through your nose and upper airway anymore, the air is cooler and less moist than it should be for good lung health. This causes your lungs to produce more mucus and cause you to cough. Fortunately, Heat and Moisture Exchangers (HMEs) have been designed to help your lungs by conditioning the air you breathe in and help to do what your nose used to do. HMEs are your “new nose”.

While there are changes to expect and it may take some time to adjust, know that most people can get back to doing the things they enjoy. And Atos is here to help you!
Before total laryngectomy

**Epiglottis**
The flap that covers and protects your airway (trachea/windpipe) while swallowing.

**Esophagus**
The esophagus (food pipe) connects the throat (pharynx) to your stomach.

**Larynx**
The larynx (voice box) sits on top of your trachea (windpipe). It contains your vocal cords which vibrate to produce sound for your voice.
After total laryngectomy

**Pharynx**
The pharynx (throat) is the muscular tube connecting your mouth and nose to the esophagus.

**Trachea**
The trachea (windpipe) extends from the bottom of the larynx to the upper part of your lungs.

**Stoma**
The permanent opening at the base of your neck for breathing after a laryngectomy.
Before Surgery

There are some simple things you can do to help you prepare before your laryngectomy. Being well prepared can help you feel calmer before your surgery and more at ease when you return home. Below you will find suggestions and tips to help you prepare for life after your laryngectomy.

Emergency information

After surgery, it is important for medical workers to know you have a special airway since you will only breathe in and out through your neck. In an emergency, oxygen must be provided to your stoma, not your nose or mouth.

Wearing a neck breather bracelet, carrying an emergency card and/or displaying a window cling are ways to prepare for emergencies. These can alert emergency medical services (EMS) that your airway is different. Keep the card easily visible in your wallet or at your bedside. A window cling can be used on your car or home window. These important resources are available for free through Atos at www.atosmedical.us or by contacting us at +1.800.217.0025.

A medical alert bracelet can also be helpful. These store all your medical information and are easy to wear. They are sold at most drug stores and can provide lifesaving information to EMS workers in an emergency.

Most smart phones have emergency settings which allow you to store medical history and an emergency contact. The feature is usually located in the settings, but each phone is different. If you need help, contact customer service for your phone or look for instructions online.

Contact your local Emergency Medical Services (EMS) and/or Fire Department

Rescue breathing is different for laryngectomees. EMS workers often need additional training to understand the differences. Before surgery, inform your local EMS that you will ONLY breathe through your neck. If you need oxygen, it must be provided to your stoma. Oxygen CANNOT be provided to the nose or the mouth and be effective. You can provide a copy of “Rescue Breathing for Laryngectomees and other Neck Breathers” by Itzhak Brook, MD. It is available to download at www.atosmedical.us.

You should also share that you may have trouble speaking after surgery. Ask if there are any programs to text 911 in an emergency. You can also pre-record a message to summon help that you can play over the phone for 911 if you are unable to speak. If you need help, there are government programs in the US and Canada to assist with contacting 911.
Many people continue to work after having a total laryngectomy. The time before surgery can be stressful so avoid making big work decisions until after surgery. If your goal is to return to work, talk with your healthcare team. They can help you achieve this goal.
What will your insurance cover?
Call your health insurance company to ask the following questions:

- What are your Durable Medical Equipment (DME) benefits?
- Who are the approved DME providers in your area?
- Not every company carries laryngectomy supplies. It is important to ask the DME company whether they stock specific items. Examples are heat and moisture exchangers (HMEs) and adhesive baseplates. Sometimes you must use an out-of-network company to get the items you need.
- Will they cover medical supplies from out-of-network DME companies?

At Atos Medical, we advocate daily for improved insurance coverage and access to products. We are working to become in-network with many insurance companies. Call our Customer Care Team at +1.800.217.0025 or email info.us@atosmedical.com to learn more!

Set up an account with your laryngectomy supply company
If your clinician and/or physician tells you that you will need to order special supplies after your surgery, call the supplier and set up an account ahead of time. This will make the shipping process faster when you are ready to order.

What to expect right after surgery
Most patients stay in the hospital for several days after surgery. Your medical team will decide the length of your stay. Some milestones that help determine when you are ready to go home from the hospital are:

- How are you healing after surgery?
- Are you getting enough nutrition?
- Are you having pain?
- Can you communicate with your caregiver?

How will you communicate?
There are a few ways to communicate after surgery. Some options include writing, gestures, “mouthing words”, communication apps and speaking with an electrolarynx. If you have a smart phone, it may be helpful to download text-to-speech apps. You can also bring a pen and paper, dry-erase or LCD board to the hospital. These options can help you communicate while you are healing. In some cases, you may start to use an electrolarynx while you are in the hospital. This will depend on if your medical team thinks you are healing well and if you are ready.

