

Verbal performance of total laryngectomized patients rehabilitated with esophageal speech and tracheoesophageal speech: impacts on patient quality of life

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Introduction: Total laryngectomy has important psychophysical and social consequences for patients' quality of life because of the functional changes resulting from the removal of the larynx. Voice deprivation is perhaps the most relevant limiting factor in social relationships, increasing feelings of solitude and tending to drive individuals into social isolation. Multiple voice rehabilitation methods after total laryngectomy are available. This study aimed to determine the acoustic quality of the rehabilitated voice achieved with esophageal speech (ES) and tracheoesophageal speech (TES), and acoustic quality impacts on patients' perceptions of their quality of life.

Materials and methods: The patient inclusion criterion was the completion of a speech rehabilitation course with ES or TES at least 6 months after total laryngectomy. The voice acoustic analysis was carried out automatically by using the Multidimensional Voice Program. The following parameters were extracted: fundamental frequency (F0), Jitter% (Jit), Shimmer% (Shim), and noise-to-harmonic ratio (NHR). Subjective voice evaluation was performed by using the following questionnaires: Voice Handicap Index (VHI), Voice-related Quality of Life (V-RQOL), and Voice Performance Questionnaire (VPQ).

Results: The acoustic analysis showed a difference between ES and TES patients on all acoustic parameters; this difference was significant for F0 (133.09 ± 2.4 and 119 ± 3.3 , respectively; $p < 0.001$), NHR (0.43 ± 0.21 and 0.31 ± 0.14 , respectively; $p = 0.02$), and maximum phonation time (2.02 ± 0.38 s and 10.64 ± 0.28 s, respectively; $p = 0.01$). Regarding patient-related outcomes, TES correlated with better total scores compared with ES; however, the differences in the total scores on the VHI ($p = 0.09$), V-RQOL ($p = 0.39$), and VPQ ($p = 0.52$) were not statistically significant.

Conclusion: The rehabilitation of laryngectomized patients must be addressed by a multidisciplinary team that considers the personalities, personal needs, and relational conditions of individual patients in order to determine and apply the phonatory rehabilitation method most suitable for achieving a better quality of life.

Keywords: total laryngectomy, tracheoesophageal speech, esophageal speech, laryngeal cancer

Introduction

Laryngeal cancer represents 4.5% of all malignancies and is one of the most common cancers of the upper aerodigestive tract.¹ The main modalities of surgical treatment include transoral laser microsurgery, open preservation surgery, and total

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Speech Rehabilitation Of The Laryngectomized



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Speech Rehabilitation Of The Laryngectomized:

Speech Rehabilitation of the Laryngectomized John C. Snidecor, 1962 *Speech Rehabilitation of the Laryngectomized* Josef I. Sanders, 1964 *Laryngectomy* Yvonne Edels, 1983-01-01 **A Conference on Research Needs in the Rehabilitation of Persons with Disabilities Resulting from Cancer**, 1965 VOICE RESTORATION AFTER TOTAL LARYNGECTOMY: CURRENT SCIENCE AND FUTURE PERSPECTIVES Rehan Kazi, 2009-04

Post laryngectomy rehabilitation has generated tremendous interest in recent times owing to the development of innovative prosthetic devices and other appliances aimed at making life more comfortable for the laryngectomee. This book addresses not only the very essential function of voice rehabilitation but also other equally important aspects such as pulmonary, olfactory and psycho-social rehabilitation as well as quality of life issues after laryngectomy. With more and more ENT head and neck surgeons performing laryngectomies on a regular basis, this book aims to provide both the trainees and practicing surgeons a comprehensive and practical guide to the total rehabilitation of these patients.

