

Speaking valves: Voice after laryngectomy

This leaflet is for patients with a laryngectomy and explains how speaking valves work and how best to look after them.

How do speaking valves work?

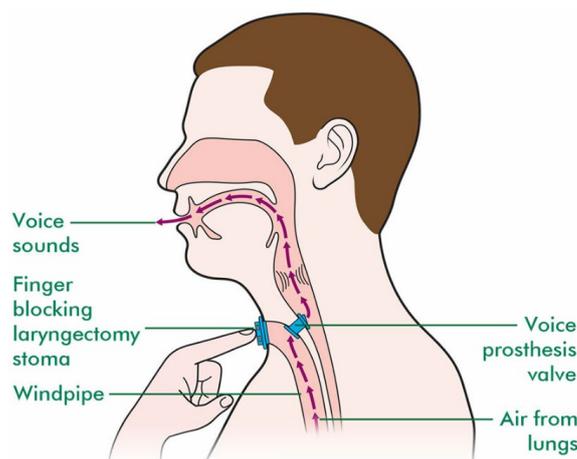
You have a speaking valve to make your new voice. The valve works by re-directing air from your windpipe (trachea) into your food pipe (oesophagus). The air vibrates an area in the oesophagus making the sound of your new voice. Your voice will not sound like your old voice. There are two main manufacturers of valves – a **Blom-Singer** and **Provox**. Over time, the valve will need to be changed. Your speech and language therapist will assess which valve is most suitable for you.



How do I make a voice?

- Breathe in.
- Cover the stoma to re-direct the air.
- Breathe out and talk.
- Uncover the stoma to allow breath in.
- Cover the stoma again to talk...and so on...

Image courtesy of Macmillan Cancer Support



Additional tips in making a voice

- Keep your shoulders and neck relaxed.
- Avoid sticking out your chin. Keep it level and relaxed.
- Cover your stoma firmly, but not too hard. Use a finger or thumb to cover it completely or preferably wear a HME cassette.
- You should not need a lot of pressure to make voice.
- Keep practising. The more you use your new voice, the easier it should become.

How do I look after my valve?

Careful cleaning of the valve will give you the clearest voice and reduce problems with leakage. You have been given a small brush for cleaning the valve.

Gently twist the brush in one direction as you move it into the valve opening.



Continue twisting the brush as you remove it from the valve. You may need to clean the valve 3-4 times a day, especially after meals.

Your lungs produce mucous that needs cleaning away from the valve so that air can continue to pass through. If your valve is blocked your voice will not work.

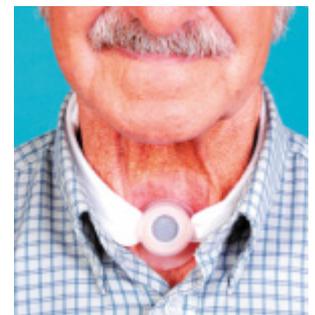
Treat your brush like a toothbrush. Rinse with warm water after use and leave upright to dry. Replace it regularly (after 1-2 weeks or when it begins to look worn). Brushes are available on prescription.

You can also use a pipette to clean the valve, but we recommend that you ask your speech and language therapist to show you how to do this as it is important not to squirt water into your airway.

Heat moisture exchange (HME)

It is important that you use a heat moisture exchanger (HME) to help protect your lungs. It may be uncomfortable to wear a baseplate initially, so aim to increase the amount of time the baseplate is on. The Optiderm baseplate is designed for sensitive skin (see Countrywide / Fittleworth catalogue).

You can still voice if you wear a HME with a laryngectomy tube (a plastic tube which helps keep the new stoma open). Cover the tube either with a finger or thumb, or if you are wearing a HME, press the filter cassette in.



Laryngectomy tubes



Baseplate



Heat moisture exchange (HME) cassette

When will my valve need changing?

The valve is likely to need changing if:

- You find you cough after drinking.
- You notice fluid leaking through the valve.
- Your stoma protector or heat and moisture exchange (HME) cassettes are stained with what you have drunk.
- It may also need changing if you notice deterioration in your voice quality.



Can I drink when my valve needs changing?

You can continue to drink if your valve needs changing, but please take small sips and thicken your drinks to level 2, or if needed, Level 3 consistency using **'Nestle Resource Thicken Up Clear'** powder.

The powder will make the drink thicker and less likely for it to run through your valve into your airway. It will minimise coughing when drinking and help prevent a chest infection developing. You should have some thickener in your green bag, but can get a further supply on repeat prescription from your GP.

Changing the valve

For full details please see the **'Valve changing and the 'Out of hours' service'** leaflet.

If your valve is changed at the hospital, please make an appointment as soon as possible. Contact the Speech and Language Therapy Department on the details included below. If nobody is available, please leave a message and we will return your call.

If you usually change your own valve at home, please familiarise yourself with the 'Out of hours' service and make sure you have a spare valve with you.

Contacting us

Royal Berkshire NHS Foundation Trust Speech and Language Therapy – 0118 322 5205 or email: rbft.speechlanguage@nhs.net

Head and Neck Cancer Clinical Nurse Specialists – 0118 322 8827

Talk to us

You can contact the Royal Berkshire NHS Foundation Trust's Patient Advice and Liaison Service (PALS) if you need help or advice regarding any hospital service. Telephone 0118 322 8338, or email talktous@royalberkshire.nhs.uk, or write to:

PALS, Level 2, Main Entrance, Royal Berkshire Hospital, London Road, Reading RG1 5AN

Contact us

Speech & Language Therapy

Inpatient Therapies Level 1 Battle Block

Royal Berkshire Hospital, London Road, Reading RG1 5AN

Tel: 0118 322 5205

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

Speech & Language Therapy, June 2021.

Next review due: June 2023

Compassionate

Aspirational

Resourceful

Excellent