

Therapy

THE NATIONAL ASSOCIATION
OF LARYNGECTOMEE CLUBS



for

LARYNGECTOMEEES

Speech & Language



AWARENESS
CAMPAIGN !

COMMUNICATION AFTER LARYNGECTOMY

Since laryngectomy removes the larynx and therefore the source of voice (i.e. the vocal

cords), communication is obviously impaired. Articulation usually remains normal, but in more extensive surgery the nerves to the tongue may be damaged and articulation is impaired, causing dysarthria (the slurring of speech sounds).

People who have undergone laryngectomy have several options for communication:

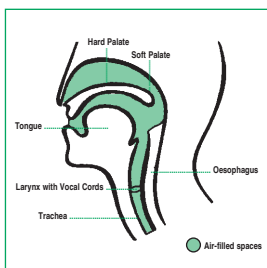
■ **The Artificial larynx** Held against the neck, the artificial larynx transmits an electronic sound through the tissues which is then shaped into speech sounds by the lips and tongue. The user articulates in the normal way.

It is not an appropriate means of communication immediately after the operation or if the tissues have hardened as a result of radiotherapy. If a laryngectomee is unable to use a neck placed artificial larynx an oral adaptor can be used. This means sound is transmitted from the vibrating device via a thin tube which is placed in the mouth. The speaker articulates in the normal way although the tube can interfere with precision of articulation.

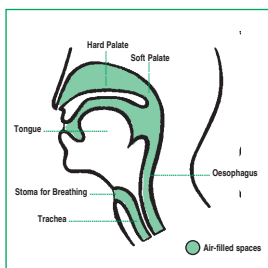
■ **Oesophageal Voice** Oesophageal voice is achieved by learning to pump air from the mouth into the upper oesophagus.

The air is then released, causing the pharyngo-oesophageal segment to vibrate to produce a hoarse low-pitched voice.

The fluency achieved varies and not all laryngectomees are able to learn this technique. Some people acquire a voice which is limited in volume or fluency and rely on an electronic larynx when they are tired or need greater volume.



The normal voice & breathing mechanism before Laryngectomy



The mechanism for voice and breathing after Laryngectomy

■ **Surgical Voice Restoration** Voice may be restored by fitting a valve prosthesis between a puncture hole between the trachea and oesophagus, made at the time of surgery or later. The two most common prosthesis are Blom-Singer and Provox. Both require the laryngectomee to use their finger to completely occlude their stoma enabling them to speak. There are heat/moisture exchange buttons that can be pressed into silicone housings/baseplates which enable easy speech and have some properties to filter and warm air like the nose. There are also hand's free speech heat/moisture exchangers. Not all people are suitable for these. The speech and language therapist will assess.

If the Head & Neck Department does not carry out surgical voice restoration referral can be made to an appropriate department although as mentioned above not all laryngectomees are suitable candidates.

■ **Silent Mouthing/Writing/Gesture** A small percentage of laryngectomees never acquire a voice and are unable to use an electronic larynx. They communicate by silently articulating words or a mixture of writing and gesture.

DO give the laryngectomee plenty of time to speak.

DON'T hurry them; pressure will considerably affect their ability to communicate.

DO ask them to repeat if you don't understand.

DON'T pretend you understand if you don't - it will be obvious to the laryngectomee.

DO watch a person's lips if you are finding it hard to understand.

DON'T avoid eye contact during conversation.

DO ask laryngectomees about their voice prosthesis if at all possible; most will be able to tell you how to remove their valve, if it has come out and is blocking their airway.

DON'T remove a voice prosthesis if a laryngectomee is unconscious, unless it is obviously fully displaced and blocking the trachea. Removing certain types of prosthesis by pulling can damage the trachea. Valves normally protrude slightly into the trachea but do not affect breathing.

DO give someone time over the telephone- their voice can seem unusual at first.

DON'T assume it is a hoax call or someone playing a joke if you hear an electronic sounding voice or someone struggling to communicate over the telephone.

For further information and for details of your local laryngectomy clubs, please contact:

The National Association of Laryngectomy Clubs (NALC)

- See address below.

Macmillan Cancer Support

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