



Introduction

Preoperative education is an important aspect of preparing the patient and family for the total laryngectomy. Several studies (e.g., Keith, Linebaugh, & Cox, 1978; Blanchard, 1982) have reported the pre-operative training provided by the medical team has insufficient information, little instruction for post-operative care, and minimal to no psychosocial support. In our institution we have included peer support by a patient who has undergone a laryngectomy and a family member (usually a spouse/partner) as part of the pre-operative education. In this study, we explored the benefits of peer support as part of the pre-operative visit, ways in which the use of peer support was included during the pre-operative visit, and what information was most helpful by the patient undergoing surgery.

Methods and Materials

Patients that were recommended for a total laryngectomy in the past 12 months were included in the study. Twenty-three patients underwent a total laryngectomy during this time period. A pre-operative visit for this study was defined as a scheduled pre-operative speech evaluation with a licensed speech-language pathologist and peer support (meeting with a patient and family member) in person during the visit in the clinic, with use of a video chat, or attendance of the laryngectomee support group. Patients were excluded in the study if they did not receive peer support. The benefits of peer support were analyzed by asking the patients to rate the support as 1) very helpful; 2) helpful; 3) not helpful. Patients were also asked, "what was most helpful about the visit/meeting?" How the peer support took place (in-person, video chat, support group) was analyzed.

# of patients (n=23)	Type of Pre-Op
9	Speech evaluation + peer support
3	Speech evaluation only
2	Peer Support only

Table 1

Types of Peer Support

In-person visit during speech evaluation

Video chat with SLP, laryngectomee, and caregiver

Attendance at laryngectomee support group

Table 2

Results

Nine of the 23 patients had a speech evaluation and peer support. Three patients had speech evaluations only but no peer support. Two patients received peer support only, one patient declined a speech evaluation and the other due to insurance issues was unable to have a speech evaluation but received peer support. Patients who were not seen for speech evaluations or peer support were usually impacted by the patient's medical status or insurance (Table 1). All patients who received peer support rated the support as "very helpful or helpful." None of the patients reported peer support as "not helpful." Patients reported information about verbal communication options and seeing that "talking again" was possible, being able to "breathe and swallow" after the laryngectomy, as most helpful. Peer support was provided in-person during the pre-op evaluation, in clinic with the speech-language pathologist present using video chat with the peer support patient and family member, or through attendance in the laryngectomee support group. One patient received peer support via the telephone (Table 2).

Conclusions

Peer support as a part of pre-operative education is beneficial to patients preparing for a total laryngectomy. Future research should focus on exploring the benefits of different forms of peer support during the pre-operative period and in the immediate post-operative period.

References

Blanchard, SL (1982). Current practices in the counseling of the laryngectomy patient. J Commun Disord. 15(3):233-41.

Keith, RL, Linebaugh, CW, & Cox, BG (1978). Presurgical counseling needs of laryngectomees: a survey of 78 patients. Laryngoscope. 102(5):581-2.

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