The purpose of this study is to elucidate the participation of laryngectomized patients in a self-help group (SHG) during the first year after hospital discharge.

Methods

- Forty-seven patients who underwent total laryngectomy and consented to participate in the study responded to a questionnaire survey regarding registration and participation in the SHG.
- The questionnaire was administered before and 3, 6, and 12 months after hospital discharge.
- Survey items were basic attributes, self-help group participation status, and reasons for not joining the group.
- The questionnaire sheet for the pre-discharge survey was sent to each patient and collected during the first year after hospital discharge.
- On the other side, seventeen patients (33.3%) mentioned having never attended the SHG before discharge, which could be explained by poor physical condition or because they didn’t advance esophageal speech method.
- Twenty patients (42.5%) never attended the SHG during the first year after discharge, because they think “it’s just not in my nature” and the long distance of the commute to the meeting place.
- Twenty patients (42.5%) attended the SHG during the first year after discharge, because they each think “I live alone and don’t have opportunities to talk to others”, “it’s just not in my nature” and the long distance of the commute to the meeting place.

Results

- Twenty-seven Patients (57.4%) became the member by the end of first year after surgery.
- Only nine patients (19.1%) were registered with the SHG before hospital discharge.
- During the 3-month period after discharge, seventeen (36.2%) completed their registration, but three patients (6.4%) resigned because of “no need to join the group”.
- Four patients (8.5%) had postponed the registration after a discharge more than six months due to poor physical condition.
- One patient (2.1%) who was registered before discharge resigned between 6-12 months after discharge, because he doesn’t advance esophageal speech method.

Objective

Changes in the participation status of laryngectomized patients in a self-help group after hospital discharge

Table 1. Basic characteristics

<table>
<thead>
<tr>
<th>Age at surgery</th>
<th>64.2 (46.8-82)</th>
<th>Diagnosis</th>
<th>Hypophryngeal cancer</th>
<th>24 (51.1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td></td>
<td>Laryngeal cancer</td>
<td>16 (34.0)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Esophageal cancer</td>
<td>6 (12.9)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>No response</td>
<td>2 (4.3)</td>
<td></td>
</tr>
<tr>
<td>Employment Status</td>
<td>Employed</td>
<td>21 (44.7)</td>
<td>Treatment</td>
<td>Operation only</td>
</tr>
<tr>
<td></td>
<td>Unemployed</td>
<td>25 (53.2)</td>
<td>&amp; Pre operative Radiation</td>
<td>8 (17.0)</td>
</tr>
<tr>
<td></td>
<td>No response</td>
<td>1 (2.1)</td>
<td>&amp; Post operative Radiation</td>
<td>5 (10.4)</td>
</tr>
</tbody>
</table>

Figure 1. Changes in the Participation Status

Conclusion

In these patients who underwent total laryngectomy, study found that over fifty percent of patients who were willing to join the SHG, it is important to develop a continuous support system that meets the physical needs of individual laryngectomized patients, and a way of the activity of the self-help group that meets the lifestyle and the economic conditions after discharge. The findings study suggest that the content and methods of the current activities should be reviewed to meet the wide range of needs that laryngectomized patients develop after hospital discharge.