If you have a voice prosthesis, you need to wait until you heal to begin speaking. The doctor will let you know when you can start, which is often after you are discharged from the hospital. It takes time to completely heal after surgery so be patient with yourself.
**Terminology Quick Reference**

**Chemotherapy:** A cancer treatment that uses one more anti-cancer drugs as part of a standard therapy regimen.

**Electrolarynx / Artificial Larynx:** A small, electronic device placed on the neck, cheek or in the mouth that produces sound that can be shaped into speech.

**Epiglottis:** The flap that covers and protects the airway (trachea/windpipe) while swallowing.

**Esophageal Speech:** A source of speech that involves swallowing small amounts of air into the esophagus before forcing them back up to make sound that can be formed into words.

**Esophagus:** The esophagus connects the throat (pharynx) to the stomach. Also known as food pipe.

**Heat and Moisture Exchanger (HME):** A small cassette with a foam core treated with a salt solution that traps heat and humidity during exhalation and returns it to the lungs during inhalation. Also known as “your new nose” after laryngectomy.

**Indwelling Voice Prosthesis:** A voice prosthesis that is inserted by a clinician or doctor.

**Laryngeal cancer:** Cancer that forms in tissues of the larynx.

**Laryngectomee:** A person who has undergone a total laryngectomy.

**Laryngectomy:** See Total Laryngectomy

**Larynx:** An organ in the throat that sits on top of the trachea (windpipe) and contains vocal cords which vibrate to produce sound for voice. Also known as voice box.

**Mucus Plug:** Mucus that becomes thick, crusty and difficult to cough out. Mucus plugs make it difficult to breathe and can become dangerous.

**Non-Indwelling Voice Prosthesis:** A voice prosthesis which a laryngectomee may learn to insert and replace on their own.

**Occlude:** To block the air (with a finger) from passing through the stoma when speaking with a voice prosthesis.

**Pharynx:** The muscular tube connecting your mouth and nose to the esophagus. Also known as the throat.

**Radiation Therapy:** See Radiotherapy.

**Radiotherapy:** A cancer treatment that uses beams of intense energy to kill cancer cells.

**Speech-language pathologist (SLP):** Experts who treat many types of communication and swallowing problems. Also known as a clinician.

**Stoma / tracheostoma:** A permanent opening at the base of the neck through which one breathes after a laryngectomy.

**Total Laryngectomy:** A surgery performed in the advanced stages of cancer. The procedure involves removing the larynx and epiglottis.

**Trachea:** The trachea (windpipe) extends from the bottom of the larynx to the upper part of the lungs.

**Tracheoesophageal (TE) puncture:** A surgically-created hole between the trachea (windpipe) and the esophagus (food pipe) for placement of a voice prosthesis.

**Voice Prosthesis (VP) or Tracheoesophageal voice prosthesis (TEP):** A small plastic device with a one-way valve that is placed in the wall between the trachea (windpipe) and esophagus (food pipe). It is sometimes referred to as a TEP. VPs can be Indwelling or Non-Indwelling.
Speaking
A different way of speaking

A laryngectomy will change the way you communicate. Without a voice box, you cannot speak as you could before, but there are ways to reclaim the power of speech.

Before a laryngectomy, voice is produced by vocal cords located within the larynx (voice box). When you breathe out, air passes through the vocal cords and they vibrate to produce sound. The sound is shaped into words with your lips, tongue and teeth.

There are different ways to speak without a voice box. The three main options are use of a voice prosthesis, use of an electrolarynx (artificial larynx) and esophageal speech.

Your speech-language pathologist will help train you on your new way of communicating. He or she may give you exercises to make your new speaking style as clear as possible. You may find you will use more than one way to communicate.

The first laryngectomy was performed in 1873 by a surgeon in Vienna, Austria. Restoring speech and voice has been a focus since that time. We have come a long way in the development of new ways to communicate.

Currently, there are three primary ways to communicate. The majority of laryngectomees learn to speak using one or more of the methods on the following pages.
Examples of the three types of communication demonstrated by a laryngectomee are available at www.atosmedical.us (www.atosmedical.ca in Canada).
Speaking with a voice prosthesis

A voice prosthesis (VP) is a small plastic device placed in the wall between your trachea (windpipe) and esophagus (food pipe). It is sometimes referred to as a TEP. It can either be placed at the time of your surgery or after you heal. The voice prosthesis has a one-way valve which opens when you speak and stays closed when you swallow. When you cover your stoma to speak, the air is directed from your lungs through the voice prosthesis. It then travels into the esophagus. When air hits the tissue in your esophagus, it will vibrate to create sound. That sound then travels up to the mouth and words are formed, just like before surgery. This is called tracheoesophageal (TE) speech. The voice prosthesis typically needs to be changed every few months by your clinician.

