The Multidisciplinary Voice Clinic

The core members of the Voice Clinic are the Laryngologist and the voice specialized Speech and Language Therapist.

Laryngeal examination in the voice clinic will include digital laryngostroboscopy. This method identifies areas of "tethering" where the mucous membrane vocal fold cover is effectively "stuck down" on to the underlying vocal fold structures. Tethering is a clear indication of structural abnormality and may be an early warning of developing disease or cancer.

Laryngostroboscopy provides a "one-stop" differential diagnosis for the vast majority of laryngeal lesions, including those that are not visible using a continuous light source[3].

The multidisciplinary Voice clinic assessment ensures that patients can then be provided with the most appropriate and effective management programme.

Multidisciplinary voice clinic assessments reduce the risk of misdiagnosis and inappropriate treatment for the patient.

Treatment for Dysphonia

Treatment for voice disorders may involve surgery, medication, psychotherapy, referrals to other medical specialists and remediation of damaging voice production patterns through voice therapy or laryngeal manipulation.

- Surgery, particularly on performers or professional voice users, needs to be carried out by a laryngologist trained and experienced in phonosurgery techniques that are designed to protect and promote vocal function
- Voice therapy is similar to physiotherapy applied to vocal mechanics. The aim is to re-programme the aerodynamics and muscle patterns of voice production. Voice therapy requires a voice specialized Speech and Language Therapist
- A Counsellor or Psychotherapist can be very helpful in treating patients whose dysphonia is largely psychosomatic in origin
- A voice specialized Osteopath or Physiotherapist can also effectively re-programme hyperfunctional laryngeal muscle misuse.

The Bottom Line...

When dealing with voice disordered patients please consider a referral to a Voice Clinic

- While voice clinics may attract a multidisciplinary tariff, they remain highly cost effective for commissioners
- It saves the economy money by reducing the number of lost work days from work
- It reduces cost to the Health Service from unnecessary visits to GP's and ENT departments
- It reduces the need for diagnostic procedures under general anaesthetic
- It may reduce the need for expensive medications
- Voice clinics rate highly in patient satisfaction audits.

Dealing with Dysphonia is a necessity not a luxury!

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References: [1] *Report on the BVA World Voice Day Questionnaire for Voice Clinics*. Presented at Voice Clinics Forum, November 2012. [2] *Does a specialist voice clinic change the ENT clinic diagnosis?* Phillips, PS et al, Logopedics Phoniatrics Vocology, 2005 Vol. 30: pp 90-93. [3] *Diagnostic Value of Stroboscopic Examination in Hoarse patients*. Woo, P et al; Journal of Voice, 1991 Vol. 5, No 3: pp 231-238.

