

Educational Needs and Altered Eating Habits Following a Total Laryngectomy

Terry A. Lennie, PhD, RN, Sharon K. Christman, MS, RN,
and Rosemary A. Jadack, PhD, RN

Purpose/Objectives: To describe eating-related experiences and informational needs of people following total laryngectomies.

Design: Descriptive study.

Setting: Internet-based laryngectomy support group in the United States.

Sample: 34 people with a laryngectomy (68% total laryngectomy, 29% with total plus radical neck dissection, and 3% with partial laryngectomy with radical neck dissection): 29 males, 5 females; mean age of 62 years.

Methods: Members of a laryngectomy support group completed a Food Eating Experiences and Diet Questionnaire designed by the investigators. Both quantitative and qualitative data were collected.

Main Research Variables: Effect of laryngectomy on food choice, eating habits, and overall enjoyment of eating; perceptions of teaching received from healthcare professionals regarding potential eating difficulties as a result of laryngectomy.

Findings: 90% of the participants experienced a change in one or more aspects of eating. The most prominent changes were decreased sense of smell, decreased taste, decreased enjoyment of eating, and an increase in the length of time required to eat meals. Most participants were not satisfied with the information they received from healthcare professionals. Topics requiring emphasis during patient teaching were identified from participants' comments.

Conclusions: Total laryngectomy produced significant changes in factors related to eating that can affect nutritional intake and quality of life. Participants reported that most healthcare providers did not adequately prepare them for potential alterations in eating that can occur following a total laryngectomy.

Implications for Nursing Practice: Data from this study can be used to raise awareness of incidence and severity of changes in eating that occur after total laryngectomy and to improve patient preparation to cope with these changes.

Key Points . . .

- ▶ The incidence of long-term alternations in eating and nutrition following total laryngectomy may be higher than many clinicians perceive.
- ▶ Healthcare providers have not adequately prepared the large number of patients undergoing total laryngectomy for the alterations in eating that occur following this surgery.
- ▶ Healthcare professionals working at large referral centers may find it particularly important to routinely verify that patients have received adequate teaching with respect to alterations in eating and nutrition following laryngectomy.
- ▶ The most helpful intervention may be referral to a support group, as the task of solving eating-related problems following total laryngectomy can be made easier by consultation with others who have experienced similar problems.

Ossof, 1997). Changes in swallowing, smell, and taste, however, also accompany laryngectomy (Anderson, 1998; Blood, Luther, & Stemple, 1992; Gilmore, 1994). These changes result in alterations in dietary habits and diminished enjoyment of food that impact nutritional status and overall quality of life (van Dam et al., 1999).

Currently, laryngeal cancer is treated by radiation therapy, chemotherapy, and surgery (ACS, 2001). Radiation therapy is used alone when the tumor is small and minimally invasive. Long-term consequences of radiation treatment include dryness in the mouth from damaged salivary glands and decreased

Terry A. Lennie, PhD, RN, is an assistant professor, and Sharon K. Christman, MS, RN, is a doctoral student, both in the College of Nursing at Ohio State University in Columbus. Rosemary A. Jadack, PhD, RN, is an associate professor in the School of Nursing at the University of Wisconsin-Eau Claire. This study was funded by a seed grant from The Ohio State University, College of Nursing in Columbus. (Submitted May 2000. Accepted for publication November 30, 2000.) (Mention of specific products and opinions related to those products do not indicate or imply endorsement by the Oncology Nursing Forum or the Oncology Nursing Society.)

Cancer of the larynx strikes more than 10,000 people in the United States each year (American Cancer Society [ACS], 2001), some of whom will require a laryngectomy as part of their treatment. The best described long-term consequences of a laryngectomy are those related to alterations in verbal communication (Simpson, Postma, Stone, &