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Roles Of Speech Therapist In Laryngectomy Management

The following article includes pertinent information that may cause you to reconsider what you thought you understood. The most important thing is to study with an open mind and be willing to revise your understanding if necessary.

There are three phases of management for laryngectomy: pre-operative, operative, and post-operative management. Each phase has its advantage and goals. A speech therapist plays vital roles in the first and last phase. Consulting a speech therapist during the first phase is equally important with seeing a therapist during the last phase, which is when voice rehabilitation really begins.

A speech therapist also has different roles in each phase, that's why it is vital for a therapist to know the two phases he plays a role in.

Pre-operative Management

Pre-operative management includes informing the patient of the anatomical changes, and expectations regarding swallowing, voice, and the family as a part of the team. The therapist also informs the patient on the different speech options he has after the operation.

During this phase, the speech therapist should initiate ordering of the hardware or alternative means of communication. The therapist should also be open to questions that the patient may come up with. This is also the time for him to establish rapport with the patient.

The therapist can also offer re-assuring consultation with appropriate laryngectomy volunteers. This is also the time where he assesses the pre-laryngectomy speech and cognition of the patient. The laryngectomy is also informed with his prognosis, where the potential for recovery and long-term rehabilitation is discussed.

The advantages of this phase would be the evaluation of preoperative speaking skills such as speaking rate, articulation errors, accent patterns, oral opening degree when speaking, and vocal parameters. Cognition and hearing is also evaluated, along with oral-peripheral-mouth strength and sensation. The family can also get emotional support in this phase.

Knowledge can give you a real advantage. To make sure you're fully informed about Speech Therapy, keep reading.

Assessment is done by the use of modified barium swallowing or Fiberoptic Endoscopic Evaluation of Swallowing. The patient's communication needs are also assessed where living situation, occupation, social requirements and hobbies are looked at.

Postoperative Management

During this phase, the therapist is given an opportunity to help lessen the patient's fears, and depression. He should also help the patient to accept the loss of voice and swallowing difficulties. The motivation of the patient should be increased, so that he can easily learn how to use alternative speech. Social implications are also addressed. Arrangements for voice rehabilitation are also done during the early parts of this phase.

First off, the therapist should confirm if the patient is already medically cleared for therapy. Then he should review the treatment procedure, re-evaluate the patient's swallowing function then give diet recommendations, and create a treatment plan.

Problems Encountered During Postoperative Management

After the operation some problems may still occur. With regards to Tracheostomy, the patient and therapist should always be watchful of stoma hygiene, cannula hygiene, stoma covers, excessive mucus in the trachea, mucus encrustations in the stoma, and stoma safety and first aid.

There could also be problems related to taste, swallowing, smell and digestion. The patient may find it difficult to trap air within the lungs. This can lead to difficulties in creating internal subglottic pressure, elimination of body waste and childbirth.

Problems of social adjustment may also be present. The patient may find it hard or embarrassing to use alaryngeal speech in public. The altered physical appearance of the patient may also be an issue. Sometimes, the laryngectomee also has unrealistic expectations regarding acquisition of alaryngeal speech.

About the Author

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