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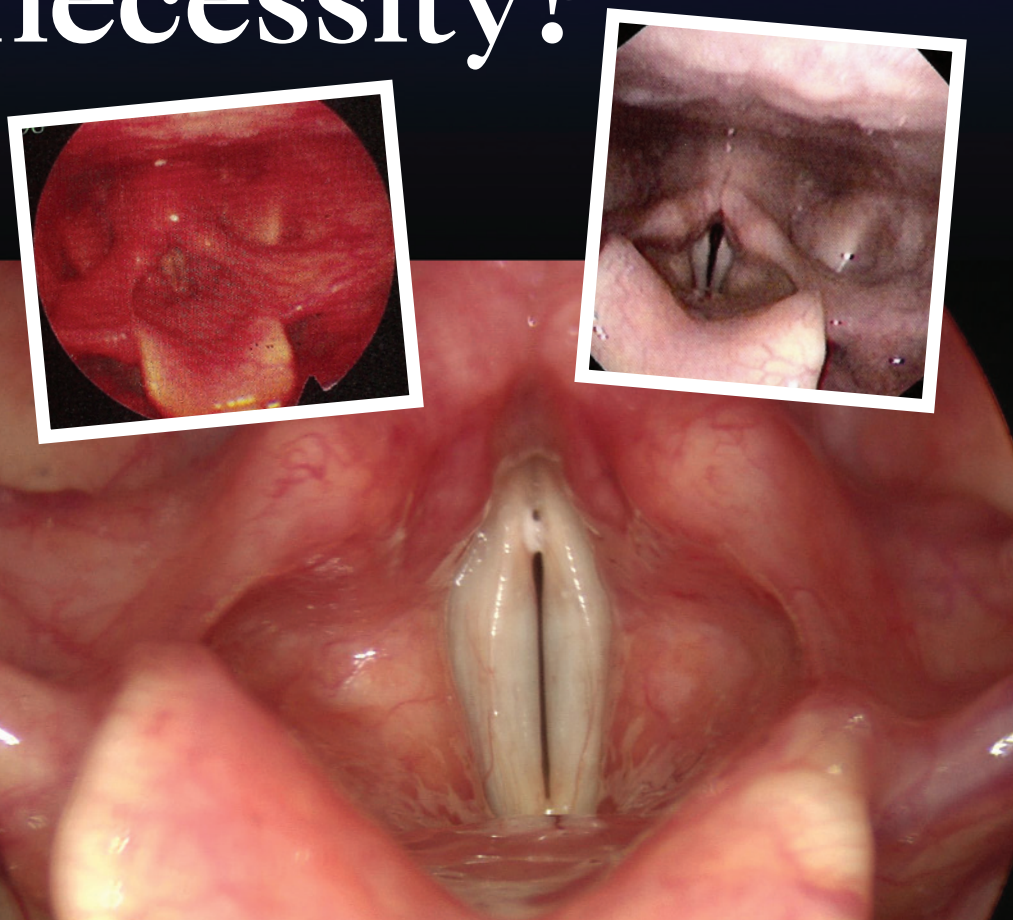
Dealing with DYSPHONIA

A luxury or a necessity?



Losing your voice is **no joke!**

Did you know that approximately a third of people working in the UK today depend on their voices to do their work? People like teachers, doctors, lawyers, call centre workers, sales staff, singers and actors.

Imagine how it would be if:

- speaking to people was physically painful
- others constantly asked you to repeat things
- strangers commented on the sound of your voice
- you were confused with a member of the opposite sex when on the phone
- strangers hung up on you while you were trying to speak to them

People with Dysphonia face these situations everyday.

The **cost** of Dysphonia

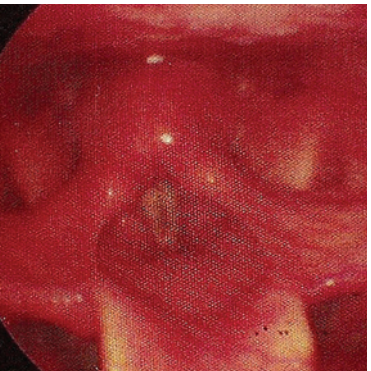
- Dysphonia has significant financial implications for employers and the Health Service.
- Data gathered in the United States shows that approximately 25% of working people lose significant amounts of time at work because of vocal problems. Based on these figures, it is estimated that the cost of dysphonia to the British economy is approximately £200 million a year.
- People with voice disorders are not only at a disadvantage in the workplace but also socially.
- The potential loss of work and social support produces stress and depression which may impact on their general health.

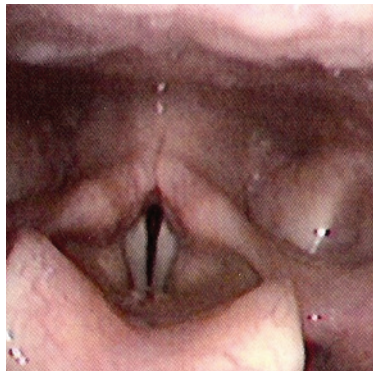
Dysphonia is a **symptom** not a disease

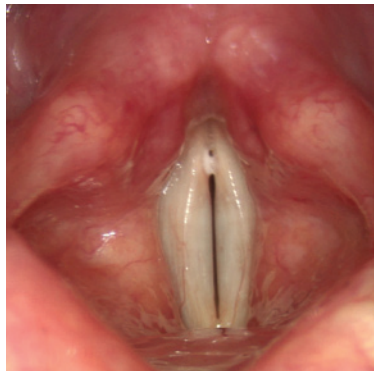
- Dysphonia is multi-factorial problem that responds best to a multidisciplinary approach
- Prompt and accurate diagnosis is of paramount importance

Dysphonia occurs when the vibration of the vocal folds is disrupted by damage, cancer, infections or voice misuse/abuse. It is also frequently a concomitant of other medical conditions such as respiratory disease, digestive disorders, musculo-skeletal problems, neurological diseases, hormonal imbalances and emotional conversion.

