

Speaking after Laryngectomy Surgery

Many people worry that they will not be able to talk or communicate after laryngectomy surgery. This handout will help you and your family learn about the choices you have for speaking. With the help of a Speech-Language Pathologist, you will be able to choose what method of communication is right for you.

For the first 4 to 7 days after surgery, you will need to write your messages to communicate. After that, your Speech-Language Pathologist will help you learn to communicate in other ways.

What are my choices?

You have 3 choices:

- the electrolarynx
- esophageal speech
- tracheoesophageal fistulization: also called TEF

Your choice will be based on:

- how swollen or hard your neck area is
- which model gives you the best sound for speech
- the style you like to use
- the type or extent of surgery

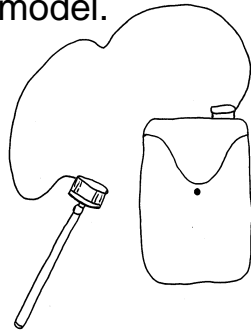
Each style is described in this handout. Your Speech-Language Pathologist will help you choose the one you will use.

The Electrolarynx

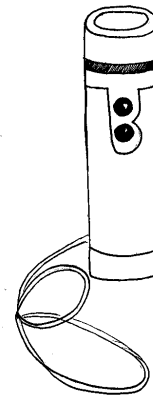
This is a small machine that makes sound in place of your vocal cords. You use your lips and tongue to shape the sound into words. It takes time and practice to learn how to use it. There are different models to try.

Your Speech-Language Pathologist will explain the models to you and help you pick the one for you. You will learn to use the electronic larynx while you are in the hospital.

The intra-oral model uses a tube to carry sound into your mouth. It is often called the mouth model.



The neck model is placed on your neck or cheek.



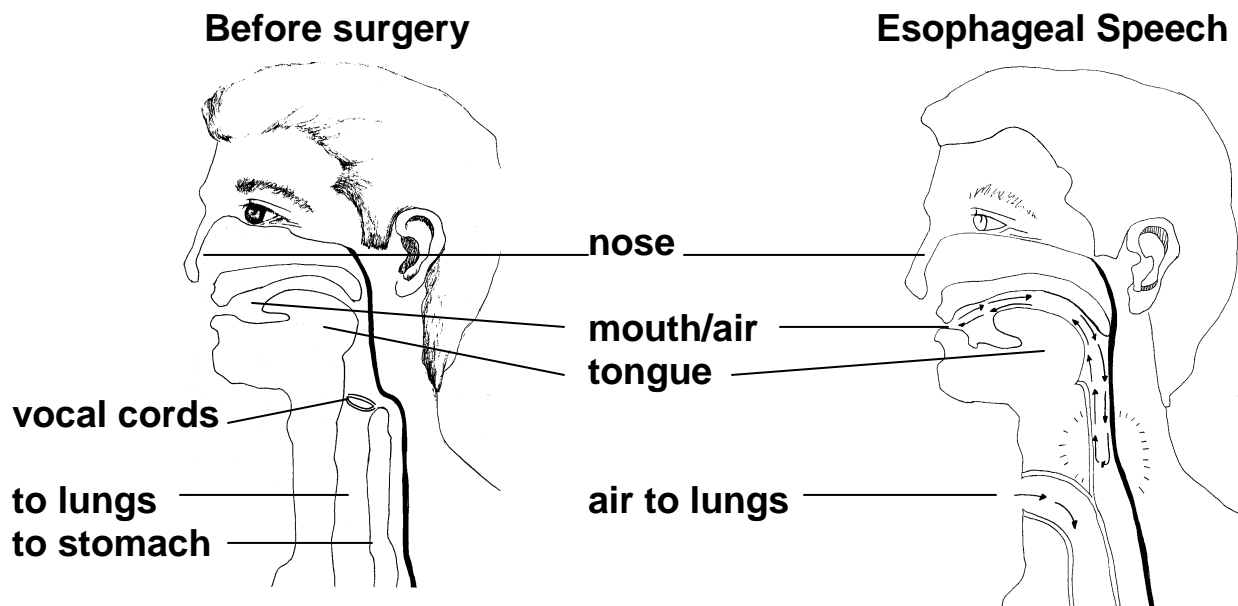
Esophageal Speech

When you use esophageal speech, you learn to swallow air part way down your esophagus or food tube. You push the air back out of your mouth. This sound becomes your new voice. You use your lips and tongue to shape the sound into words.

Some people are not able to learn esophageal speech. Sometimes, the type of surgery you have does not allow it. For example, you may not be able to do it if your food tube cannot vibrate enough to produce sound. This may occur:

- if you had a lot of surgery done in the area **or**
- if you had radiation before or after surgery

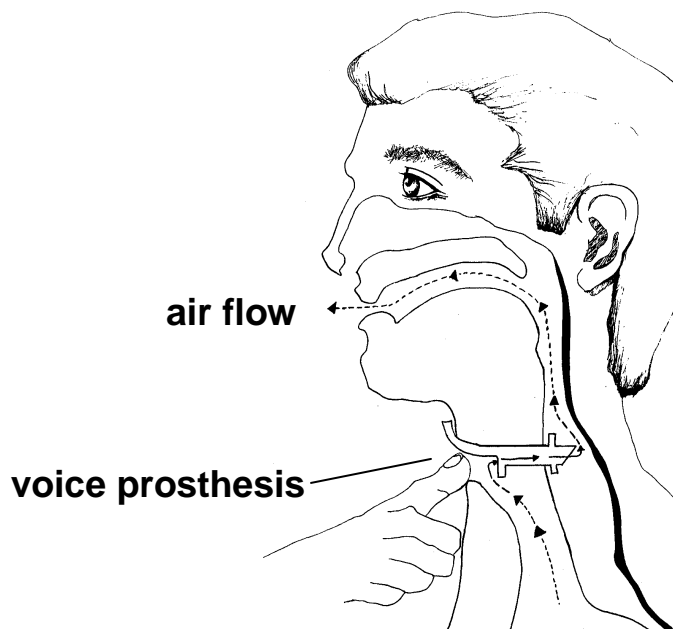
It takes many therapy sessions to learn esophageal speech.



Tracheoesophageal Fistulization or TEF

TEF is a procedure where a hole is surgically made in the wall between the breathing tube and the food tube. This could be done during your laryngectomy surgery or months later. A small, silicone voice prosthesis is placed in the hole.

The voice prosthesis is a one-way valve that lets air from your lungs pass into your food tube and up to your mouth. As the air passes through your food tube, the food tube vibrates and creates sound. You use your lips and tongue to shape the sound into words. The one-way valve makes sure that food or fluids do not enter the breathing tube.



There are 2 types of voice prostheses:

Indwelling Voice Prosthesis:

- This stays in your neck for 3 to 6 months. You learn to clean it while it is in your neck. Your Speech-Language Pathologist or Doctor must remove the prosthesis and put a new one in when it needs changing.

Removable Voice Prosthesis:

- This is taken out for cleaning every few days with the help of your Speech-Language Pathologist at first. You and/or your support person then learn how to do this yourself.

Your Doctor or Speech-Language Pathologist will help you decide the type that is best for you. You will have therapy sessions to learn how to use and take care of your prosthesis.

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