How to care for your voice prosthesis after a laryngectomy

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This booklet is specifically for people who have had a laryngectomy and have had a voice prosthesis (valve) fitted.

About laryngectomy

During laryngectomy surgery, the larynx (voice box) is removed and there is no longer a connection between the lungs and the mouth. Instead the trachea (windpipe) leads directly to the outside of the body via a permanent hole in the neck called a stoma.

Surgical voice restoration

In this procedure, a small hole (puncture) is made through the wall between the windpipe (trachea) and gullet (oesophagus). A voice prosthesis is then inserted into the hole. When you breathe out and cover the stoma with a thumb or finger, air from the lungs is pushed through the valve to produce voice by vibrating the muscles in your gullet:
Your valve

An example of a voice prosthesis and its components

There are many different types of voice prosthesis. They differ in length, diameter and flange size. They may or may not have a strap. Some valves can be changed by patients but others will need to be changed by a speech and language therapist. The style of valve may need to change over the course of your life as your needs change. The speech and language therapist will discuss with you which valve is best suited to your needs.

Keeping your valve and stoma clean

Clean your valve and stoma at least once a day. This allows the valve to work well and reduces bacterial or fungal growth.

Before touching your valve or stoma, wash your hands and lay out equipment on a clean surface.
1. **Clean the skin around the outside of the stoma:**
   Use wet and then dry gauze, remember to squeeze the extra water out of the gauze before using it. Wipe the gauze away from the edge of the stoma and not towards it.

2. **Clean the outside of the valve:**
   Using cotton buds, alternating wet and dry, clean the outside of the valve. Again, remember to squeeze the extra water out of the cotton bud.

3. **Clean the inside of the valve**
   Please ensure you have the correct length and type of brush for your valve. Wet the end of the brush with some water and insert the brush slowly as far as it will go into the valve. Remove the brush by turning it round as you pull it out. Repeat this until the brush comes out clean. When there is nothing left on the brush, check down inside the valve using a torch.

**Wash your hands and equipment thoroughly once finished.**

**Potential problems with your valve**

It is quite common for problems to occur when using a valve. The speech and language therapist will have discussed these with you and this leaflet is a reminder of what they are and what you can do if you encounter them.

**Problems:**
- No voice or effortful voice
- Coughing when eating or drinking
- Valve looks too long/short
- Valve is leaking through the middle or around the outside
- Valve has come out
Consider:
**Is the valve blocked?**
Clean it as described in this leaflet.
If you have no voice, try covering your stoma then say ‘ahh’ to try and clear any debris.

**Has it been dislodged backwards or forwards?**
If it does not look how it normally does, can you push or pull the valve gently back into its normal position using the valve insertion stick?

**Action:**
If your valve is still leaking, looks the wrong length, has come out or you have voice difficulties, please contact the speech and language therapy department to make an appointment as soon as possible. We will aim to see you within two working days of you contacting the department.

**Managing your leak**
Whilst you are waiting for your appointment there are actions you can do to manage your leak.

1. Using thickening powder in your drinks or having naturally thicker drinks such as milk, milkshakes, hot chocolate, smoothies
2. Having a drink whilst eating
3. Holding the valve insertion stick inside the valve when having a drink (if leaking through the middle of the valve).
4. Inserting your plug insert, if you have one, in order to prevent the valve leaking through the middle as you drink.
What to do if your valve has come out

It is important to try to prevent the puncture from closing up. Please insert your catheter into the tract (see below for instructions). Once the catheter has been inserted, please contact us to arrange an appointment. Although you will be unable to talk, you should be able to eat and drink with the catheter inserted. We will aim to see you within two working days of you placing your catheter.

If you cannot find your valve it may have fallen into your airway. Place your catheter if you are able to.

Please go to your nearest A&E immediately or call 999 if you experience any respiratory distress. The valve will need to be retrieved from your airway as a matter of urgency, but you will not have another one placed in A&E. Please contact the speech and language therapy department to arrange for your valve to be replaced.

Placing a catheter:
1. Apply lubricating gel to the tip of the catheter.
2. Look for the puncture hole and thread the tip of the catheter through the puncture. Keep passing it into the puncture until the upper branches can be securely taped to the side of your neck.
3. If you are not sure if you are putting the catheter in the right place remove it and try again. You will experience severe coughing if the catheter is being passed in to your lower airway, therefore remove it promptly if this occurs.
4. Attach the syringe to the injection port of the catheter and push about 2ml of water into it. This will inflate the small balloon attached to the catheter and stop it from falling out.
5. A spigot now needs to be pushed into the open end of the catheter to stop stomach content draining up through it.
Who should I contact for problems with my valve?

Speech and language therapy
Office hours are 08:30–16:30 Monday to Friday.
Phone: 0121 371 3483
Email: slt.uhb@nhs.net
Text: 07909 533240

Admin staff are available to assist you during office hours. We aim to offer urgent appointments within two working days. Please contact the department as soon as you suspect a problem, for example when your valve begins to leak, or your voice deteriorates. Please do not wait to see if it improves before booking an appointment as it may get worse while you are waiting to be seen.

Appointments can be made by calling the telephone number above. If you are unable to communicate by talking, you may contact the department by email or text message, although you may have to wait a little while for a response.

Please do not simply turn up without an appointment as staff will be busy seeing other patients in the hospital and you will not be seen.

Outside office hours (evenings/ weekends/bank holidays)
• Call the hospital switchboard (0121 627 2000) and ask to speak to the on-call specialist ENT registrar
• You can also call Ward 408 (0121 371 4080) and speak to the nurse in charge. They can contact the on-call doctor for you.
• If you find yourself in a life-threatening medical emergency always ring 999
• Please note that your valve will not be replaced by ENT
Please show the emergency message below if you are unable to communicate with Emergency Department staff:

For the attention of emergency department staff:
I am unable to use my voice because my voice prosthesis (valve) has been dislodged.
To ensure the trache-oesophageal puncture site remains open, a foley catheter must be inserted through it until the valve can be replaced (during office hours) by a member of the speech and language therapy team based at Queen Elizabeth Hospital Birmingham (0121 371 3483).

If the valve has entered the airway I may be experiencing respiratory distress and will need immediate attention.