Dysphonia that does not respond to antibiotics or improve within 2-3 weeks should be examined by an Otolaryngologist.







Standard ENT Examination: is it enough?

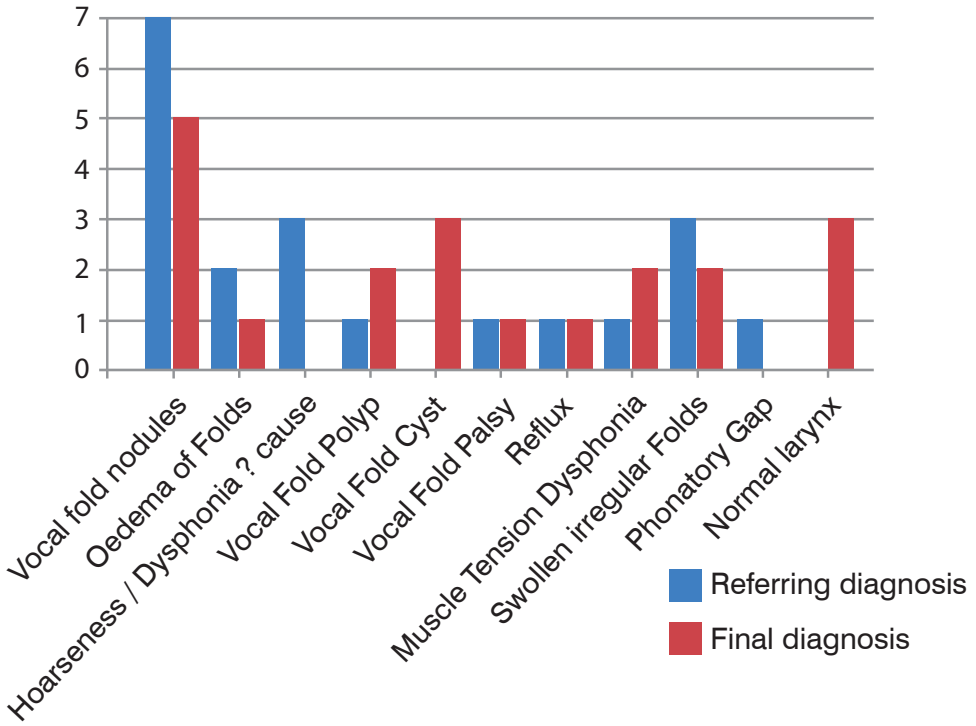
- A high proportion of voice disorders are misdiagnosed on a standard ENT examination

Most ENT departments rely on either a standard flexible fibreoptic nasendoscope or laryngeal mirror to visualize the larynx. While these methods are perfectly adequate to diagnose obvious vocal fold abnormality and disease they may not be detailed enough to produce an accurate diagnosis. Typical audits from Voice Clinics demonstrate a 30% change in diagnosis. The 2012 World Voice Day Voice Clinic Questionnaire found a change or extension of diagnosis in 66.94% of patients as a result of Multidisciplinary Voice Clinic assessment[1].

It is vital that the nature and aetiology of any observable vocal fold swelling is correctly diagnosed.

Swelling created by a cyst or sulcus cannot be treated in the same way as swelling caused by vocal nodules or vocal abuse.

Some patients sound dysphonic even though the vocal folds appear normal. These patients deserve a second look. Some lesions cannot be visualized with a standard nasendoscope or laryngeal mirror.



Retrospective Series from Guys Hospital 2005[2]

Over half the patients screened had their diagnosis reclassified after their Voice Clinic consultation.

IMAGES: (previous page left to right): Flexible fibrenasendoscope; Chiptip camera (normal resolution); rigid endoscope with high definition video camera.

NOTE: Images all of the same subject. Fibrenasendoscope and rigid scope high-resolution image taken on the same occasion, 'Chip Tip' image taken on a separate occasion.