Clinical Care and Rehabilitation in Head and Neck Cancer Philip C. Doyle, 2019-03-21

Malignancies involving structures of the head and neck frequently impact the most fundamental aspects of human existence, namely those functions related to voice and speech production, eating and swallowing. Abnormalities in voice production and in some instances its complete loss are common following treatment for laryngeal voice box cancer. Similarly, speech, eating and swallowing may be dramatically disrupted in those where oral structures, e.g. the tongue, jaw, hard palate, pharynx, etc. are surgically ablated to eliminate the cancer. Consequently, the range and degree of deficits that may be experienced secondary to the treatment of head and neck cancer (HNCa) are often substantial. This need is further reinforced by the Centers for Disease Control and Prevention, who have estimated that the number of individuals who will be newly diagnosed with HNCa will now double every 10 years. This estimate becomes even more critical given that an increasing number of those who are newly diagnosed will be younger and will experience the possibility of long-term survival post-treatment. Contemporary rehabilitation efforts for those treated for HNCa increasingly demand that clinicians actively consider and address multiple issues. Beyond the obvious concerns specific to any type of cancer, i.e. the desire for curative treatment, clinical efforts that address physical, psychological, communicative and social consequences secondary to HNCa treatment are essential components of all effective rehabilitation programs. Comprehensive HNCa rehabilitation ultimately seeks to restore multiple areas of functioning in the context of the disabling effects of treatment. In this regard, rehabilitation often focuses on restoration of function while reducing the impact of residual treatment-related deficits on the individual's overall functioning, well-being, quality of life (QOL) and ultimately optimize survivorship. Regardless of the treatment methods pursued for HNCa, e.g. surgery, radiotherapy, chemoradiation or combined methods, additional problems beyond those associated with voice, speech, eating and swallowing frequently exist. For example, post-treatment changes in areas such as breathing, maintaining nutrition, limitations in physical capacity because surgical

reconstruction such as deficits in shoulder functioning concerns specific to cosmetic alterations and associated disfigurement and deficits in body image are common Those treated for HNCa also may experience significant pain depression stigma and subsequent social isolation Concerns of this type have led clinicians and researchers to describe HNCa as the most emotionally traumatic form of cancer It is therefore essential that clinicians charged with the care and rehabilitation of those treated for HNCa actively seek to identify acknowledge and systematically address a range of physical psychological social and communication problems Efforts that systematically consider this range of post treatment sequelae are seen as critical to any effort directed toward enhanced rehabilitation outcomes Actively and purposefully addressing post treatment challenges may increase the likelihood of both short and long term rehabilitation success in this challenging clinical population Current information suggests that successful clinical outcomes for those with HNCa are more likely to be realized when highly structured yet flexible interdisciplinary programs of care are pursued Yet contemporary educational resources that focus not only on management of voice speech eating and swallowing disorders but also address issues such as shoulder dysfunction due to neck dissection the significant potential for cosmetic alterations can offer a much broader perspective on rehabilitation Contemporary surgical treatment frequently involves reconstruction with extensive procedures that require donor sites that include both soft tissue from a variety of locations e g forearm thigh etc as well as bone e g the scapula Collectively resources that address these issues and many other concerns and the resultant social implications of HNCa and its treatment can serve to establish a comprehensive framework for clinical care Consequently providing a highly specialized and comprehensive educational resource specific to HNCa rehabilitation is currently needed The proposed edited book is designed to address this void in a single authoritative resource that is also accessible to the clinical readership Integral to this proposed book is information that guides clinical approaches to HNCa rehabilitation in addition to offering emphasis on the direct impact of changes in voice speech and swallowing and the impact of such losses on outcomes Finally while several other published sources currently exist see attached list the emphasis of these books is directed either toward the identification and diagnosis of malignant disease clinical and surgical pathology associated efforts directed toward biomedical aspects of cancer and its treatment or those with a focus on a single clinical problem or approach to rehabilitation Therefore the content of the proposed multi chapter text centers on delivering a systematically structured comprehensive and clinically oriented presentation on a range of topics that will provide readers at a variety of levels with a strong well integrated and empirically driven foundation to optimize the clinical care of those with HNCa The primary audience for this textbook is undergraduate and graduate level students in Speech Language Pathology as well as practitioners especially hospital based practitioners in Speech Language Pathology other key audiences include junior and senior level otolaryngology residents and fellows translational researchers in head and neck cancer related medical specialists e g radiation oncology oncology nurses and potentially other rehabilitation professionals such as occupational therapists counseling psychologists social workers and

