

Welcome to the webinar:

The COVID-19 patient pathway for SLTs

COVID-19: Laryngectomy

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1pm



Welcome



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Presenters



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Housekeeping



- Send in chat messages at any time by using the Chat button
- Send in questions by using the Q&A button
- This event is being recorded. See here for recordings:
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- Please do fill in the survey that we'll share after the event
- RCSLT staff are on hand to help!

Aims and objectives



By attending this webinar, you will gain an understanding of:

- How inpatient and outpatient laryngectomy services are being adapted in response to COVID-19
- The use of personal protective equipment in laryngectomy services
- New ways of working to support laryngectomy patients
- Managing patients' wellbeing during the crisis



Outpatient laryngectomy management during COVID-19

Policies informing practice



- RCSLT guidance on personal protective equipment (PPE) and COVID-19 (03.04.2020)
- Joint letter of endorsement from ENT UK, RCSLT, BLA, BAHNO identifying neck breathers as shielded patients (20.04.2020)
- RAG rating developed by GSTT on risk assessment for VP changes

Practice pre-COVID



- Scheduled outpatient clinics
- 10-15 patients weekly in 3 clinics
- Limited drop-in service for emergencies only (VP dislodgement)
- Regular review for:
 - VP changes
 - Management of early VP failure using protocol
 - Communication review (EL / OS/ TE voice)
 - Swallowing review

Getting in front of COVID



- All regular outpatient appointments cancelled: patients notified via letter with detailed explanation for cancellation
- Database collated of all active patients with information on communication method, frequency and type of contact
- All patients contacted by telephone initially to check on status of VP, E&D, general health, self isolating status, HME use
- Decision given to patient regarding further non F2F contact by SLT: who initiates, frequency etc
- Letters sent to GPs requesting prescription of thickeners and the importance of prompt attention to prescriptions for HME systems
- Requested ENT consultant send letters to GPs outlining vulnerability of laryngectomy patients
- VP plugs sent to all patients with SVR

Changing VPs during COVID



Rationale:

NB: All patients advised to defer and delay as preferred approach is use of thickener and plug

- Pts have been coming to A&E against advice for management of leaking VP
- Pts who are on protocol for management of early VP failure are at increased risk of infection as bacteria attaches to candida on fouled VP
- Pts who cannot access VP to insert plug at increased risk of chest infections

Changing VPs during COVID

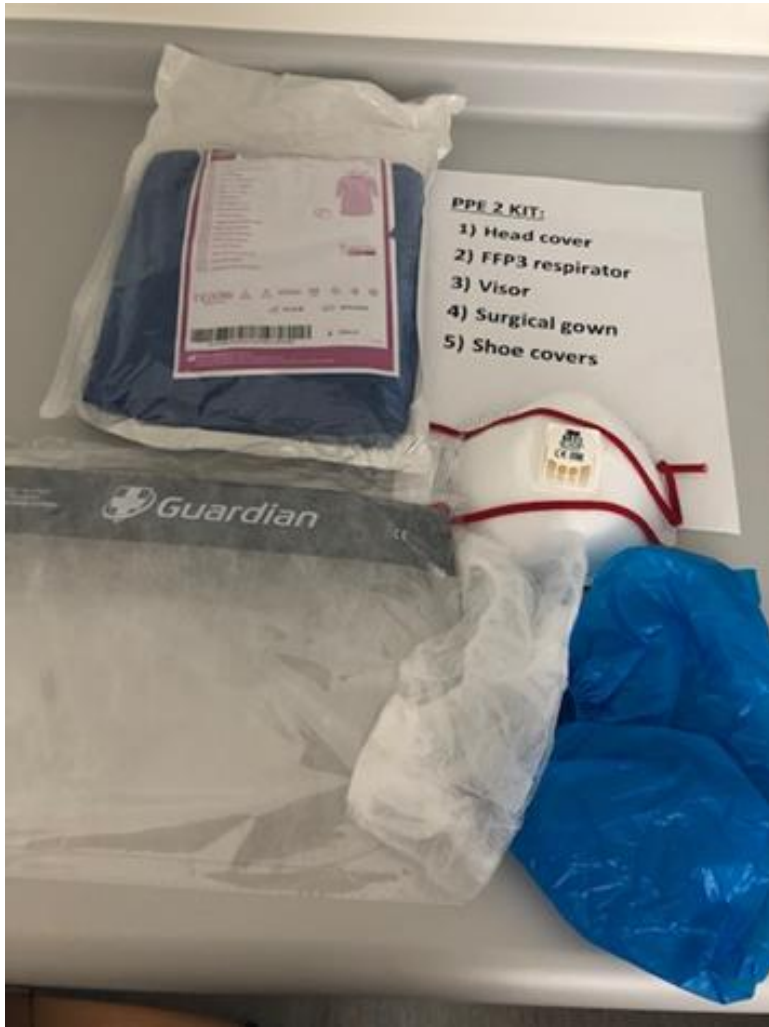


Process:

NB: VP changes evaluated on case by case basis under following circumstances:

- No prophylactic changes; troubleshooting leakage via phone / video initially
- Pts seen in 'clean' centre: MCC rather than hospital
- Appointments attached to ENT clinics
- Pts to take either personal or hospital transport. No use of public transportation
- Pts to wear face masks + Stomal HME system
- Full PPE for therapists
- Amber clean of room post change

PPE



Top tips: safe, efficient VP changes



- Agree with ENT in advance that they are available for backup if required
- Inform site of the appointment so appropriate room with suctioning, overhead light source, PPE and donning 'helper' is available
- Prepare all equipment before donning PPE, including preloading indwelling VPs
- Patients do not enter the room until full PPE is donned
- Doffing occurs only when patient has left the room

Preparing your equipment



Outcomes to date



- 15 F2F appointments for VP changes since 15.03.2020
- 12 successful safe VP changes
- 3 loss of tract: all patients on pathway for early VP failure: ++ granulation around TEP
- All patients complied with requirements for F2F appointments
- Consistent + + testimonials from patients regarding support from SLT during COVID both F2F and telehealth
- Ongoing requirement for telephone and video contact for support
- Non-English speaking patients preferred to contact SLT if problems occur. Telephone interpreter service has been offered

Informing future practice



- Prospective national data collection through the H&N CENs will inform service delivery changes post COVID
- Data collection from 23/03/2020 - 23/08/2020
- 40 centres signed up across the UK
- Content of fields reflects concerns expressed through CEN basecamp re this vulnerable patient population
- Purpose is to identify proportion of C-19 + and C-19 - patients, including morbidity and mortality rates
- Contact details for further information:
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New Laryngectomy experience during COVID-19

Service changes & risk mitigation



- Changes to pre-surgical counselling / patient preparation
- Avoidance of primary TEP and free flaps - BAHNO guidance 24.3.20
- In-patient stay: no visitors; staff in PPE
- Earlier discharge post-surgery?
- Fewer hospital appointments post discharge

Patient impact



- Increased communication challenges (with staff & family/carers)
- Feelings of isolation/anxiety/frustration in hospital, and after discharge during COVID 'lockdown'?
- Anxiety re physical self-care/ symptom management when isolating?
- Less prepared for 'life after laryngectomy'?

Emerging solutions



- Patient education: patient-held information; digital solutions?
- Consider all communication options
- Telehealth & remote support - not new for HNC patients
 - Opportunities to support patients/carers across all aspects of the changed laryngectomy pathway
 - Connectivity and accessibility considerations - can we ensure equal access?
 - RCSLT telehealth guidance: governance; security; confidentiality

Managing patients' wellbeing during the crisis



Wellbeing & HNC - what do we know?

Many adjust well but for some..

- Psychological distress Huang et al 2020
- Continuum of care
- Isolation D'Antonio et al 1998
- Lack of social support
- Caregivers - Sterba et al 2018
- Financial burden - Massa et al 2019



Wellbeing & laryngectomy - what do we know?

Many adjust well but for some...

- 6% developed a mental disorder 1st year
- Male and female equal frequency mental health difficulty
- Women suffered more than men from PTSD and anxiety
- 80% no voice dependent on alcohol
- Limited support Singer et al 2013, Singer 2005



COVID-19 stressors

- Onset sudden and unpredictable
- Safety
- Social distancing limitations
- Social media exposure Gao et al 2020, Garfin 2020
- Economic impact Marazitti 2020
- Altered medical care Civantos et al 2020



Wellbeing & COVID-19 - what do we know?

- Stress
- Depression
- Anxiety
- Loneliness
- Panic disorder
- Sleep deprivation
- Liu et al 2020, Wang et al 2020, Altena et al 2020, Huang & Zao 2020, Qiu et al 2020



Laryngectomy specific COVID-19 stressors

- Altered airway vulnerability
- Comorbidities
- Impaired mucociliary function/irritation
- Higher risk of complications
- Higher risk of transmission of viral particles

Parinello et al 2020, Hennessy 2020



Solutions?

- Register as vulnerable <https://www.gov.uk/coronavirus-extremely-vulnerable>
- Information sharing - Macmillan, CRUK, NALC
<https://www.macmillan.org.uk/coronavirus/cancer-and-coronavirus>
<https://www.cancerresearchuk.org/about-cancer/cancer-in-general/coronavirus-and-cancer>
<https://www.laryngectomy.org.uk>
- Peer support – lary club
- Virtual open door SLT policy
- Voice prosthesis placement
- Old, Alone and Stuck at Home
C4 20.05.20 @9:00pm



Over to the experts ...



Any Questions?



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