Advantages:*  
- Superior voice quality and clarity  
- Relatively quick and easy to learn  
- Functional speech can usually be achieved in a matter of weeks  
- Provox® FreeHands Flexivoice™ can give most users the ability to speak hands-free with a VP*

*Data on file

Tracheoesophageal puncture
A surgically-created hole between the trachea (windpipe) and the esophagus (food pipe) for placement of a voice prosthesis

Occlude
To block the air (with your finger) from passing through your stoma when speaking with a voice prosthesis.
Speaking with an electrolarynx

An artificial larynx or electrolarynx (EL) is an electronic device that produces sound that can be shaped into speech. It can be placed on your neck, cheek or with an oral adaptor in your mouth. When the sound moves into your mouth, you shape it into words using your lips, tongue and teeth. Many people can begin using an EL right after surgery. Some people use an EL as their primary way of communicating. Others use a voice prosthesis and an EL as a back-up device or to be heard over a crowd. There are different devices that allow for pitch and tone variation which can help your speech sound more natural. Your speech-language pathologist can work with you to find the right device for you.

Advantages:
• Relatively easy-to-use
• Can be used to communicate right after surgery while you are still healing or while learning to speak with a voice prosthesis
• Can be a primary or back-up method of communicating
Esophageal speech

Esophageal speech uses the esophagus as the source of sound for speech. It involves swallowing small amounts of air into your esophagus before forcing them back up. The swallowed air causes the tissue in the esophagus to vibrate and create sound. The sound is then shaped into words with the lips, tongue and teeth.

Esophageal speech was more common before the voice prosthesis was developed. It is the oldest communication method after laryngectomy. It can be challenging to learn. Only 1 in 3 people attempting esophageal speech are successful. Also, since you need to swallow air, you may have to speak in short sentences. You should discuss with your speech-language pathologist if esophageal speech would be a good option for you.

Advantages:
- Doesn’t require a device
- Allows for hands-free speech
Non-Indwelling

A VP a laryngectomee may learn to insert and replace on their own. It is not for everyone. Your clinician will provide training and guidance if you are a candidate. It may be a good solution for those who cannot travel to have their prosthesis replaced regularly by a clinician.
Speaking with confidence

Having a voice prosthesis on which you can rely and trust to provide good voice quality can give you confidence to speak. Provox offers a range of voice prostheses that are durable, easy to speak with and are easy to maintain. Most VPs are indwelling, meaning they are inserted by a clinician.

**Provox® Vega™**
Provox Vega is a voice prosthesis used by thousands of people around the world. It is known for being a robust, durable and reliable device which is easy to maintain. It is optimized for easy, clear speech with a low speaking effort. Most users chose Provox Vega as their preferred voice prosthesis. They say it is closest to the natural way of speaking.

**Provox®2**
Provox2 is our second-generation voice prosthesis. It has low airflow resistance and is easy to maintain. Provox2 is only available in the United States.

**Provox® ActiValve®**
Provox ActiValve is designed for users who experience short device life from frequent leakage through the voice prosthesis. The blue fluoroplastic material of the valve is more resistant to the bacteria and fungus that can make it leak quickly. The prosthesis also closes with magnets which helps maintain a good seal when swallowing.

**Provox® XtraSeal™**
Provox Vega XtraSeal combines the benefits of Provox Vega with a solution to manage leakage around the voice prosthesis. It is designed for users that experience leakage around the voice prosthesis due to enlarged punctures. It is a Provox Vega prosthesis with a thin, concave large esophageal flange. The flange conforms to the tissue in the esophagus to help prevent leakage.

**Provox® NiD™ Non-Indwelling**
Provox NiD is a prosthesis which a laryngectomee may learn to insert and replace on their own. It is not for everyone and your clinician must determine you are a candidate. It may be a good solution for those who cannot travel to have their VP replaced regularly by a clinician.

*Data on file*
CareTips patient information sheets are available through your clinician or at www.atosmedical.us (www.atosmedical.ca in Canada). They cover several topics, such as “Daily Care of your Voice Prosthesis”, and offer tips to help you live well as a larynrectomee.
Taking care of your VP

Having a good maintenance routine for your voice prosthesis is crucial. Just as you would brush your teeth, you should brush and flush your voice prosthesis at least twice a day. This will help keep your voice prosthesis clear of debris that can cause leakage.

