INTERNATIONAL ASSOCIATION OF LARYNGECTOMEEES

Volume 72  No.1

March 2023

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Annual Meeting and Voice Institute

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The IAL News is published four times a year by the International Association of Laryngectomies

Information provided by the IAL News is not intended as a substitute for professional medical help or advice, rather as an aid in understanding problems experienced by laryngectomies and the state of current medical knowledge. A physician or other qualified healthcare provider should always be consulted for any health problem or medical condition.

The IAL does not endorse any treatment product that may be mentioned in this publication. Please consult your physician and/or speech language pathologist (SLP) before using any treatment or product.

The opinions expressed in the IAL News are those of the authors and may not represent the policies of the International Association of Laryngectomies.

IAL Resources: IAL, Brochures, IAL News order/change of address cards, Orange Emergency Cards, Orange Emergency Window Stickers (English), “First Steps” Available to download from the IAL website.
Order From: IAL in Atlanta or email office@theialvoice.org

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Tracheal Stoma Care in Laryngectomees

By Izthak Brook, MD

General care

It is important to cover the stoma at all times in order to prevent foreign material (i.e., dirt, dust, smoke, microorganisms) from getting into the trachea and lungs. There are various kinds of stoma covers. The most effective ones are heat and moisture exchanger (HME) that create a tight seal around the stoma. In addition to filtering dirt, HMEs preserve some of the moisture and heat inside the respiratory tract. Therefore, an HME assists in restoring the temperature, moisture and cleanliness of the inhaled air to their condition prior to the laryngectomy.

The stoma often shrinks during the first weeks or months after it is created. To prevent it from closing completely, a tracheostomy or laryngectomy tube (which can carry an HME) is initially left in the stoma 24/7. Over time, this duration is gradually reduced. It is often left overnight until there is no more shrinking. A small stoma can be treated with local injection of steroids or balloon dilatation. Those who develop inadequate stoma (too small, too large or deformed) may benefit from surgical repair (stomaplasty).

The laryngectomy tube requires maintenance by cleaning it with soap, alcohol, and water. It is recommended to use the smallest size of tube that fits into the stoma. Insertion of the tube requires several steps and should be done after being instructed by a speech and language pathologist.

The tube can be supported in place by tube holders or clips that should be attached before insertion. Insertion of the tube can be helped by lubrication around the stoma’s rims.

The tube should be folded in half and prior to inserting the tip into the stoma.

Stoma care when using a base plate or adhesive housing

The skin around the stoma can become irritated (i.e., red, inflamed) because of repeated gluing and removal of the housing. The materials used to remove the old housing and prepare for the new one irritate the skin. The removal of the old housing can also irritate the skin especially when it is glued. The elderly; those who smoke, consume alcohol, had radiation or chemotherapy, or have medical co-morbidity; and those who frequently glue and remove their adhesives are at greater risk for experiencing severe skin reactions.

An adhesive removal wipe containing liquid (e.g., Remove TM, Smith & Nephew, Inc. Largo Fl 33773) can assist in removing the base plate or housing. It is placed at the edge of the housing and helps the housing detach from the skin when it is lifted off. Wiping the area with Remove TM cleans the site from remnants of the sealant. It is also important to wipe off the leftover Remove TM with an alcohol wipe so that it will not irritate the skin. When a new housing is used, wiping off the Remove TM prevents it from interfering with placing glue again. It is generally not recommended to leave the housing on for more than 48 hours. Some individuals, however, keep the housing much longer, and replace it when it becomes loose or dirty. In some individuals, the removal of the adhesive irritates the skin. In the event the skin is irritated, it is better to leave the housing on only for 24 hours. If the skin is irritated, it may be advisable to give the skin a rest for a day or until the area heals and cover the stoma only with a rigid base without any glue or with a foam cover. There are special hydrocolloid adhesives that can be used on sensitive skin.

It is important to use liquid film-forming skin protecting dressing (i.e., Skin PrepTM Smith & Nephew, Inc. Largo Fl 33733) before placing the glue.

