

PLO



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You will find much of the information written for laryngectomees about communication helpful in understanding how you can communicate best after your operation. However there are some details that are a little different from a laryngectomee.

Q What are my options for communication?

- A**
- ▶ Mouthing, developing to a whispered oesophageal speech
 - ▶ Electro larynx/communication aids
 - ▶ Writing
 - ▶ Surgical voice restoration

Or a combination of the above.

Q Many laryngectomees seem to have surgical voice restoration offered at the time of their operation. Can I have a voice prosthesis?

- A** A PLO operation is more extensive than a laryngectomy, and most surgeons prefer to wait until the new gullet has healed well before placing a voice prosthesis. Surgical voice restoration works well for only a small number of PLO patients because the prosthesis lies in the new, reconstructed gullet rather than the throat tissue, often preserved in laryngectomees, giving a quite wet whispered voice
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quality. The effort of producing the new 'voice' may also add to reflux problems. Your Surgeon and Speech and Language Therapist will be able to tell you if a voice prosthesis will help you.

Q When can I be considered for a voice prosthesis?

A This will be determined by how quickly your body heals, and whether you need radiotherapy. This may be about six months after your treatment.

Q How can I reduce the reflux from my stomach when I talk?

A Try to relax and reduce the effort you put into your speech, whichever method you are using. Greater effort will no longer give you a louder volume. Instead use lower breathing and mouth clearly. Speaking after meals will need particular care, with upright posture, and a gentle effort.

Q The air rushing out of my stoma as I talk is distracting, and embarrassing. What can I do to reduce it?

A Keep developing a relaxed gentle approach to breathing, aiming to develop a pattern that reduces the natural tendency to force the air, seeking a louder volume. The volume of your voice cannot be made louder by stronger breath.

Q Can I develop oesophageal speech?

A The sound of oesophageal speech is made from the pharyngeal tissues vibrating in laryngectomees. The upper gullet, which now forms part of your throat, will be involved in making the sound of an 'oesophageal' voice. This gives a 'wetter' and softer sound than a laryngectomy, but it is still possible to develop this method. The effort of producing an oesophageal voice can add to reflux problems, and careful timing around meal times may be helpful.

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