Communicating after a laryngectomy – information for patients

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**Introduction**

You have been given this leaflet following your agreement to have a laryngectomy as treatment for your cancer after discussion with your surgeon. The leaflet tells you about your options for communicating following this procedure. It is not meant to replace the discussion between you and your surgeon, but helps you to understand more about what is discussed.

**What happens to the voice box following a laryngectomy?**

Before surgery, voice is produced by air from the lungs passing through the voice box and making the vocal cords vibrate (see diagram below).

![Diagram of normal voice and breathing mechanism]

**Normal voice and breathing mechanism**
During a laryngectomy operation, the voice box is removed and the lungs are no longer connected to the mouth. Instead the lungs lead directly to the outside of the body via a permanent hole in the neck called a stoma. This means voice can no longer be made in the normal way and a new method of communication will be used following your operation.

How will I communicate following the loss of my voice?

Immediately after the operation you will be voiceless. Not being able to speak is a great loss for anyone who has had this type of surgery. However, there are several methods to help you to produce sound and learn to speak again following surgery. Your speech and language therapist will have seen you before your operation to discuss the different ways of communicating. The method you use will depend on the type of surgery you have and on your individual circumstances, such as the type of work you do and what your preferences are.

Some of the different ways of communicating are:

- Having surgical voice restoration
- Using oesophageal voice
- Using an artificial larynx
- Using mouthing
- Writing

You can use more than one method according to which you prefer at different times.
What is surgical voice restoration (voice prosthesis)?

In this procedure a hole (fistula) is made through the wall between your windpipe and your gullet. A valve (voice prosthesis) is then inserted into the opening. 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.

The diagram below shows the position of the valve bridging the wall between the airway in front and the gullet behind. By covering the airway with the thumb, air from the lungs can be passed into the gullet for voicing.
The valve itself does not produce the voice – it is the muscles in the gullet that vibrate and produce the sound. The valve is a one way shunt: it allows air through into the gullet but stops food and drink leaking back through the passage into your lungs. This procedure can be carried out at the same time as the laryngectomy operation or at a later time (by having a further small operation). Following surgery a tube is placed in the hole and immediately after your operation you will be fed directly through this into your stomach.

When you are eating and drinking well and your stoma is stable you will have the tube removed from the puncture site and a valve will be inserted. You will be ready to start voice work. It may take a while to learn how to speak with a voice valve. The voice can sound quite natural, although in women it is usually a lower pitch than before the operation. We try to select valves to give the speaker the best voice, with longest valve life and with the fewest side effects. Our aim is to give you choice and encourage maximum independence in the long term. There are several types of valve. The most common examples are Blom-Singer® and Provox®. After the valve has been fitted you will be seen regularly by the speech and language therapist to work on your voice in conversation and to teach you how to care for your valve. You will continue to be supported as you adjust to the changes you will need to make to live with your voice prosthesis. During this time you will learn how to:

- Clean your valve and solve any problems with it
- Use your valve for conversation
- Change the valve yourself if this is appropriate for your device
What else should I know about surgical voice restoration?

We believe that for most people, surgical voice restoration offers the best chance of fluent speech after surgery. You may have this procedure carried out at the same time as your operation. However, you may not be able to have this done until later if you have more complex surgery. We may suggest having this procedure after healing has taken place. This would involve coming into hospital for a second operation under general anaesthetic. You will be offered an electrolarynx (a mechanical aid) to help you communicate whilst you are waiting for surgical voice restoration. In the majority of cases, after a period of adjustment and problem solving, voicing resulting from surgical voice restoration works very well. For a small proportion of people, side effects of leakage around the valve may mean that this method is unsuccessful and the procedure is reversed (this can mean further surgery to seal the puncture hole). You would then have to use one of the other methods described in this leaflet.

Please remember that:

- Valves need cleaning each day
- Valves wear out every 2-3 months and require changing
- If you cannot learn to change your own valve you will need to visit the hospital for valve changes
- When using a valve for communicating you may be one handed because of the need to cover the airway to direct air through to the gullet. However hands free valves can be helpful for some people and if suitable for you are available on prescription
- Valves require careful monitoring during radiotherapy treatment to ensure best fit at all times
What is oesophageal voice?

Another method of communicating after surgery is a technique known as oesophageal voice. Air is swallowed and pushed into the gullet (oesophagus). As the air is forced out from the gullet, it vibrates the gullet walls, which makes a low-pitched sound. Movements of the lips, cheeks and tongue turn the sound into words. Some people find it easy to make oesophageal voice, others not so easy. It is usually best to practice little and often; 10 minutes an hour throughout the day is enough at first. Do not aim to get louder until you can make yourself understood in a quiet voice.

You should try to pronounce the consonants in words as clear as possible and to make your lips easy to read. Your speech and language therapist will advise you as to how suitable this method is. Following surgery most people will be able to use a valve or oesophageal voice to communicate. If you have a job which involves a lot of talking such as operating telephones or sales you may be able to work normally again.

What is an electrolarynx?

Several types of mechanical aid are available to help produce an artificial voice. These may help you communicate earlier than the other methods available, even a few days after surgery. These aids are electronic devices which are placed under the chin and make sound vibrations in the mouth that can be formed into speech. To use an electrolarynx properly takes training from a speech and language therapist and plenty of practice, but it is well worth the effort.

What is mouthing?

Your speech and language therapist will show you how to make the most of your mouthing (moving your mouth) skills in order to make this form of communication as effective as possible.
What should I bring to the hospital to help me to communicate?

It is often useful to bring with you things to help with communication in the early days after surgery, for example:

- A pen and some paper
- A magic slate
- A word or picture list of every day needs
- A mobile phone for texting family and friends

Please let us know if you have read something which you need to discuss further or indeed if you have any questions at all about communication after laryngectomy. You may wish to meet a patient visitor who has had a laryngectomy in the past. We can arrange for a former patient to meet with you to give support and information from their point of view.

It is important that you make a list of all medicines you are taking and bring it with you to all your follow-up clinic appointments. If you have any questions at all, please ask your surgeon, oncologist or nurse. It may help to write down questions as you think of them so that you have them ready. It may also help to bring someone with you when you attend your outpatient appointments.
Glossary of medical terms used in this information:

**Larynx**
The voice box, where the vocal cords are located.

**Oesophagus**
The tube through which food passes on the way to the stomach, also known as the gullet.

**Prosthesis**
An artificial replacement.

**Stoma**
An artificial opening between two cavities, or between a cavity and the surface of the body.
Local sources of further information
You can visit any of the health/cancer information centres listed below:

**Sandwell and West Birmingham Hospitals NHS Trust**
The Courtyard Centre
Sandwell General Hospital (Main Reception)
Lyndon
West Bromwich B71 4HJ
Telephone: 0121 507 3792
Fax: 0121 507 3816

**University Hospital Birmingham NHS Foundation Trust**
The Patrick Room
Cancer Centre
Heritage Building (Queen Elizabeth Hospital)
Edgbaston
Birmingham B15 2TH
Telephone: 0121 3713539

**About this information**
This guide is provided for general information only and is not a substitute for professional medical advice. Every effort is taken to ensure that this information is accurate and consistent with current knowledge and practice at the time of publication.
Please use the space below to write down any questions you may have and bring this with you to your next appointment.

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