The back of your voice prosthesis is in your esophagus where food, liquids and saliva are swallowed. Since part of your voice prosthesis is in your esophagus, bacteria from your mouth and throat can stick on it when you swallow. Over time, these bacteria will make your voice prosthesis leak. When it leaks, it will make you cough.

You can check for leakage by taking a sip of a colored liquid, such as coffee. Cleaning your voice prosthesis can help prevent leakage. To help improve performance and extend the life of your VP, we recommend cleaning your voice prosthesis in the morning, in the evening and after every meal, using Provox Brush and Provox Flush.

Provox® Brush

Provox Brush is for cleaning your voice prosthesis, similar to how you use a toothbrush to clean your teeth or dentures. The brush tip and flexible shaft allow you to remove debris from your prosthesis. Remember to replace your Provox Brush once a month, or earlier if the bristles look worn or discolored.

Provox® Flush

Provox Flush is for flushing your voice prosthesis after brushing, similar to how you would rinse out your mouth after brushing your teeth. When learning to use the Provox Flush, it is best to start with air until you feel comfortable enough to use water.

Provox® Vega™ Plug

Provox Vega Plug is designed to help temporarily stop leakage through the center of the voice prosthesis until you can have it changed. Use the end of the Provox Brush (opposite the bristles) to place the Plug into the prosthesis. You cannot talk when the Plug is in place so only use it when you are eating and drinking. Remove the Plug at the end of your meal and you can talk again.
Coughing with an HME
If you feel like you are going to cough, remove your HME and cover your stoma with a lint-free tissue or handkerchief. Just as you used to cover your mouth before your surgery, this protects both you and those around you. Sometimes, there is not enough time to remove HME before you cough. In that case, remove the HME when you finish coughing and wipe the back with the tissue/handkerchief. If mucus gets in your HME, use a new one. NEVER WASH OR RINSE OUT YOUR HME! Rinsing will wash the solution and reduce the function of the HME.
Breathing before and after a laryngectomy

Before surgery, you breathe through your nose and your mouth. Your nose, mouth and throat make up your upper airway. The upper airway (primarily the nose) conditions the air you breathe by warming, humidifying and filtering it. Your lungs need the air to be clean and conditioned to work properly.

After your laryngectomy, you no longer breathe through your nose and your mouth. As a result, the air is not heated, filtered or moisturized before it reaches the lungs. This can affect how well you breathe and how your lungs function. It can also result in more mucus production, coughing or mucus plugs. Luckily, Heat and Moisture Exchangers (HMEs) are a solution. An HME is designed to help your lungs by warming and humidifying the air. It functions like your nose did before your surgery.

An HME is placed directly over your stoma. It is held in place by a stomal attachment, such as an adhesive baseplate or a Provox® LaryTube™. The HME gives the air that you breathe heat and moisture. It also adds slight resistance for breathing to help your lungs function well.

How does an HME work? The HME has a foam core that is treated with a salt solution. When you breathe out, the foam traps the heat and humidity from your airway and holds it in the foam. When you breathe back in, the air passes through the foam and receives that same heat and humidity. The HME keeps the temperature and condition of the air consistent so the lungs can function well. HMEs also help keep larger particles out of your lungs, such as insects or crumbs from eating. It is important to use an HME 24 hours a day, 7 days a week. Most people who consistently use a Provox HME 24/7 experience fewer problems with coughing and mucus production.* Next, you will see different types of HMEs for different situations.

Lungs are vital organs. They are responsible for ventilation, providing oxygen to your body from the air you breathe in and releasing carbon dioxide to the air you breathe out.

*Data on file
Sometimes you want to relax and take it easy. You might start the day by drinking a cup of coffee and reading the newspaper. Perhaps you spend time cooking, reading or watching TV.

Provox XtraMoist HME can help you to breathe comfortably and speak easily in these situations. This HME is designed to keep the air you breathe especially humid, which may help you cough less. The foam has smaller holes or openings, which means it is able to trap more heat and moisture.

Being active means different things to different people. For some, it might mean going for a daily walk. For others, it may be exercising or playing with your children or grandchildren. If you are a gardener, it might mean spending time outdoors working in the fresh air.

Provox XtraFlow HME is designed for when you are physically active. The foam inside the HME has larger holes or openings, which allows for more airflow. This may help you breathe more easily in these situations.
Speaking hands-free is a desire shared by many people after laryngectomy. It can allow you to do everyday things like talking hands-free while cooking or driving. For some, it can feel more natural.