Stoma care when using tracheostomy or laryngectomy tube

The buildup of mucus and the rubbing of the tracheostomy or laryngectomy tube can irritate the skin around the stoma. The skin around the stoma should be cleaned at least twice a day to prevent bad odor, irritation and infection. Using a hydrocolloid adhesive is often a good solution for patients with sensitive skin.

If the area appears red, tender or smells bad, stoma cleaning should be performed more frequently. Contacting one’s physician is advisable if a rash, unusual odor, and/or yellowish-green drainage appear around the stoma. This may represent a bacterial infection.

Appropriate stoma care includes:

• Keeping the inside of the stoma clean, moist, and glistening.
• Saline “bullets” can help keep it moist.
• Using a clean face cloth to clean the stoma.
• Avoiding using cotton balls or paper tissues to clean the stoma: These may get sucked into your breathing tube or trachea and cause breathing problems.

Saline bullet = saline solution

• Keeping the tracheostomy tube clean
• Covering the stoma at all times by using a heat and moisture exchanger (HME), gauze, cotton, or crocheted covers.
• Avoiding the use of cotton or cotton-filled gauze to clean: The gauze can get sucked into your trachea and cause breathing problems.
• Exercising with moderation without too much strain.
• Dressing comfortably allowing for circulation of air, and coughing and protection of clothing from coughing and secretions.
• Covering the stoma when coughing or sneezing using thick paper tissues or handkerchiefs to pick up any coughed mucus
• Wearing medical identification such as Medic Alert informing that one is a neck breather.
• Having regular medical examinations of the stoma by one’s physician

Skin irritation around the stoma

If the skin around the stoma becomes irritated and red, it is best not covering it (after cleaning it gently with non-allergenic soap and water) with a base plate and HME and not exposing it to any solvents for a while (an hour to 2 days) so that it can heal. During the healing time, the stoma should be covered with a foam cover, a garment, or an ascor. Sometimes individuals can develop an irritation to some of the solvents used to prepare and glue an HME base plate (housing). Avoiding these solvents and finding others that do not cause an irritation may help.

Some individuals with sensitive skin that may be prone to skin irritation may benefit from a skin friendly base plate such as Opti-DermTM (Atos Medical) which is made of a hydrocolloid material. If signs of infection such as open ulcers and redness are evident, topical and/or systemic antibiotics can be useful. Obtaining microbiological specimen for cultures can guide the choice of antimicrobial therapy. Those who get radiation treatment should remove the base plate during the radiation session to reduce skin damage.

Skin irritation from water

It is important to prevent water from entering the stoma when taking a shower. A small amount of water in the trachea generally does not cause much harm, does not go up the trachea or larynx (using suction machine) or press the stoma. The buildup of mucus and the rubbing of the tracheostomy or laryngectomy tube can irritate the skin around the stoma. The skin around the stoma should be cleaned at least twice a day to prevent bad odor, irritation and infection. Using a hydrocolloid adhesive is often a good solution for patients with sensitive skin.

Methods to prevent water from entering the stoma are:

• Covering the stoma with the palm and not inhaling air when water is directly at the vicinities of the stoma.
• Wearing a bib with the plastic side out.
• Using a commercial device that covers the stoma.
• Wearing one’s stoma cover, the base plate or HME housing while showering may be sufficient especially if water flow is directed away from the stoma.
• Passing air inhalation for a few seconds while washing the area close to the stoma is also helpful.
• Taking a shower at the end of the day just before removing the HME and its housing is a way to use the housing for water protection. This simple method can make taking a shower easier.
• Some individuals can use a stoma cover without protecting their stoma using the lowest water stream. This can be done by either facing the shower head, or bending the chin to cover the stoma. Alternatively, one can turn their back to the showerhead and tilt their head backwards while letting the water to reach the hair from behind.

Dr. Brook is a physician and a laryngectomee. He is an Infection Diseases Specialist, and a Professor of Pediatrics and Medicine at Georgetown University School of Medicine. He is the author of “My Voice: A Physician’s Personal Experience with Throat Cancer”, “The Laryngectomee Guide Expanded Edition 3rd Edition”, and “Laryngectomee Guide for COVID-19 pandemic.” All these books are available for free download at https://drlbrook.blogspot.com/
Once again it is time to pay our dues. Listed below is the payment chart with number of delegates.

