

Speaking Valves

You now have a speaking valve which you can use to make a voice sound following your laryngectomy operation. The valve works by allowing air to pass from your lungs and windpipe (trachea) through the valve and into your oesophagus (food pipe). The air then vibrates in the oesophagus creating the sound of your new voice. Previously, it was your voice box which vibrated to make your voice.

How do I make my new voice?

You will need to cover the opening in your neck (stoma) with a finger, thumb, ping pong ball or, if you are using a heat moisture exchanger (HME) you will press the filter in the cassette. This stops air from escaping out of the stoma and redirects it through the speaking valve and up and out through your mouth as you breathe out. Normal voice is produced on an out breath and so is your new voice.

The pattern for voicing is:

- Breathe in
- Cover the stoma or press the filter cassette
- Talk as you breathe out
- Uncover to allow the next breath in
- Cover again and talk whilst breathing out

Try to remain relaxed, covering your stoma with firm but not hard pressure. If using a thumb or finger, cover the stoma in the same way you would cover the top of a bottle, not allowing any air to escape. You should not need a lot of pressure to get a voice.

Keep practising!

The more you use your new voice, the easier it should become.



Taping your valve tab to your neck (if applicable)

- The white 'tab' of a Duckbill valve needs to be taped to your neck at all times to make sure the
 valve is secure. If you have a Classic Indwelling valve this tab will have been cut off by your
 health care professional at the time of fitting.
- If the skin under the tab becomes sore, change the position of the tab from 12 o'clock to quarter past or quarter to.
- Do not allow your valve tab to be at the 6 o'clock position as this may increase the chances of leakage or irritate your windpipe.
- Use a small piece of tape that doesn't interfere with your adhesive base plate if you are using one.
- Transpore tape is ideal and available on prescription from Countrywide Supplies (code 1527), Homecare and Fittleworth.
- Replace this tape daily or more frequently if it becomes unstuck. Take care when removing tape
 or adhesive HMEs that you do not dislodge the valve or drop the tape into your stoma. If this
 should happen you should attempt to cough it out of the windpipe. If this is unsuccessful seek
 medical attention immediately.

How do I look after my speaking valve?

- Your lungs produce mucous. Wet or dry mucous can block the valve. Air needs to pass through it easily therefore this mucous must be cleaned away from the valve.
- Valve brushes may have been provided and are available on prescription from Countrywide Supplies/Homecare/Fittleworth or your G.P. Use only the brush that you have been prescribed to avoid damaging or dislodging the valve.
- Dip the brush in tap water
- Looking in a mirror with good light, very gently and carefully place the brush in the opening of the valve and twist in one direction about ¾ of the length of the bristles and then twist out again, pulling out any mucous.
- Care should be taken to avoid accidental displacement of the valve. This could result in it being aspirated (inhaled). If this occurs, attempt to cough the valve out of the windpipe and immediately seek medical attention if unsuccessful.
- You may need to clean your valve three-four times daily. However, you will soon work out how
 often your valve needs cleaning.
- Careful cleaning of the valve will give you the clearest voice and reduce valve leakage problems.
- Wash your brush in warm soapy water, rinse and air dry well after you have used it. Store it dry.
- Throw your brush away each week and use a new one.
- Please also refer to your manufacturers instructions supplied with your valve.

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When does my valve need changing?

- 1. You notice you are coughing immediately or shortly after eating or drinking.
- 2. You see food or drink stained secretions on your covers or filters.

Check the valve yourself with a test drink. You may see the liquid escaping through the middle of the valve or from around the outside of the valve.

You may have been taught how to change your own valve, therefore now would be the time to change it, or contact one of us when the valve needs changing:

Ward 8B at Calderdale: 01422 223813 Evenings and weekends.

Catherine Hawkes, Trainee Advanced Nurse Practioner: 07867154088

Anne-Marie Smith, Specialist Speech and Language Therapist: 07590333375

ENT Huddersfield: 01484 343255 ENT Calderdale: 01422 222336

Please bring with you your valve accessories and valve record book. Please keep these together in your 'Countrywide Supplies' green bag or similar.

