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How to look after your valve for laryngectomy patients

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Speech and Language Therapy (SLT)
Information for Patients

Your valve

A valve (sometimes called a speaking valve or voice prosthesis) is placed in between your trachea (windpipe) and oesophagus (food pipe) to create voice after your laryngectomy. When you breathe out and temporarily cover your stoma, air from your lungs will pass through the valve. This will vibrate the muscles in your food pipe to produce voice.

How to clean your valve

Clean the valve with the valve brush every morning or more often if it becomes blocked with mucus. Most people have to clean their valve several times a day.

1. Dampen the brush with tap water, shake excess water off.
2. Gently twist and push the brush into the valve. Depending on the size of your brush, you may not be able to fit the entire brush in.
3. Gently twist and pull the brush out of the valve.
4. The valve may twist around as you do this; this is normal.
5. Repeat if the valve still seems to be blocked or your voice quality is reduced.
6. Clean the brush with tap water and plain soap; rinse and dry thoroughly on a clean towel or piece of gauze. Do not leave your brush sitting in water between cleaning it.
7. You will need to keep your valve cleaning brush with you at all times. This is because it may become blocked when you are out and about and you will need to clean it.

Leaking valves

A valve is designed to be one-way. This means that it opens to allow air from your lungs to pass through the valve for voicing. It remains closed when you are not voicing so that food and drink cannot pass through and go into your lungs.

Valves do not last forever. Food and drink, but especially drink, may leak through the valve when it has reached the end of its lifespan. Food and drink passing through a valve can get into your lungs. This may cause you to cough.

If you suddenly start coughing during or after eating or drinking you must check whether your valve is leaking. Not everyone coughs when the valve leaks, and it is useful to get into the habit of checking your valve for a leak regularly.

If the leak is not dealt with you may end up with a serious chest infection.

How to check if your valve is leaking

1. Take a small sip of a drink which is coloured, for example Ribena or milk.
2. As you swallow, observe in a mirror whether any drink is leaking through or around your valve.
3. If you are coughing immediately after drinking this may be a sign that your valve is leaking, even if you cannot see any leakage.
4. Leakage may occur either through the middle of the valve or around it.
5. Sometimes food or debris can jam the valve open; this can often be cleared by simply cleaning your valve.
6. Clean your valve with your valve brush then check for leakage again. You can also add lubricant jelly to the brush when cleaning it and see if this helps.

Other important information

If your voice quality changes, becomes more effortful or you are unable to use your voice, clean your valve. If this doesn't help, this may indicate that a problem with the valve that requires urgent review from the SLT team. In this case, please contact the SLT team urgently.

If you cannot get your brush through your valve or your valve looks tight or long, this may indicate that a problem with the valve that requires urgent review from the SLT team. In this case, please contact the SLT team urgently.

Ignoring problems with your valves can make them worse.

Managing a leaking valve

If leakage persists after cleaning, you need to contact SLT. You can contact us on 07900714472 by phone or text, or call 01162585363.

You need to stop the leak while you wait on an appointment with SLT.

If you have a plug, fit this into the middle of your valve whilst you are eating or drinking. This will stop leakage through the middle.

If you have thickened fluids, add 1 scoop of thickener to every 200ml of fluid you drink. This will stop leakage around the middle and around the outside of your valve.

The flow chart on the next page outlines which option may work for you.

Remember: if you stop the leak with a plug you will not be able to speak through the valve whilst the plug is in place. If you have inserted a plug, you still need your valve changed.

You should always keep your plug with you in case the valve leaks when you are out and about. If you are going away on holiday it is sensible to take a plug and a tub of thickener with you.

If you have tried the plug and/or thickener and your valve continues to leak, you need to be seen urgently.

Contact SLT, and if they are not available (after 4pm, on weekends and bank holidays) then you will need to go to A&E to have someone look at your valve.

Remember:

Please do not ignore a leaking valve

A leaking valve may cause a serious chest infection

If you are unable to control the leak, you need to attend A&E, but you should not attend A&E for a valve change. Valve change clinics are run on a Monday & Thursday in ENT Outpatients.