Provox Freehands Flexivoice is designed to allow hands free speech in an easy-to-use device. There are different strengths of the device depending on your speaking and breathing effort. It also allows the option to cover your stoma to speak (occlude). You can easily switch between modes depending on your activity and communication needs.

Since you only breathe through your neck, it is important to protect your airway. When you’re out and about, you may be in crowded places where dust and germs are in the air. Perhaps you travel on buses, trains or airplanes; or you enjoy shopping in the market or spending time outdoors.

Provox Micron HME is designed to help protect you from viruses, bacteria dust and pollen. It filters out greater than 99% of bacteria and viruses.** This can be especially helpful during cold and flu season.

Please note that the Provox Micron filtration capacity may vary depending on the size, shape and speed of airborne particles. Since there are other pathways for pathogens to enter your body, Provox Micron cannot guarantee total protection.
We all want to be comfortable when we sleep. We choose pajamas that are soft to allow us to relax and get the rest you need. When it comes to your stoma, your nighttime products should be as comfortable as possible.

The Provox Luna System was designed with a good night’s sleep in mind. The Provox Luna HME is purposefully different from daytime HMEs. It is soft, smooth and provides excellent humidification while you sleep. It is also easy to breathe through as it has openings on each side so you can sleep in your favorite position. Provox Luna can help reduce coughing and mucus so you can wake up rested in the morning!

**Provox® Luna® ShowerAid / Provox® Luna® Adhesive Strip™**

When showering, use the Provox Luna ShowerAid to help keep water out of your stoma and protect the Provox Luna Adhesive with the Provox Adhesive Strip.

“I have never slept so well in the past 12 years, and never experienced before the positive effect Luna has on mucus.”

- Provox Luna user, England
For some people, the stoma moves when speaking which can affect voice quality. Provox FreeHands Support is designed to reduce stoma movement and allow more people to try hands-free speech.

**Provox® FreeHands Support™**

Provox FreeHands Support is a special device that provides support to the stoma when speaking hands free. It fits over your adhesive to keep it in place. In some cases, stomal movement can lead to loosening of the adhesive. It can also make your voice softer. External support to the stoma and adhesive may help reduce this from happening.
Attaching an HME
**Provox® Adhesives**

An adhesive is the most common and often most comfortable way to attach an HME to your stoma. There are different types of adhesives from which to choose based on your activity and skin sensitivity.

**Learning to use an adhesive**

Applying adhesives may take some practice. As you are learning to use them, you may need to replace them a little more often due to the seal loosening. Once you get the hang of it, your seal may last longer. The goal should be to have one adhesive attached with a good seal for the whole day – morning to evening.

**Tips for getting the best seal from your daytime adhesive**

- Keep your stoma and the adhesive free of mucus. If you get mucus stuck between your adhesive and skin, it can stop the adhesive from sticking well.
- Use Provox® Cleaning Towel or soap and water to clean the skin around your stoma. Let the skin dry completely.
- If you are having trouble getting a good seal, apply Provox® Skin Barrier on the clean skin around your stoma. This will create a protective barrier on your skin and help the adhesive stick better.
- Warm the adhesive by rubbing it between your hands for one to two minutes. This will help to activate the glue on the adhesive.
- Attach the bottom of the adhesive first, aligning the inner ring with the bottom lip of the stoma.
- Massage the adhesive firmly onto your skin, starting closer to the stoma working outward, removing any bubbles or wrinkles.

**A good seal can lead to a stronger voice**

Some people may have a flat stoma and use an electrolarynx. Others may have a deep stoma and use a voice prosthesis. Some people live in warm climates where they sweat a lot. Others live in cold climates and have dry skin. Some people speak a lot throughout the day or speak hands-free and need a stronger adhesive. Everyone has different needs. As a result, we offer a wide variety of adhesives to accommodate these needs.
**Provox® FlexiDerm™**
Provox FlexiDerm is a soft and flexible adhesive. It comes in three different shapes – oval, round and plus. Provox FlexiDerm provides a good seal and works well for flat stomas. Your stoma must be healed to begin use.

**Provox® OptiDerm™**
Provox OptiDerm is made of a material that is gentle for the skin. It is not as sticky as the other adhesives so it is often used immediately after surgery. Provox OptiDerm is a good choice to use if you have sensitive or irritated skin.

