

Improving Post-Operative Education for Laryngectomy and Tracheostomy Patients

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Purpose: Post-operative laryngectomy and tracheostomy patients require a great deal of education and assistance in order to prepare them for a safe discharge to the home environment. The purpose of this evidenced-based practice project was to have registered nurses on a surgical otolaryngology unit initiate discharge teaching and planning on post-operative day one.

Background: There was no existing teaching guideline or specific preparation for nurses responsible for patient education on the focus unit. Teaching initiation and methods varied from nurse to nurse and documentation of education was inconsistent and vague. Baseline length of stay and education data were collected from the focus unit. The average length of stay for tracheostomy and laryngectomy patients were 9.5 and 10 days, respectively. Teaching initiation ranged from the day of surgery to post-operative day nineteen. A literature review supported early, comprehensive discharge teaching practices to improve patient outcomes and discharge readiness.

Methods: A patient teaching guideline was created for the use of the nursing staff. The guideline included objectives for laryngectomy and tracheostomy patients for each day following surgery with the goal of discharge readiness by post-operative day five. Different teaching methods were studied and included to accommodate different patient learning styles. The new guide was explained and distributed to each registered nurse on the surgical otolaryngology unit. Length of stay and patient education data were collected while using the guide and compared to baseline data from the unit.

Results: During four weeks the guide was used on three laryngectomy patients and one tracheostomy patient. Teaching initiation ranged from the day of surgery to post-operative day one. The tracheostomy patient was discharged after 3 days and the laryngectomy patients were discharged on days four, six and seventeen. The patient with the seventeen-day stay experienced post-operative complications which lengthened his stay, but he was independent with the care of his stoma and airway by post-operative day four.

Discussion: The patients included in the study benefited from early and comprehensive discharge teaching and planning. Patients all achieved discharge readiness between post-operative days three and six. The results indicate that the teaching guideline was useful and effective, but further evaluation is needed. The evaluation was limited by the size of the sample. The intervention will be evaluated

further by the staff involved in the project and modified for long-term use if indicated.

Keywords: laryngectomy, tracheostomy, education

Selected References:

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