#### TRACHEOESOPHAGEAL SPEECH: VOCAL REHABILITATION AFTER TOTAL LARYNGECTOMY.\*

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#### ABSTRACT.

Treatment of laryageal center has evolved over nearly 100 years and includes many methods to conserve the function of speech. It was understood from the inception of total laryageatemy that diversion of exhalsed pointenessy air into the phaspinx or esophagus would produce natisfactory speech. The effect on anfo deglutition of the phasping of the ph

The introduction of a silicone bivalve device for use in a tracheocoopingoal tennel permits large numbers of laryngectomees to use tracheocoopingeal speech. Accordic, intelligibility, and accodynamic studies are described for four laryngectomees and reveal that this method more nearly approximates seemal laryngeal speech than conventional coopingoal speech. The criteria for contemporary treatment of laryngeal carcinoms are not situred by this rehabilitative method, and expected survival rates are not likely to be affected. The fladings and analysis of this method of alaryngeal speech rehabilitation may have important implications for future therapy of laryngeal carcinoms.

Speech is a singular human trait that allows man to share his thoughts with others. It may be said that communication is the beginning of understanding. The earliest recognition of the larynx and its function for speech and respiration is attributed to Aristotle in Historia Animalum written in 400 B.C.

Although the larynx generates the sounds for speech, it is well known that this is not the primary function of this structure. Negus' interpreted the evolution of the larynx initially as a valve to protect the airway with later developmental modifications for elfaction, deglutition, regulation of intrathoracic pressures, and phonation. Pressman and Keleman' later placed the major role of the larynx as that of a "protective sphincter" with tone production secondary to its primary function.

The incidence of laryngeal carcinoma is 1/100,000 population. Uncontrolled, it inexorably destroys the function of this organ, profoundly affecting speech, deglatition, and respiration. The therapy for this disease evolved over a 100 year period with numerous techniques proposed to preserve the ability to speak. The location of the neoplasm within the larynx and to contiguous structures affects the therapy and eventual outcome. The biological behavior of cancer influences decisions regarding surgery and radiation therapy. The importance of voice preservation led to the development of conservation laryngectomy procedures which permit adequate resection of the tumor and maintenance of the voice.

Total laryngectomy is used for patients whose tumor cannot be eliminated by a partial procedure or radiation therapy. Rehabilitation of these patients may consist of learning esophageal speech, an artificial larynx, or an additional operative procedure to restore continuity of the respiratory and alimentary tracts. It is common for the individual who is affected by cancer of the larynx not only to suffer the ravages of this disease, but also to be burdened by the failure to regain speech. In the United States it is estimated that on an annual basis there are 10,900 new cases of laryngeal cancer and approximately one-half are treated by laryngectomy." No more than one-half successfully develop esophageal speech, and it is the fear of speech failure coupled with the anxieties of having cancer that has profound psychological effects on these patients.

#### HUSTORDCAL REVUEW.

Effective therapy for laryngeal carcinoma began in Europe in the second half of the 19th century. Total laryngectomy was conceptualized by Watson, Von Langenbeck, and Billroth' by the mid 1860's. Vincenz Czerny,' working as an assistant to Billroth, published a report of a successful canine laryngectomy by 1870, and suggested an artificial larynx which was a "T" shaped tube inserted into the traches and pharynx. Theodor Billroth successfully performed the first total laryngectomy for carcinoma in 1873, and his associate Carl Gussenbauer constructed an artificial larynx for this patient who spoke 3 weeks postoperatively." Although the patient survived this early larynmectomy, he eventually succumbed a few months later to recurrent carcinoma.

Gussenbauer's device was a bifurcated tracheal tube incorporating a musical reed for sound production. These early instruments were designed to diwert exhaled pulmonary air across the sound-producing reed and introduce it into a planned pharyngostoma for speech articulation (Fig. 1). Billroth demonstrated that a separate pharyngostoma and tracheostoma were necessary to diminish the problems of aspiration and sepsis. This decreased the formidable mortality of the procedure, reportedly as high as 50% of cases."

<sup>\*</sup>Presented as a Candidate's Thouls to the American Laryngological, Rhinological and Otological Society, Inc., 1983.

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