Annual dues and number of delegates assigned to the Annual Meeting for Member Clubs and Regional Organizations shall be as follows:

1-10 members            $25.00 per year         1 delegate
11-20 members            $45.00 per year         2 delegates
21-30 members            $70.00 per year         3 delegates
31-40 members            $90.00 per year         4 delegates
41-50 members            $110.00 per year        5 delegates
51-60 members            $130.00 per year       6 delegates
61+ members              $175.00 per year       8 delegates
Regional Organizations   $175.00 per year       8 delegates

Checks should be made payable to The IAL and can be mailed to our Georgia address at:
International Association of Laryngectomees
925 B Peachtree Street NE
Suite 316
Atlanta, GA 30309

Or directly to our treasurer:
Helen Grabhwohl, Treasurer
477 Plummer Drive
Chesapeake, VA 23323-3130

Please include a list of your members names and addresses, email address and phone numbers if you have it available.

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## SLPs - we need your help now more than ever!

If you are an SLP working with laryngectomees, I am addressing you! Can you possibly get a support group going in your area? It really isn’t hard to get a group to meet and share their experiences with each other.

Some laryngectomees have never met another laryngectomee and they feel isolated. There is so much good to come from a support group and just to see the warm friendships that can and will develop are worth their weight in gold.

As an SLP, you usually can find a place to meet, you already know your patients, so HIPPA is not a big thing for you. You can also get guest speakers for your group through your many contacts.

If you can get it going I feel sure some of your patients will be happy to help. Let your patients know about the group and let the doctors in your area know. I can assure you, laryngectomees are looking for that connection.

Tom Olsavicky holds Zoom meetings on Monday at noon and also on Wednesday evenings at 7 p.m. It is amazing how many laryngectomees from all over the U.S. will attend these meetings.

Tom lives in Virginia but he has regulars from California to Maine. There is a real need for Laryngectomees to have contact with others just like them and to share their stories. They offer encouragement to each other and help when it is needed.

I will talk with the Board of Directors to see what we can offer YOU for helping the IAL.

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**WE NEED HELP!!!**

Our Clubs are dwindling, but we are carrying on in spite of everything. COVID-19 really did a number on many clubs and it will be hard to get many going again. That being said, I am sending a plea to all SLPs - we need your help now more than ever!

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**THURSDAY - MAY 11, 2023**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event Description</th>
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</thead>
<tbody>
<tr>
<td>7:30 AM - 8:30 AM All Registrations Including Delegates</td>
<td></td>
</tr>
<tr>
<td>8:00 - 8:15</td>
<td>Welcome to the Voice Institute/Annual Meeting, and Orientation to Program Caryn Melvin, PhD, CCC-SLP \nKyd Dieterich, President of the IAL</td>
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<tr>
<td>8:15 - 8:30</td>
<td>Opening Ceremonies</td>
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<tr>
<td>8:30 - 9:30</td>
<td>Keynote Speaker \nRichard Cave, SLP</td>
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<tr>
<td>9:30 - 10:00</td>
<td>Break and Vendor Visitations</td>
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<tr>
<td>Noon - 2:00</td>
<td>Welcome Luncheon and Social Event</td>
</tr>
<tr>
<td>2:00 - 2:30</td>
<td>Kick-off Presentation for Laryngectomee Caregiver Town Hall Discussions \nVanessa Ready</td>
</tr>
<tr>
<td>2:30 - 3:30</td>
<td>Laryngectomees, Men’s, Women’s, and Caregivers Breakout Sessions \n(3 rooms)</td>
</tr>
<tr>
<td>3:30 - 4:00</td>
<td>Break and Vendor Visitations</td>
</tr>
<tr>
<td>4:00 - 5:00</td>
<td>Speech Therapy Groups \nALD - Caryn Melvin, PhD, CCC-SLP \nTEP - Alissa Yeargin, MSR, CCC-SLP \nSES - Susan Reeves, M.Ed., CCC-SLP \nAAC - Cindy Gordich, M.Ed., CCC-SLP</td>
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**ON YOUR OWN FOR DINNER**

