Welcome to the webinar:
The COVID-19 patient pathway for SLTs

COVID-19: Laryngectomy

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1pm
Welcome

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Housekeeping

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• Send in questions by using the Q&A button
• This event is being recorded. See here for recordings: https://www.rcslt.org/webinars
• 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
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: joanne.patterson@liverpool.ac.uk; roganie.govender@ucl.ac.uk
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

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](https://www.gov.uk/coronavirus-extremely-vulnerable)

• Information sharing - Macmillan, CRUK, NALC
  
  
  
  [https://www.laryngectomy.org.uk](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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COVID-19: rehabilitation

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References

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