rehabilitation counselors *Rehabilitation and Treatment of Head and Neck Cancer* Eugene N. Myers,Ivan Barofsky,Jerome William Yates,1986 This monograph is the result of a workshop entitled Head and Neck Cancer Integration of Treatment and Rehabilitation which was held in January 1984 and sponsored by the National Cancer Institute The purpose of the workshop was to review past research directions focused on head and neck cancer and set new goals where appropriate As discussed at the meeting the goal of integrating treatment and rehabilitation is to prevent or minimize the physical cosmetic or functional disability and the emotional sequelae commonly associated with head and neck cancer and its treatment The meeting afforded an opportunity for a diverse group of professionals to exchange ideas and information on effective and desirable methods of treatment and rehabilitation for head and neck cancer patients Papers were presented and discussions were held with the aim of identifying and resolving some of the problems faced by those who make treatment decisions and provide care for these patients This workshop highlighted the need for an integration of multi disciplinary rehabilitation planning at the time of initial treatment for head and neck cancer It also demonstrated major deficiencies in objective outcome measures used to assess physiological and social function over and above the usual measures of patient survival Centers which provide multidisciplinary patient management programs and follow adequate patient populations thus assuring management proficiency provide the best means of avoiding many of the pitfalls that threaten patients who are managed by a single physician and exposed sequentially to other disciplines only when problems develop Few other cancers demonstrate the need for anticipatory treatment and rehabilitation to the magnitude required in the management of head and neck cancer **Voice Rehabilitation following total laryngectomy** , Rehabilitation Record ,1965 *Voice*

Prosthesis in Total Laryngectomized Patients Carmelo Saraniti,Barbara Verro,Simona Fiumara,2024-05-03 The volume offers a comprehensive overview of voice rehabilitation after total laryngectomy through a multidisciplinary approach which is the result of the collaboration between otolaryngology specialists and speech therapists After a short introduction on total laryngectomy and voice recovery the volume discusses patient selection for voice prosthesis The following part describes the surgical steps for prosthesis implantation and replacement the complications that may occur and their solutions The fourth part focuses on voice rehabilitation The closing part reviews the different types of voice prostheses and devices and their use and correct management for optimal respiratory olfactory and speech rehabilitation Each topic addressed is supported by a wealth of detailed images and step by step videos Given its features the volume will be an invaluable tool for ENT specialists and speech therapists as well as residents in these fields **Laryngectomy Rehabilitation** Robert L. Keith,Frederic L.

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Niparko,Mark A. Richardson,Marci M. Lesperance,2010-03-09 Through four editions Cummings Otolaryngology has been the

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Modern Trends in Diseases of the Ear, Nose and Throat Maxwell Ellis, 2013-10-22 Modern Trends in Diseases of the Ear Nose and Throat presents a critical review of speech therapy for children with cleft palate The book discusses the development and treatment of cancer of the larynx as well as the condition of a patient after laryngectomy Some of the topics covered in the text are the radiology of the ear nose and throat the description of the pharyngeal diverticulum and laryngeal paralysis and the mechanisms of larynx stenosis The development of tuberculosis of the upper air passages the physiology of the esophagus and the diagnosis of facial paralysis are also considered The book further tackles the intracranial complications of the aural infections the characteristics of chronic otorrhea and the description of the upper respiratory tract infection in children The orbital complications of sinus infections and the tumors of the nasopharynx are also presented A chapter is devoted to the chemotherapy of acute aural infection The book can provide useful information to surgeons doctors students and researchers **Esophageal Cancer and Beyond** Jianyuan Chai, 2018-11-07 Human life relies on two basic supplies from nature oxygen and food Oxygen can be utilized directly but food has to go through a process of digestion to become usable nutrients The esophagus represents the beginning of this long journey Because of its critical location esophageal cancer is one of the deadliest malignancies in the world and furthermore its incidence has been rising steadily year after year while other cancers are declining It is predicted that by the year 2035 the esophageal cancer population will increase by 77.4% and become one of top global concerns This book covers many aspects of esophageal cancer through which we hope to raise the awareness of professionals as well as non professionals about this disease **Cummings Otolaryngology E-Book** Paul W. Flint, Bruce H. Haughey, Valerie J. Lund, K. Thomas Robbins, J. Regan Thomas, Marci M. Lesperance, Howard W. Francis, 2020-04-22 The most comprehensive