**Provox® StabiliBase™ and Provox® StabiliBase™ OptiDerm**
Provox StabiliBase has stabilizing bars that work well for deep stomas. The plastic bars help to provide support when speaking. Provox StabiliBase works well for people who use a lot of pressure when speaking or using a hands-free device.

Provox StabiliBase OptiDerm is made of a material that is gentle for the skin. The stabilizing bars provide additional support for deep stomas. Provox StabiliBase OptiDerm is a good choice if you have sensitive or irritated skin.

**Provox® XtraBase®**
Provox XtraBase is a round baseplate with a hard-plastic center. The center helps to provide stability. Provox XtraBase works well for both flat and somewhat deep stomas. It also works well when using a hands-free device.

**Provox® Luna®**
Provox Luna Adhesive is specially designed to wear with Luna HME. It is made with hydrogel which is used in skin and wound care. It helps to soothe and cool the skin while you sleep. The Provox Luna adhesive also helps to prepare your skin for using a new adhesive the next day.

**Note:** Do not use skin barrier, wipe, cream, alcohol or any other skin prep prior to applying Provox Luna. Provox Luna is meant to be used as a system and is not interchangeable with other Provox products.
Other Attachments

Some stomas may shrink. To prevent this, there are tube and button options available to attach your HME. Your clinician will help you determine if you need to use one of these attachments and which would work best for you.

The Provox LaryTube and Provox LaryButton are two options for attachments that go inside the stoma. Your clinician will work to determine what supplies work best for you.

Provox® LaryTube™

The Provox LaryTube is a soft, flexible tube made of clear silicone. It comes in several lengths and widths. There are three versions of the LaryTube: Standard (without holes); Fenestrated (with holes) and with Ring (to use with an adhesive). The holes in the LaryTube allow for speech with a voice prosthesis.

The Provox LaryTube was the first laryngectomy tube able to house an HME. It is designed to seal tightly against the stoma for speech. The LaryTube may be used right after surgery and is also a good option if your skin is too sensitive for adhesives.

Provox® LaryButton™

The Provox LaryButton is a short silicone tube. It has a rounded lip at the end which helps keep it in the stoma without a Provox® TubeHolder. Like the Provox LaryTube, it can also house an HME.

The Provox LaryButton is available in four different widths and two different lengths.

The main difference between the Provox LaryButton and LaryTube is that the LaryButton can be self-retaining in the stoma. Once inserted, it can remain in position due to the rounded lip. Some people choose to wear Provox® TubeHolder or Provox® LaryClip™ attachments to avoid accidental dislodgement with coughing.
Taking care of your skin
The importance of healthy skin

Our skin is the largest organ in our bodies. It helps to regulate our body temperature and protects our internal organs. After a laryngectomy, the skin around your neck and chest is exposed in a new way. This can cause the skin around your stoma to become sensitive. It is important to protect and take care of your skin. Developing good habits for prepping your skin and for removing the adhesive baseplate may help prevent skin irritation. It may also allow the adhesive to stick better to your skin.

**Provox® Adhesive Remover**

Provox Adhesive Remover helps to gently loosen the adhesive so you can remove it safely. Apply the Adhesive Remover to the top of the adhesive baseplate to loosen it underneath. Gently peel the adhesive and wipe the skin as you slowly pull it off. Do not forcefully pull the adhesive off as this may hurt your skin.

**Provox® Cleaning Towel**

The skin around the stoma should be cleaned after taking off an adhesive and before applying a new adhesive. You can use a mild soap and water or a Provox Cleaning Towel. This towel helps to remove any oil, dirt or residue from the old adhesive.

**Provox® Skin Barrier**

Provox Skin Barrier helps to protect your skin when using an adhesive. It leaves a thin, protective layer on the skin as a barrier between the skin and the adhesive baseplate. It also helps the adhesive baseplate stick to the skin. Use Provox Skin Barrier after cleaning the skin, but before putting on the adhesive. Always remember to massage and warm the adhesive in your hands before you apply it to improve the stickiness. **NOTE: It is very important NOT to use skin barrier when using the Provox® Luna® adhesive.**
“Live your life, it is possible.”

- Luciano, Italy
Getting back to life

Meet Luciano

Luciano is 70 years old. He had his surgery in 2003 at Treviso Hospital in Italy. Today he is retired, but he worked as a driving instructor after his laryngectomy.

What was your biggest concern after surgery?

“I was truly afraid that I would not be able to work again, and, if I managed to work, I was sure my students would be embarrassed to have me as their driving instructor. This proved to be only in my head. Soon after my operation, I started working again and my students were not embarrassed.”

What would you say to people who struggle with rehabilitation after laryngectomy?