The flow chart on the following page is an easy guide to managing a leak.

Is your valve leaking?

Clean thoroughly and check again for a leak.

Still leaking?

Leak through the middle of the valve **(central leak)**

Use the plug when eating and drinking

or

Add thickening powder (nutilis clear) to all drinks. Start with 1 scoop per 200ml and add more if the leak does not stop.

Leak around the outside of the valve **(peripheral leak)**

Add thickening powder (nutilis clear) to all drinks. Start with 1 scoop per 200ml and add more if the leak does not stop.

Using the plug will not stop a leak around the outside of the valve.

Has the leaking stopped?

YES

Contact the speech and language therapy (SLT) team on **07900714472** to book an appointment for a valve change.

You can call or text this number.

Continue using the plug or thickener until your appointment.

NO

Mon-Fri 8-4pm: Contact the speech and language therapy (SLT) team on 07900714472 to book an appointment for a valve change.

You can call or text this number.

Weekends, evenings & bank holidays:

Attend A&E, where you will be seen by an ENT doctor.

Do not ignore the leak.

Please do not attend A&E for routine valve changes.

Only attend A&E if it is a valve related emergency, such as a leak that won't stop or the valve has come out.

Emergency valve care (if your valve comes out)

If your valve becomes dislodged, the puncture hole must be kept open by inserting a catheter.

The catheter will be given to you when you are discharged from hospital or by your SLT when you have your valve fitted.

Inserting the catheter can be done by you or a carer. If you cannot insert the catheter, you must attend the hospital as soon as possible for the task to be performed. Leaving the hole open may mean it closes and you could require an operation to re-puncture the hole.

You will need:

- catheter
- A spigot (the piece that goes into the end of the catheter—usually bright green)
- Sterile water in a syringe (comes in the catheter packet)
- lubricant
- a good source of light.

1. If a carer is doing the procedure, it is best to work slightly to the side of the patient to avoid blocking the light and to avoid any coughed-up material.
2. Lubricate the catheter and insert it smoothly through the puncture-this is the puncture where your valve has been, not the stoma. You may see saliva coming through it if the valve has come out.
3. You should feel that the catheter travels easily downwards. If it comes up into the mouth remove it and try again. Stop if you feel resistance or have any other problems and contact the hospital for advice, using the contact details on the next page
4. After insertion, add 2ml of water from the syringe into the top of the catheter.
5. Stick the end of the catheter to the skin of the neck or chest with tape. Change which side of the neck this is taped to every day, to avoid pressure damage.
6. Place the spigot in the end of the catheter (the opposite one to the one you put water in).
7. After keeping the puncture open in this way, contact the SLT team so that another valve can be inserted.

Sometimes you may not be able to insert a catheter, but can insert a dilator. If you have a dilator at home and cannot insert a catheter, you should place the dilator in the puncture and contact SLT.

Valve clinics

Monday: appointments from 11am onwards

Thursday: appointments from 1pm to 4pm

Please contact your SLT to book a Valve Clinic appointment.

Contact details

Speech and Language Therapist (SLT):

Office: 0116 258 5363

SLT mobile: 07900 714 472

If your query is urgent and you cannot get through to us, please contact someone else involved with your care.

Head & Neck Cancer Clinical Nurse Specialist (key workers):

Office: 0116 204 7829

Kinmonth Unit (Leicester Royal Infirmary) (24 hours, seven days a week)

Telephone: 0116 258 5327

Air**way Clinical Nurse Specialists:**

Telephone: 07984235993

Health information and support is available at www.nhs.uk or call 111 for non-emergency medical advice

Visit www.uhleicester.nhs.uk for maps and information about visiting Leicester's Hospitals.

To give feedback about this information sheet, contact uhl-tr.informationforpatientsmailbox@nhs.net

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہِ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿਚ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਨੰਬਰ 'ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ।

إذا كنت ترغب في الحصول على هذه المعلومات بلغةٍ أُخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل

Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો.

If you would like this information in another language or format such as EasyRead or Braille, please telephone 0116 250 2959 or email uhl-tr.equalitymailbox@nhs.net

We are a research hospital and you may be asked to take part in research