Trouble shooting. What to do if

The valve is gradually getting longer and sticking out more than usual but feels secure when gently pulled -

Contact Specialist nurse or Specialist Speech and Language Therapist (SLT) for a non urgent assessment. The valve may need resizing.

The valve is dislodged or sticking out more than usual, may come out when gently pulled on or the valve comes out accidentally -

- Replace the valve if you have been taught how to do so.
- Insert the white tracheo-oesophageal stent or DILATOR you have been given into the puncture
 hole to prevent the puncture closing and fluids leaking. Secure the tab of the dilator to your neck
 with some tape to keep it in place.
- Contact Ward 8B at Calderdale for an appointment or your Specialist nurse/SLT.
- Please bring the old valve with you as well as your speech valve record book and other valve accessories.

If your voice 'goes off' this may well be a sign of valve dislodgement and will need prompt attention.

- Try cleaning it with the brush or pipette
- Change your valve if you know how.
- Contact Acre Mill ENT, the Specialist nurse, SLT or Ward 8B at Calderdale for a valve change.
- Seek advice from the above professionals if changing the valve does not resolve the issue.

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Candida and your valve

- Candida is a common yeast or fungus which lives in many people's mouths and can be transferred to the valve in saliva when you swallow.
- Candida grows very easily on the valve and deforms it, perishing it and causing it to leak.
- If you have Candida you may see tiny brown/golden/cream coloured spots on the back of the valve when it is changed.

You will need to follow these instructions to treat it after a prescription for Nystatin Oral Suspension 100,000 units per ml has been given to you by a health care professional.

Please read the specific medication information leaflet that comes with this medicine regarding side effects and safe storage:

- 1. Rinse all round your mouth with 1ml of Nystatin oral suspension two-four times daily.
- 2. Swish it round your mouth for FOUR minutes for best effect then swallow it. Do not eat or drink anything for one hour after doing this as it will be continuing to treat your mouth and valve.
- 3. Put a small amount of Nystatin Suspension on the valve brush when you clean the valve but do not dip the brush in the bottle or you will contaminate the whole bottle.
- **4.** Ensure this prescription continues from your G.P. as this is a long course of treatment which will be modified/reduced after discussion with your healthcare team once we see if this treatment prolongs the life of your speaking valve.

How to contact us / further information

If you have any questions or concerns or need further information then please contact:

Ward 8B at Calderdale: 01422 223813 Evenings and weekends.

Catherine Hawkes, Trainee Advanced Nurse Practioner: 07867154088

Katrina Ash, ENT Nurse Specialist: 07795092464

Anne-Marie Smith, Macmillan Specialist Speech and Language Therapist: 07590333375

ENT Huddersfield: 01484 343255

ENT Calderdale: 01422 222336

Acknowledgement

Helen Chadwick, RGN, NMP, BSc Hons Palliative Care Macmillan Larynx Cancer & Tracheostomy Nurse Specialist Aberford Road, Pinderfields Hospital, Wakefield, WF1 4DG 01924 542250 / 07771674125

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If you have any comments about this leaflet or the service you have received you can contact:

Anne-Marie Smith
Specialist Speech and Language Therapist
Macmillan Head and Neck Cancer
Huddersfield Royal Infirmary

Telephone No: 01484 347072

www.cht.nhs.uk

If you would like this information in another format or language contact the above.

Potřebujete-li tyto informace v jiném formátu nebo jazyce, obraťte se prosím na výše uvedené oddělení

Jeżeli są Państwo zainteresowani otrzymaniem tych informacji w innym formacie lub wersji językowej, prosimy skontaktować się z nami, korzystając z ww. danych kontaktowych

ਰ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਪ੍ਰਾਰੂਪ ਜਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਲੈਣਾ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਉਪਰੋਕਤ ਵਿਭਚਾ ਵਿੱਚ ਸਾਡੇ ਨਾਲ ਸੰਪਰਕ ਕਰੋ।

اگر آب کو سے معلومات کس اور فارم سے طازبان می در کار ہوں، تو برائے مہرباری مندرجہ بالا شعبے می ہم سے رابطہ کری.

"إذا احتجت الحصول على هذه المعلومة بشكل مغاير أو مترجمة إلى لغة مختلفة فيرجى منك الاتصال بالقسم المذكور أعلاه"