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<td>9:30 - 10:00</td>
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<tr>
<td>10:00 - 11:00</td>
<td>Introduction to the EL \nMichelle Payne Weckbach, M.A., CCC-SLP, BCS-S</td>
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<tr>
<td>11:00 - 12:00</td>
<td>Introduction to SES \nSusan Reeves, M.Ed., CCC-SLP</td>
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<tr>
<td>12:00 - 1:00</td>
<td>Welcome Luncheon and Social Event</td>
</tr>
<tr>
<td>1:00 - 2:00</td>
<td>Introduction to TEP \nCindy Gordich, M.Ed., CCC-SLP</td>
</tr>
<tr>
<td>2:00 - 2:30</td>
<td>A Caregiver and Survivor Perspective \nVanessa Ready</td>
</tr>
<tr>
<td>2:30 - 3:30</td>
<td>Introduction to AAC \nCindy Gordich, M.Ed., CCC-SLP</td>
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</tbody>
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**ON YOUR OWN FOR DINNER**
FRIDAY - MAY 12, 2023

8:00 - 9:00  Oral and Dental Challenges After Laryngectomy Treatment
Cindy Gordish, MS Ed. CCC-SLP

9:00 - 10:00  Fibrosis and Lymphedema Management
Mallory Moore, SLPD. CCC-SLP, CLT-LANA

10:00 - 10:30  Break and Vendor Visitation

10:30 -11:30  Speech Therapy Groups
ALD - Caryn Melvin, PhD., CCC-SLP
TEP - Alissa Yeargin MSR, CCC-SLP
SES - Susan Reeves, M.Ed., CCC-SLP
AAC - Cindy Gordish, MS Ed., CCC-SLP

11:30 - 12:30  Pulmonary Function and HME’s
Gwen Haake, M.S., CCC-SLP

12:30 - 1:30  LUNCH ON YOUR OWN

1:30 - 2:30  Pre-op Counseling
Kelsey Rosenquist, M.A., CCC-SLP
Linda Neal, M.A., CCC-SLP

2:30 - 3:00  Break and Vendor Visitation

3:00 - 4:00  Treatment Decisions for Patients with Advanced Laryngeal Cancer
Sean Massa, MD

4:00 - 5:00  Laryngectomy Assessment and Management Panel - Questions and Answers from the Audience
Kelsey Rosengquist, M.A., CCC-SLP
Linda Neal M.A., CCC-SLP
Gwen Haake, M.S., CCC-SLP
Sean Massa, MD

ON YOUR OWN FOR DINNER

SATURDAY - MAY 13, 2023

8:00 - 11:00  DELEGATES ANNUAL MEETING

8:00 - 9:00  TEP Troubleshooting
Michelle Payne Weckbach, M.A., CCC-SLP, BCS-S

9:00 - 10:00  A Team Approach to Laryngectomy Management
Alissa Yeargin, MSR, CCC-SLP

10:00-10:30  Break

10:30 - 11:30  Bodily Changes Following Total Laryngectomy
Alissa Yeargin, MSR, CCC-SLP

11:30 - 1:00  LUNCH

1:00 - 2:00  Dysphagia Following Total Laryngectomy
Cindy Gordish, MS Ed., CCC-SLP

2:00 - 2:15  Blending Demonstration for Persons with Chewing and Swallowing Challenges
Anne Ammenti

2:15 - 2:45  Break

2:45 - 3:30  Speech Therapy Groups
ALD - Caryn Melvin, PhD., CCC-SLP
TEP - Alissa Yeargin MSR, CCC-SLP
SES - Susan Reeves, M.Ed., CCC-SLP
AAC - Cindy Gordish, MS Ed., CCC-SLP

3:30 - 4:30  Conversations with the Experts
Members of the Laryngectomy Community share their stories with VI Participants

3:30 - 4:30  Conversations with the Experts
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4:30 - 5:30  Conference Wrap-Up

