Voice Prosthesis Troubleshooting: Critical thinking and practical solutions

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History

67-year-old male

T4aN2bM0 SCCa of the larynx

Total laryngectomy in 2020

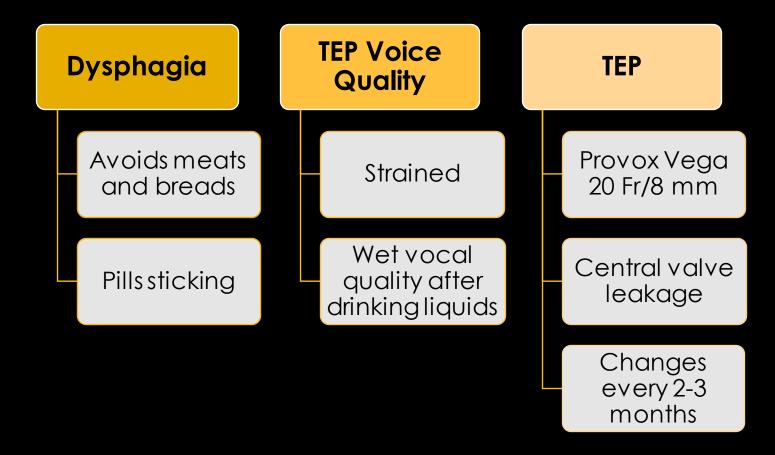
Adjuvant radiation therapy

Secondary TEP

Reports difficulties with TEP speech



Current Presentation





Videofluoroscopy







TEP Voice Quality

| Task | Intratracheal Manometry |
|----------------------------|----------------------------|
| Sustained phonation | 82 cm H ₂ 0 |
| Conversational speech | 73 cm H ₂ 0 |
| Maximum loudness | 87 cm H ₂ 0 |
| Maximum phonation duration | 3 seconds |





Management

Repeat esophageal dilations

Single balloon dilation

Double balloon dilation

Maintenance of esophageal patency





Management

- Biofeedback with intratracheal manometer
 - Goal of < 40 cm H_2 o

| Task | Intratracheal Manometry |
|----------------------------|----------------------------|
| Sustained phonation | 38 cm H ₂ 0 |
| Conversational speech | 36 cm H ₂ 0 |
| Maximum loudness | 65 cm H ₂ 0 |
| Maximum phonation duration | 10 seconds |





Troubleshooting Takeaways

Swallowing function and TEP voice quality are impacted by proximal esophageal pathologies

Intratracheal manometry can help determine adequate pressures for fluent TEP speech Instrumental evaluation can determine etiology of dysphagia and poor TEP speech



Thank You



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