

THE CENTER FOR SPEECH EXCELLENCE

Laryngectomy Fact Sheet

Definition: Total surgical removal of the larynx as treatment for cancer of the larynx. This may be done in conjunction with radiation therapy.

Characteristics:

- Complete loss of the voice
- Early cancer symptoms: hoarseness, fullness in the throat, swallowing difficulty, pain in the neck or ear, or frequent unproductive throat clearing.
- Seventy-nine percent of the patients diagnosed with laryngeal cancer survive.
- Small tumors affecting a limited area may be treated with radiation alone. If surgery is required, the surgeon determines the amount of tissue to remove. This may result in a partial laryngectomy. Alterations in the vocal structure usually require voice therapy to improve voice quality.
- A person with a total laryngectomy appears no different from anyone else, until asked to speak, breathe, cough, laugh, cry, lift, smell, bathe, or eat.
- A tracheostomy (permanent opening in the neck) is constructed for breathing. The trachea is attached to a hole in the neck (stoma) and an L-shaped plastic tube (cannula) inserted to maintain the opening. Stoma cleanings and coverings are necessary for protection.
- An artificial larynx may be used until esophageal speech can be learned. Sometimes written communication is used to get through that period. The surgeon must approve early post-operative visits by a speech pathologist, considering the condition of the tissue.
- Following surgery, general health should return to pre-op levels. Common problems, other than speech, are with air intake, digestion, taste and smell, and social adjustment.
- Alaryngeal speech is any voicing without a larynx, including esophageal and electronic larynx.
- The patient's hearing and the spouse's hearing should be checked and amplified, if necessary. Extremely loud alaryngeal speech is not feasible, so the listener must have adequate hearing.

Pamela H. Bashor and Associates

Speech and Hearing Building, Suite 202, 320 Lillington Avenue, Charlotte, NC 28204, 704/375-5231

Speech Restoration can be accomplished in one of several ways:

- **Artificial Larynx:** 1. Pneumonic type: air goes from the stoma, through the vibrating piece of the instrument, and into the mouth. 2. Electronic type: Battery powered vibrator activated by a button switch. There are two types a). In-the-mouth type b). Neck-type.
- **Esophageal speech** may be accomplished through injection or inhalation. Both methods bring compressed air into the oropharynx.
- **Blom-Singer Voice Prosthesis:** A puncture is made in the trachea and esophagus where the device is installed. It prevents narrowing of the opening and functions as a one-way valve for breathing. One end stays closed for swallowing and the other end has an opening permitting airflow for speech.

Assistance:

We offer the following assistance:

1. A full evaluation with recommendations for the most appropriate method of communication for each individual.
2. Report to be shared with family and physicians.
3. Instruct patients in the use and care of an artificial larynx or prosthesis.
4. Instruct patients in the use of esophageal speech.
5. Counseling with family, coworkers, or others.

*Adapted from The Voice and Voice Therapy, by Daniel R. Boone and Stephen C. McFarlane; Current Therapy of Communication Disorders: Voice Disorders, edited by William H. Perkins.
Compiled by Susan E. Hance, M.S., CCC-SLP*