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Prosthetic Rehabilitation of Head Neck Cancer - E-Book Pankaj Prakash Kharade, 2024-04-13 The management of malignant tumors associated with the maxilla tongue floor of the mouth mandible and adjacent structures represents a difficult challenge for the surgical specialist and prosthodontist regarding both control of the primary disease and rehabilitation following surgical treatment Prosthetic Rehabilitation of Head Neck Cancer Patients is an easy to read clinical guide covering the latest multidisciplinary approaches to the treatment of head and neck cancers from effective surgical management to psychosocial aspects and improved quality of life Discusses rehabilitation of various defects in the head neck region due to surgical resection of tumors with newly available technology Covers interdisciplinary surgical management including both prosthetic treatment and psychosocial management related to craniomaxillofacial rehabilitation with a focus on improving patients quality of life Offers a multidisciplinary approach with valuable contributions from a variety of specialists with experience in head and neck cancer rehabilitation

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Table of Contents Speech Rehabilitation Of The Laryngectomized

1. Understanding the eBook Speech Rehabilitation Of The Laryngectomized
 - The Rise of Digital Reading Speech Rehabilitation Of The Laryngectomized
 - Advantages of eBooks Over Traditional Books
2. Identifying Speech Rehabilitation Of The Laryngectomized
 - Exploring Different Genres
 - Considering Fiction vs. Non-Fiction
 - Determining Your Reading Goals
3. Choosing the Right eBook Platform
 - Popular eBook Platforms
 - Features to Look for in an Speech Rehabilitation Of The Laryngectomized
 - User-Friendly Interface
4. Exploring eBook Recommendations from Speech Rehabilitation Of The Laryngectomized
 - Personalized Recommendations
 - Speech Rehabilitation Of The Laryngectomized User Reviews and Ratings
 - Speech Rehabilitation Of The Laryngectomized and Bestseller Lists
5. Accessing Speech Rehabilitation Of The Laryngectomized Free and Paid eBooks
 - Speech Rehabilitation Of The Laryngectomized Public Domain eBooks
 - Speech Rehabilitation Of The Laryngectomized eBook Subscription Services
 - Speech Rehabilitation Of The Laryngectomized Budget-Friendly Options
6. Navigating Speech Rehabilitation Of The Laryngectomized eBook Formats

- ePub, PDF, MOBI, and More
- Speech Rehabilitation Of The Laryngectomized Compatibility with Devices
- Speech Rehabilitation Of The Laryngectomized Enhanced eBook Features
- 7. Enhancing Your Reading Experience
 - Adjustable Fonts and Text Sizes of Speech Rehabilitation Of The Laryngectomized
 - Highlighting and Note-Taking Speech Rehabilitation Of The Laryngectomized
 - Interactive Elements Speech Rehabilitation Of The Laryngectomized
- 8. Staying Engaged with Speech Rehabilitation Of The Laryngectomized
 - Joining Online Reading Communities
 - Participating in Virtual Book Clubs
 - Following Authors and Publishers Speech Rehabilitation Of The Laryngectomized
- 9. Balancing eBooks and Physical Books Speech Rehabilitation Of The Laryngectomized
 - Benefits of a Digital Library
 - Creating a Diverse Reading Collection Speech Rehabilitation Of The Laryngectomized
- 10. Overcoming Reading Challenges
 - Dealing with Digital Eye Strain
 - Minimizing Distractions
 - Managing Screen Time
- 11. Cultivating a Reading Routine Speech Rehabilitation Of The Laryngectomized
 - Setting Reading Goals Speech Rehabilitation Of The Laryngectomized
 - Carving Out Dedicated Reading Time
- 12. Sourcing Reliable Information of Speech Rehabilitation Of The Laryngectomized
 - Fact-Checking eBook Content of Speech Rehabilitation Of The Laryngectomized
 - Distinguishing Credible Sources
- 13. Promoting Lifelong Learning
 - Utilizing eBooks for Skill Development
 - Exploring Educational eBooks
- 14. Embracing eBook Trends
 - Integration of Multimedia Elements
 - Interactive and Gamified eBooks

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