“The way I see it, everybody has problems. It is all about your attitude and how you face the new situation. Live your life—it is possible. Roll up your sleeves and get out there.”

If someone is hesitant to use HMEs, what would you tell them?

“My clinical support team told me to use HMEs immediately after my operation to improve and speed up my pulmonary rehabilitation. I can only say that following the clinical guidelines for HME use, it will help you in rehabilitating better and faster. I have a hobby, which is carpentry. Here, the HME has also helped me to keep doing this.” [Helping keep sawdust out of the lungs.]

How does Atos Medical support you?

“Atos Medical has always been very supportive. Today, I am the vice president of the regional support club here ... I have always wanted to give back to other patients and Atos Medical has helped me all along the way.”

Have you changed any habits after your operation?

“Actually, no. I have closed that chapter. I do not smoke anymore. I still travel as much as I did before and enjoy life fully!”

“...The patients that go on to live a normal life don’t use the laryngectomy as an excuse — just get out there! Do not be scared of new or old things. I encourage them to try things and it’s okay if it doesn’t work out the first time. We can troubleshoot together. Don’t change who you are because you had cancer treatment. It doesn’t define you.”

- Desireé, MA, CCC-SLP at University of Cincinnati Medical Center
Smell and taste
How can I regain my sense of smell and taste after a laryngectomy?

Smell and taste are a key part of our daily lives. They help us experience food and make eating enjoyable. Since you no longer breathe through your nose, your sense of smell and taste may be different after surgery. You can learn ways to help improve smell and taste during your rehabilitation.

The “polite yawn” is a technique used to help you smell after laryngectomy. It is easy to learn and can be done without drawing much attention during a meal. Keep your lips closed and slowly lower and raise your jaw. Your jaw movement helps to pull air into your nose. When air passes through the nose, it helps to activate smell receptors.

Taste and smell are closely linked. Some taste will be restored naturally when completing the polite yawning technique. Chewing more thoroughly may also improve taste, as it moves more air into the nose. When the food is hot, the steam may travel to your nose and help you smell and taste.

To watch these techniques in action, a video is available on the Atos Medical YouTube page. “Olfaction regained—using the polite yawning technique” is available with the kind permission of the Netherlands Cancer Institute.

Swallowing Changes

After a laryngectomy, your airway and your esophagus (food pipe) are no longer connected. In some ways, this is good, as food and liquid cannot go down the wrong pipe. You may, however, notice some changes in your swallowing.

Here are some tips and tricks to help you eat and drink:

1. Take your time when eating and drinking
2. Take small bites and sips
3. Chew your food well before swallowing
4. Alternate bites of food with sips of liquid

If you have difficulty swallowing after your laryngectomy, talk to your clinician. There are speech-language pathologists who specialize in swallowing disorders that may be able to help.
What’s next?

Living well after a laryngectomy is more than surviving cancer. It is about thriving in your life. It is important to take care of yourself, physically and emotionally. Your medical team, family and friends can provide a network of support.

Look for support events at www.atosmedical.us (www.atosmedical.ca in Canada). It is a great way to meet other laryngectomees in your area!
Caring for yourself emotionally and physically

It is common for cancer patients to experience depression and/or anxiety. Your thyroid gland helps to regulate nearly every cell and organ in your body. Issues with your thyroid are common after a laryngectomy and can cause a variety of symptoms including depression, sleepiness and fatigue.

For some people, all or part of the thyroid is removed during surgery. For others, it may have been damaged from radiation. Symptoms can develop slowly over time. It is important to follow up with your doctor regularly and discuss any symptoms you may have. Annual blood work may be necessary to look for issues with your thyroid function.

If you are feeling depressed or anxious, be sure to seek help from your medical team. There is support out there and you are not alone!

Resources

American Head and Neck Society
www.ahns.info

American Society of Clinical Oncology (ASCO) – Cancer.Net
www.cancer.net/cancer-types/head-and-neck-cancer

Atos Medical
www.atosmedical.us (or www.atosmedical.ca in Canada)

Dr Itzhak Brook (Blog/Order info for The Laryngectomee Guide Book)
dribrook.blogspot.com

Head and Neck Cancer Alliance
www.headandneck.org

International Association of Laryngectomees (IAL)
www.theial.com

MD Anderson Cancer Center (MDCC)
www.mdanderson.org

National Cancer Institute (NCI)
www.cancer.gov/types/head-and-neck

Oral Cancer Foundation
www.oralcancerfoundation.org

Support for People with Oral, Head & Neck Cancer (SPOHNC)
www.spohnc.org

WebWhispers
www.webwhispers.org
Is it possible to swim or take a shower?