6:30  CASH BAR

7:00  BANQUET AND FESTIVITIES

ON YOUR OWN FOR DINNER
The recommended method for registration and payment is online at: http://www.theialvoice.org

For mail-in registrations, please use the form below:

First Name: ____________________________ Last Name ____________________________

Address #1_______________________________________________________________________
Address #2________________________________________________________________________
City________________________ State_________ Zip Code__________________________

Email Address_______________________________________________________________

Phone Number ________________________________

TYPE          FEE
O.  First Attendee: Laryngectomy, Spouse, Carer, Family                               $150.00
(O$175.00 after Tuesday, February 28, 2023)
O.  Additional Attendees                    $100.00
(O$125.00 after Tuesday, February 23, 2023)
O.  Grad Student                                                                                               $225.00
(O$250.00 after Tuesday, February 23, 2023)
O.  Speech Language Pathologist  $325.00
(O$350.00 after Tuesday, February 23, 2023)
O.  Other Medical Professional (non CEU)        $175.00
(O$200.00 after Tuesday, February 23, 2023)

Name of second Attendee_______________________________________________________

Total Attendees_______________________________________________________________

Total Amount Enclosed_________________________________________________________

Mail to: International Association of Laryngectomees
925 B Peachtree Street NE, Suite 316
Atlanta, GA 30309

Company ____________________________ Phone Number ____________________________

Fax Number ____________________________ Email: _____________________________

Table requirements:                     1 Table 2 Chairs @ $400 ___________________________
Additional Representatives @ $100 ___________________
Additional Table @ $100 ___________________
Additional Chair @ $10 Each ___________________
Electric Hook-up (one time fee) $50 ___________________________

SUB TOTAL $ ____________________________

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Inside Front Cover @ $450 ____________________________
Inside Back Cover @ $450 ____________________________
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SUB TOTALS ____________________________

COMPANY REQUIREMENTS AND ADS TOTAL $ ____________________________

Names of Company Representatives

For questions, please contact Helen Grathwohl at: helen.grathwohl@theialvoice.org
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- Kobe - Steak House
- McDonalds - Fast Food
- St. Louis Bread Company - Restaurant
- Westport Social - Restaurant and Bar
- Starbucks - Coffee
- Kemoll's Chop House - Restaurant
- Funny Bone - Comedy Club
- Backstreet Jazz and Blues - Jazz Club
- Hats-N-Stuff - Retail

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**Thank You to Our Donors**

The International Association of Laryngectomists would not exist without the generosity of many people. Listed below are the donations the IAL has received in the past year.

There are no words to express our sincere THANKS to all of these folks. Over the years many people have contributed large sums of money to keep the IAL going and while we appreciate all they have done it would take this entire newsletter to list the names of everyone that has donated.

Please know we will always appreciate you and with that said, the list below are the donations for the past year 2022.

<table>
<thead>
<tr>
<th>Amount</th>
<th>Name</th>
</tr>
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<tbody>
<tr>
<td>$7,918.66</td>
<td>St. Paul Lost Chord Club</td>
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<tr>
<td>$500.00</td>
<td>Patricia Castrodale</td>
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<tr>
<td>$2,800.00</td>
<td>Nu-Voice Club of Mt. Sinai</td>
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<tr>
<td>$200.00</td>
<td>Richard Leskovec</td>
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<td>$250.00</td>
<td>Charles Jewell</td>
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<td>Anne Ammenti</td>
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<td>$150.00</td>
<td>Anna M. Valloston</td>
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<td>$25.00</td>
<td>Christine Ledge</td>
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<td>$250.00</td>
<td>David Smith</td>
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<td>Saul &amp; Geraldine Silver</td>
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<td>$150.00</td>
<td>Kathie Julien</td>
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<td>$50.00</td>
<td>Joseph Brooks</td>
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<td>Randall Tolbert</td>
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<td>Malcolm McMullen</td>
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<td>Beverly Wallace</td>
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<td>Alan Shafran</td>
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<tr>
<td>$10.00</td>
<td>Michael Holbidey</td>
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The following people have donated $1,091.00 “In Memory of John Reidy”
- Michelle Griffin - River Smyth - Maureen Hogan - Rita & Richard Weingarten -
  Angela Arnold - Florence Duckman - Julie Woodland - John Curley - John Tantillo

