



PATIENT INFORMATION

OESOPHAGEAL VOICE: HOW TO DO IT



Methods used for Learning Oesophageal Voice

In the process of learning oesophageal voice you must develop the ability to get air into your oesophagus and to release the air in such a manner that sound is produced. The audible release of air, which sounds like a belch, is called an air change. It is not a true belch because you can control the air trapped in the oesophagus, whereas you cannot control the air from the stomach which results in a belch.

Your main goal is to speak again. The expression often used by a Speech Therapist is, "I don't care how you get the air in; just get it in and get it out". As you undertake oesophageal voice training, you may find that your method differs from the ones discussed in this leaflet. If the Speech and Language Therapist and you feel your procedure is satisfactory, by all means develop it and refine your speaking. You may even find yourself using more than one method, as many laryngectomy patients do. If you can produce the air charge but cannot describe how you do it, do not be concerned. What is important is that you can do it.

Remember:

1. You have the structure with which to speak again. It is a question of developing the procedure and using it.
2. The air exhaled from the lungs through the stoma is not used for speaking.
3. Try to relax. The ability to relax so that the muscles of the throat can vibrate more readily is an important factor in achieving oesophageal voice.
4. Exaggerate the movement of your articulators (lips, jaw, and tongue) so that the listener can understand you without much sound. Don't be afraid to use a mirror to see that you are moving them.
5. **Practise** assigned material 5 to 10 minutes every waking hour of the day, and then stop and do some diversional activity. If you experience muscle tension or dizziness, stop immediately and rest for a while; dizziness may occur during practice because of excessive breathing.

Here are a few points to consider or review before beginning your speech training:

1. Remember that the air in your lungs cannot be used for speech.
2. You are not going to talk from the stoma.
3. When learning any new skill, it is important that you remain as relaxed as possible.
4. You do not need much air to speak, so do not try to "gulp" large quantities of air.

The injection method is used by the largest number of oesophageal speakers. The method is achieved by trapping or “squeezing” air between the tongue and the hard and soft palate and pharynx, forcing the compressed air mass backward into the hypopharynx. If the oesophagus is open this time, the air will rush backward, down the oesophagus and be trapped for phonation. Some consonants serve as excellent sounds to practice with, as they facilitate trapping or squeezing the air back and down into the oesophagus.

The position of your tongue and the movement necessary to get air into your oesophagus can be accomplished by practicing the following:

1. Say “s-s-s-s” (as in sun)
2. Say “t” (as in two)

These “voiceless” sounds make use only of the air in your mouth, and you do not use voice on them. By using the “st”, you can develop the reflex action necessary to move air into the oesophagus and bring it back up for speech.

3. You are now ready to try a combination of sound plus voice. Say “stoh” as in “stop”. Success may come quickly. If not keep trying.
4. You might try to produce “sk” as in “scotch”.

If the above method has not been successful in making oesophageal sound, try the inhalation method. Take a breath with your mouth open slightly; the inhalation of air into your lungs is achieved through your stoma. Air in your mouth might flow into your oesophagus. If it does, you will produce oesophageal voice (sounding at first like a belch) on exhalation. The steps are:

1. Inhale into your lungs with your mouth open slightly.
2. Expel your pulmonary air, and say “ah”. You should be able to hear the pulmonary air softly passing out of the tracheostoma, otherwise not enough pressure is being developed.

The swallow method which may be used in the production of oesophagus voice is a three-step procedure:

1. Sniff (inhale).
2. Inject (use modified swallow, slowly squeezing your abdominal muscles, forcing the air out before it goes into the stomach).
3. Say “up”, “ate”, “egg”, “eat”, “ouch”, “out”, “eye” etc.

If your symptoms or condition worsens, or if you are concerned about anything, please call your GP, 111, or 999.

Patient Experience

We know that being admitted to hospital can be a difficult and unsettling time for you and your loved ones. If you have any questions or concerns, please do speak with a member of staff on the ward or in the relevant department who will do their best to answer your questions and reassure you.

Feedback

Feedback is really important and useful to us – it can tell us where we are working well and where improvements can be made. There are lots of ways you can share your experience with us including completing our Friends and Family Test – cards are available and can be posted on all wards, departments and clinics at our hospitals. We value your comments and feedback and thank you for taking the time to share this with us.

Patient Advice and Liaison Service (PALS)

If you have any concerns or questions about your care, we advise you to talk with the nurse in charge or the department manager in the first instance as they are best placed to answer any questions or resolve concerns quickly. If the relevant member of staff is unable to help resolve your concern, you can contact the PALS Team. We offer informal help, advice or support about any aspect of hospital services & experiences.

Our PALS team will liaise with the various departments in our hospitals on your behalf, if you feel unable to do so, to resolve your problems and where appropriate refer to outside help.

If you are still unhappy you can contact the Complaints Department, who can investigate your concerns. You can make a complaint orally, electronically or in writing and we can advise and guide you through the complaints procedure.

How to contact PALS:

Telephone Patient Services: 0300 123 1732 or via email at: wah-tr.PET@nhs.net

Opening times:

The PALS telephone lines are open Monday to Thursday from 8.30am to 4.30pm and Friday: 8.30am to 4.00pm. Please be aware that a voicemail service is in use at busy times, but messages will be returned as quickly as possible.

If you are unable to understand this leaflet, please communicate with a member of staff.