After a laryngectomy, swimming and boating can be risky. If you fall into the water, there is no way to prevent water from entering your stoma. This can cause you to drown or become injured. It is safest to avoid these activities.

It is possible, however, for you to shower safely. The Provox® ShowerAid attaches to all Provox® adhesives, except for the Provox® Luna® (which has its own ShowerAid). Using Provox ShowerAid can help prevent water from entering your airway. If you wear a Provox® LaryTube™ or Provox® LaryButton™, you can only wear the ShowerAid if your tube/button has a tight fit. Talk to your clinician if you have any questions.

If you use Provox Luna, be sure to use Provox® Adhesive Strips to reinforce the edge of the adhesive. This helps to prevent it from loosening.
Going out

It is important to go outside and enjoy life! When going out, it may help to carry back up products with you such as extra adhesives, wipes and HMEs. A mirror and a small flashlight are also useful. If you have a voice prosthesis, you should carry a Provox® Brush with you.

When you are away from home, you may want to use a Provox® Micron HME™ to help protect yourself from dust, pollen, bacteria and viruses.

Visit www.atosmedical.us (www.atosmedical.ca in Canada) for more resources for laryngectomees and caregivers.
Moving on

Your recovery is unique to you, but you are not alone on this journey. Atos is here with you every step of the way! Laryngectomees who do not have other serious medical problems can expect to live long, healthy, productive lives.

When you gain confidence using your VP, you will probably be thinking about speaking hands-free. We are happy to take this exciting step with you! When you are used to the Provox® HMEs and your skin has healed enough to handle the best attachment, you should be able to speak well. Together with your clinician, you can decide when you want to try Provox® FreeHands FlexiVoice™, which allows many people to enjoy speaking hands-free with an HME.

Moving on is not only about trying new products, it is also about getting on with your life. It is not always an easy thing to do, but we hope you will let us help you along the way. We would love to share what we have learned from the many people who have settled into their daily lives and live well. Please feel free to reach out to our friendly, knowledgeable and supportive team at +1.800.217.0025 or info.us@atosmedical.com.

We are here to help you!
Are there others like me?

More than 12,000 people are diagnosed in the US with laryngeal cancer (cancer of the voice box) each year. While not every person has a laryngectomy, there are several-hundred thousand laryngectomees living around the world! In many areas, you can find laryngectomy support groups or “voice clubs”. These groups are a great resource to help you connect with others and learn to live well as a laryngectomee. Many groups hold regular meetings where you can share your thoughts and experiences.

Atos hosts thousands of free events across the country each year. Laryngectomees, caregivers, spouses, companions, guest and clinicians are all welcome! These events are designed to provide support and important resources. They are an opportunity to socialize and meet other laryngectomees in your community. Attendees can share knowledge with each other and ask questions. They are also a wonderful way to interact with your local Atos representative. Your representative can share information about new products, our expanding reimbursement and insurance department and future events. We encourage you to bring a guest!

Read on for information on our different types of events.
Getting Back to Life Events (GBLs)
These half-day, educational networking events for both patients and clinicians are held near healthcare facilities. GBLs are ideal for pre-surgery and new patients to interact with other laryngectomees and learn about resources and products. There is typically an opportunity to interact with and ask questions of local clinicians and other medical professionals. The event includes educational sessions, product demonstrations as well as tips and techniques to improve your voice, optimize your breathing and speak hands-free.

Community Events (CEVs)
These are short, social events held closer to your home that focus on a special topic related to life as a laryngectomee (topics change throughout the year). CEVs are ideal for ongoing socialization and sharing tips and tricks with other laryngectomees. It is a great opportunity to make new friends in a small, casual setting that provides comfortable conversation. We encourage you to bring a guest!

Visit [www.atosmedical.us](http://www.atosmedical.us) or contact our friendly Customer Service Team at +1.800.217.0025 to find events in your area!
Atos is here to help you get back to living well

Going through a total laryngectomy is a life-changing event, but it can be possible to enjoy life again! The weeks after coming home from the hospital can be an overwhelming time. Your clinician and healthcare providers will always be your greatest resource for information about your health. Atos is dedicated to supporting you after your laryngectomy. You can contact us anytime to learn about our products, get help understanding insurance and reimbursement, locate a support group in your area or find a clinician when you travel.

References (for items marked *data on file)


At Atos Medical, we are committed to giving a voice to people who breathe through a stoma, with design solutions and technologies built on decades of experience and a deep understanding of our users.

Please feel free to contact us.
We are always here to help you.

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