The following people have donated $970.00 “In Memory of Mary Moerer”
- Ticket Boot, Inc - Donna Williams - Richard & Valerie Hanson - Brad & Ruth Huth
  Courtney Edwards - Laurel & Rick Woodrige - Nancy Neilan - Richard Cull
  Carmen McCormick - Bruce & Julian Williams - Hayes Family - Judy Champion
  David & Norm Egbert - Donna Marie Young

The following people have donated $2,150.00 “In Honor of Dr. & Mrs. Daniel Karakla”
- Charles Ethridge - Paul J. Bennett - Ashley Anders Schroder - Daniel W. Karakla
  Lauren Goodman - Sarah Zakula - Powell Randolph - Lauren Lewis
  Lawrence Chang - Rosalie Cajulis - Dean McCaughey - Jo-Marie Ewell
Thank You for Updating Your Contact Information

Please mail completed form to: International Association of Laryngectomies
925 B Peachtree St NE, Suite 316
Atlanta, GA 30309

Announcement from the Nominating Committee of The IAL

The International Association of Laryngectomies is looking for a few conscientious and creative Board members to help serve our Laryngectomy Community, as well as guide and strengthen our organization.

If you can spare a few hours a month, attend our Annual Conference, contribute your energy, and leadership to our Laryngectomy Community, please submit a short personal biography, along with a photo of yourself. All recommended Nominee packets will be mailed out to our Clubs for a Delegate vote.

Thank you for your consideration.

Please submit your bio and photo to The IAL Secretary, Anne Amment at secretary@theialvoice.org or anne.amment@theialvoice.org

A Call for Board of Director Nominees

By W. Kyd Dieterich
IAL President

I had never been a smoker, but at the time of my laryngeal cancer diagnosis, I had been in the fire service for 42 years. Back in the day, dirty, filthy turnover gear was a badge of honor. Proof that you got the job done! What we now know is that we were killing ourselves by exposing ourselves to cancer causing carcinogens, over and over for years. The word decon (decontamination) was not in our vocabulary.

Research over the past several years has determined that firefighters are exposed to over 20 carcinogenic chemicals and that firefighters have over a 9% greater risk of developing certain types of cancer than the rest of the population. How and why individuals in our profession have a more significant threat to some cancers is that carcinogens are attaching to our skin and our personal protective turnout gear. If we don’t decontaminate immediately, we cross-contaminate other living spaces, including vehicles, fire stations, personal automobiles and possibly, our homes and families.

Decontamination must begin while on the scene by using decon wipes to remove soot from exposed skin and using soap and water to remove as much soot as possible from your personal protective equipment. It is essential to offer a process to get firefighters clean on the scene and the sooner, the better. When returning to the Station shower as soon as possible and put on a clean uniform. Machine wash your personal protective equipment and in the mean time, utilize a clean, spare set of turnout gear.

Get an annual physical, as early detection is key to survival. A comprehensive skin exam should also be included. Multi-cancer screening blood tests are also now available, which aid in early detection. Every fire should be considered a hazmat incident because of the multiple carcinogens that are found in the smoke that is generated at fires. The risk of cancer in the fire service is real. Fire chiefs who are developing cancer risk reduction policies should challenge outdated principles, which might help to reduce the risk of cancer in the fire service.

Get an annual physical, as early detection is key to survival. A comprehensive skin exam should also be included. Multi-cancer screening blood tests are also now available, which aid in early detection.

By W. Kyd Dieterich
IAL President

Be the One

Be the Person who breaks the cycle.

If you were judged, choose understanding.
If you were rejected, choose acceptance.
If you were shamed, choose compassion.

Be the Person you needed when you were hurting. Not the Person who hurt you.

Vow to be better than what broke you, To heal instead of becoming bitter, so you can act From your heart, not your pain.

