

Department of Speech and Language Therapy

Laryngectomy valve care

This information sheet is for laryngectomy patients to provide advice about how to care for their laryngectomy valve at home and what to do in the case of an emergency.

Function of the laryngectomy valve

The valve is placed in a small hole (fistula) between the oesophagus (gullet) and trachea (airway). When the hole at the front of the neck (stoma) is covered, air is diverted through the valve and into the oesophagus. This causes tissue in the oesophagus to vibrate and produce a sound. Movements of the mouth then shape this sound into voice for speech.

The valve is also important in preventing food, drink and saliva from passing from your oesophagus and into your trachea. If food or drink frequently passes into your airway, you can develop a chest infection so it is important that this does not occur.

It is very important to ensure that your valve is in place at all times and is correctly working so that you can achieve voice and you can eat and drink safely.

What to do in an emergency

1. If your valve comes out:

Place your dilator into the fistula as soon as possible as the fistula can close up in less than an hour. This will affect your ability to produce voice. For this reason, please ensure that you **always carry a dilator** with you. If you are trained to change your own valve, do so following the normal method.

If your valve is changed for you, contact **Speech and Language Therapy** (Monday to Friday, 08:30 to 16:30) on **01223 216200**, or **ward M5** out of hours on **01223 274283 / 348527**. If you are unable to insert the dilator come straight to ward M5. **Do not** have anything to **eat or drink** while there is nothing in your fistula.

2. If your valve does not fit correctly / leaking valve:

This can affect your ability to produce voice so you might notice your voice is not as clear or strong.

Your valve may also leak when you eat and drink. If this happens food or drink may pass into your lungs which can lead to chest infections.

Your valve can become dislodged for several reasons including:

- Over vigorous cleaning of your stoma and / or valve.
- Displacement when putting your laryngectomy tube in / out.
- The valve being the wrong size for your fistula.
- Tissue growing over the valve.

It is important that you notify your **Speech and Language Therapist** as soon as possible so that a new valve can be fitted (Monday to Friday, 8:30 to 16:30) on **01223 216200**, or **ward M5** out of hours on **01223 274283 / 348527**.

If you have been trained to change your new valve do so but contact Speech and Language Therapy or ward M5 immediately if changing the valve does not rectify the problem.

Cleaning the valve

Keeping your valve and stoma clean can help it to last longer and ensures it works safely and effectively. You will need the following equipment when cleaning your valve:

- Torch
- Dilator
- Transpore / Micropore tape
- Cleaning brushes
- Cotton wool buds
- Tweezers
- Water
- Towel / gauze
- Mirror

It is advisable to carry your cleaning brush with you **at all times** in case the valve becomes blocked with secretions or food. Ensure the brush remains clean by keeping it in a small bag or a bendable straw.

If you have an exdwelling valve

Your valve has a tag on it which is taped to your neck. Clean your valve every morning, or more frequently if it gets blocked.

1. Stand in front of a mirror and ensure you have good lighting to see the valve.
2. Clean mucous from around the valve and behind the tag using cotton wool buds and / or tweezers.
3. Place a finger firmly over the tag of the valve as close to the stoma as possible to hold the tag in position when cleaning.
4. With your other hand, gently insert the brush into the centre of the valve rotating the brush in a clockwise motion as you do so. The brush may be measured to match the size of your valve so it does not go too far into the

valve and damage it. If not, it may have a stopper on it. Only insert the brush up to the stopper to avoid damaging the valve.

5. Continue to gently rotate the brush as you withdraw it from the valve.
6. If the valve is particularly dirty (sticky mucous) you can dampen the cleaning brush with tap water and shake off the excess liquid before inserting it again as above.
7. After use, wash the brush with plain soap and tap water and dry it on a clean towel / piece of gauze.

If you have an indwelling valve

This type of valve has no tag on it. Clean your valve every morning, or more frequently if it gets blocked by secretions or food.

1. Stand in front of a mirror and ensure you have good lighting to see the valve.
2. Clean mucous from around the valve and stoma using cotton wool buds and / or tweezers.
3. Insert the brush into the centre of the valve and gently rotate the brush in a clockwise motion into the valve until you reach the stopper of the brush or to the point where you have been shown to insert it to.
4. Continue to rotate the brush in the same motion as you remove the brush. The valve may twist around as you do this - this is normal.
5. If the valve is particularly dirty (sticky mucous) you can dampen the cleaning brush with tap water and shake off the excess liquid before inserting it again as above.
6. After use wash the brush with plain soap and tap water and dry it on a clean towel / piece of gauze.

Remember to:

- Make sure the valve is not dislodged during cleaning. You will know if it is because it will stick out slightly more than usual. If this happens, follow the advice on pages one and two of this information sheet .
- Bring your valve change booklet and green bag (with equipment in) with you whenever you come to the hospital

Do not:

- Put anything other than the brush into the valve.
- Leave the house without your brush in case your valve becomes blocked.
- Leave the house without your dilator in case the valve comes out accidentally.
- Use disinfectant / bleach on your valve brush.

If you have any questions please contact the Speech and Language Therapy department (Monday to Friday, 8:30 – 16:30) on **01223 216200**, or **ward M5** out of hours on **01223 274283 / 348527**.



We are currently working towards a smoke-free site. Smoking is only permitted in the designated smoking areas.

For advice and support in quitting, contact your GP or the free NHS Stop Smoking helpline on 0800 169 0 169

Help with this leaflet:



If you would like this information in another language, large print or audio format, please ask the department to contact Patient Information: 01223 216032 or

patient.information@addenbrookes.nhs.uk



Document history

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