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 necessivation 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."

^{*}Presented as a Candidate's Thouls to the American Laryngological, Rhinological and Otological Society, Inc., 1983.

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Speech Rehabilitation Of The Laryngectom

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Speech Rehabilitation Of The Laryngectom:

Laryngectomy Yvonne Edels, 1983-01-01 **Speech Rehabilitation of the Laryngectomized** John C. Snidecor, 1962 A Conference on Research Needs in the Rehabilitation of Persons with Disabilities Resulting from Cancer, 1965 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 method s 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 Record** ,1963 Iournal of Rehabilitation R & D ,2005 Journal of Rehabilitation Research and Development, 2005 Rehabilitation Research & Development ,2005 Restoration, Reconstruction and Rehabilitation in Head and **Neck Cancer** Vijay V. Haribhakti, 2019-06-12 This book offers a comprehensive set of principles that lead to ideal outcomes following treatment for Head and Neck Cancers especially in those patients who need major reconstructive procedures It goes beyond the scope of basic Head and Neck Cancer textbooks or of reconstructive surgery texts in that the essential focus is on optimal outcomes beyond fundamental evaluation and management The book addresses a range of essential aspects the chapters on Functional and Aesthetic considerations underscore crucial basics that should be understood by all surgeons

while other chapters relevant to all members of the Head and Neck team address Imaging Robotics Radiation Morbidities Prosthetics and Quality of Life Throughout the book particular attention is given to high quality photographs flow diagrams and tables wherever possible combined with crisp writing to achieve effective communication. The book is unique in the completeness of its approach from the time of initial presentation to the time patients resume their normal lives Although written primarily for surgeons its value extends to all members of the multi disciplinary team managing Head and Neck **Textbook of Laryngology** Albert L. Merati, Steven A. Bielamowicz, 2006-08 Although many books Cancer patients today focus on one or another aspect of laryngology such as voice swallowing or airway problems few cover the breadth of the discipline from a teaching standpoint The editors sought collaboration from a broad range of international contributors in this text which avoids the cover all reference nature of extant texts by having each contributor write in direct consumable units for the reader thus providing an ideal resource for both teaching and learning Covers every aspect of laryngology without bias on one particular aspect Designed specifically to meet student needs rather than trying to unsuccessfully serve multiple audiences Cumulated Index Medicus, 1974 Saunders Comprehensive Review for the NCLEX-PN® **Examination - E-Book** Linda Anne Silvestri, 2015-04-13 Get everything you need to review for the NCLEX PN exam from one trusted source With over 4 500 high quality review questions this unique bestselling review and preparation guide offers the perfect combination of core content review comprehensive rationales and detailed test taking strategies from the NCLEX expert herself Linda Silvestri Updated to reflect the latest NCLEX PN test plan this new edition and companion Evolve website help you hone your understanding of all the important NCLEX PN content areas Full color design makes for a more visually engaging learning experience 12 pharmacology chapters address the emphasis on pharmacology questions on the NCLEX PN exam Priority Nursing Actions boxes outline and explain clinical emergent situations requiring immediate action including detailed rationales and textbook references to help you strengthen prioritizing skills in clinical and testing situations Pyramid Alert boxes reinforce learning of essential content frequently tested on the NCLEX PN exam Reference to a Mosby or Saunders textbook gives you resources for further study and self remediation Question codes categorize each question by cognitive level client needs area integrated process clinical content area and priority concepts to allow you multiple study and exam selections on the companion Evolve site Inclusion of all alternate item formats multiple response ordered response fill in the blank figure chart exhibit audio and video questions offers practice with mastering prioritizing decision making and critical thinking skills and help prepare you for this additional component of the new test plan for NCLEX PN Pyramid to Success sections supply an overview of the chapter quidance and direction regarding the focus of review in the content area and its relative importance to the most recent NCLEX PN text plan Pyramid Points identify content that typically appears on the NCLEX PN exam Pyramid Terms give you a quick review of each content area Introductory chapters on preparation guidance for the NCLEX PN nonacademic preparation test taking strategies the CAT format and the

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lifespan This timely and unique set will look at the spectrum of communication disorders from causation and prevention to testing and assessment through rehabilitation intervention and education Examples of the interdisciplinary reach of this encyclopedia A strong focus on health issues with topics such as Asperger's syndrome fetal alcohol syndrome anatomy of the human larynx dementia etc Including core psychology and cognitive sciences topics such as social development stigma language acquisition self help groups memory depression memory Behaviorism and cognitive development Education is covered in topics such as cooperative learning special education classroom based service delivery The editors have recruited top researchers and clinicians across multiple fields to contribute to approximately 640 signed entries across four volumes

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