My Story – Why I Work in the SLP and HNC Field

By Kimberly Webster, M.A., M.S. CCC-SLP

Reading the December, 2022 IAL newsletter, I was inspired by stories from our reigning President, Kyd Dieterich and the newsletter editor, Helen Grathwohl. I know Kyd’s story well, as I was a small part of it! I marvel at the strength, courage, determination and hope of all of you, which is why I continue to work in the field of speech-language pathology.

My story in this field began in 1991 at Northwestern University in Evanston, IL. I took a summer elective called, “Working with total laryngectomy (TL) patients.” It was taught by the late, great Jeri Logeman, PhD. She was well-known in the field of dysphagia, and many do not know that she did much for the education and welfare of head and neck cancer patients. Cathy Lazarou, PhD, another SLP legend and retired faculty member from NYU, also taught some of the lectures. It was a “hands-on” course where we had lectures in the morning, and then worked with various TL patients in the afternoon. We were mostly focusing on electroarynx (EL) training and esophageal speech. My patient was “Ms Jean” who was a skilled EL speaker but wanted to learn some esophageal speech. We had a great time together and both advanced our skills to a functional level in just a few weeks. Long story short, I fell in love with head and neck surgery, and spent the rest of my time in graduate school trying to figure out how to do more. There was much more focus on TEPs then as it was so new.

I was a small part of the process at Johns Hopkins for my Clinical Fellowship Year and beyond, working at Cook County Hospital. Our director was Nancy Becker, PhD, who taught us all about working with HNC patients. We were trying to start up a TEP program at the time, and Dr. Lazarus was coaching me on how to do that. Before I was able to see that come to fruition, I had never been a smoker, but at the time of my laryngeal cancer diagnosis, I had been in the fire service for 42 years. Back in the day, dirty, filthy turnover gear was a badge of honor. I miss all of my friends, family, colleagues and patients (many of whom are now friends) back in Baltimore, and am so happy to be making new connections here on the beautiful Gulf Coast. We are participating in Staying Sharp and Partners in Care’s 5k run in April. We will have a TEP clinic starting in March, 2023. We have another head and neck surgeon, Dr. Justin Shin, joining the team in April, and we are ready to make a difference here.

President’s Message – What We Now Know

By W. Kyd Dieterich
IAL President

I had never been a smoker, but at the time of my laryngeal cancer diagnosis, I had been in the fire service for 42 years. Back in the day, dirty, filthy turnover gear was a badge of honor. Proof that you got the job done! What we now know is that we were killing ourselves by exposing ourselves to cancer causing carcinogens, over and over for years. The word decon (decontamination) was not in our vocabulary.

Research over the past several years has determined that firefighters are exposed to over 20 carcinogenic chemicals and that firefighters have over a 9% greater risk of developing certain types of cancer than the rest of the population. How and why individuals in our profession have a more significant threat to some cancers is that carcinogens are attaching to our skin and our personal protective turnout gear. If we don’t decontaminate immediately, we cross-contaminate other living spaces, including vehicles, fire stations, personal automobiles and possibly, our homes and families.

Decontamination must begin while on the scene by using decon wipes to remove soot from exposed skin and using soap and water to remove as much soot as possible from your personal protective equipment. It is essential to offer a process to get firefighters clean on the scene and the sooner, the better. When returning to the Station shower as soon as possible and put on a clean uniform. Machine wash your personal protective equipment and in the mean time, utilize a clean, spare set of turnout gear.

Get an annual physical, as early detection is key to survival. A comprehensive skin exam should also be included. Multi-cancer screening blood tests are also now available, which aid in early detection.

Every fire should be considered a hazmat incident because of the multiple carcinogens that are found in the smoke that is generated at fires. The risk of cancer in the fire service is real. Fire chiefs who are developing cancer risk reduction policies should challenge outdated principles, which might help to reduce the risk of cancer in the fire service.
Meet us in St. Louis!

Attend The International Association of Laryngectomees

Annual Meeting and Voice Institute

May 10, 2023 to May 14, 2023

See pages 7-12 for the agenda and registration information
or visit www.theialvoice.org