



Clinical Insights

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Preliminaries to Placement of an Indwelling Low Pressure Voice Prosthesis

The new Blom-Singer® “indwelling” low pressure voice prosthesis is a more expensive device than the standard “patient removable” duckbills and low pressure designs. Clinicians may want to initially place a standard type prosthesis for 3-4 weeks to await reduction of tracheoesophageal tissue edema and to observe the prosthesis for yeast colonization. Once the tracheoesophageal puncture stabilizes, an “indwelling” voice prosthesis can be placed and, if indicated, Nystatin oral suspension can be prescribed to control yeast colonization of the device.

Yeast Colonization of Tracheoesophageal Voice Prosthesis

Microbial (yeast) colonization of tracheoesophageal voice prosthesis causes irreversible valve mechanism damage and concomitant aspiration of liquid and increased valve airflow resistance. A high percentage of laryngectomized patients, particularly those who have been irradiated, demonstrate high oropharyngeal concentration of *Candida* species. Daily use of Nystatin oral suspension, one teaspoon swished in the mouth 2-3 minutes and swallowed morning and night, effectively decontaminates the oropharynx and helps control colonization of the voice prosthesis

Clinician and Patient Protection

Tracheoesophageal voice restoration procedures involve direct physical contact. Clinicians must always wear gloves and protective eye wear.

Keeping Costs Down

Hospitals, clinics and private medical practices are focusing on cost saving measures like maintaining reduced inventories of medical supplies. Most companies, including suppliers of tracheoesophageal voice prostheses, offer “just in time” programs that avoid costly inventories by processing a shipping product within 24 hours.

Tracheoesophageal Puncture Measurement Errors

Tracheoesophageal puncture measurement is critical to selecting and fitting the correct length voice prosthesis. Placement of too short a prosthesis results in closure of the esophageal aspect of the puncture and possible prosthesis extrusion. Correct measurement technique involves the following:

- 1) insert the measurement device into the puncture until posterior esophageal wall contact is detected.
- 2) tilt and direct the entire shaft of the measurement device down the esophagus.
- 3) slowly withdraw the measurement device up and out the puncture until gently resistance of the retention collar against the anterior esophageal wall is detected. Do not pull hard.
- 4) Select the sizing marker that is visualized nearest to, but outside, the puncture entrance.

Note: When in doubt, select one length longer than you think is correct.

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