

A DAY IN THE LIFE...

The Voice Clinic at Cheltenham General Hospital

Mike Thomas, Jane Cantwell, Jo Scriven, Alison Mary Sutton

Voice problems that we see in the voice clinic are many and varied – the vast majority respond to a course of voice therapy from a Speech & Language Therapist. A few may require micro-laryngeal surgery from an ENT Specialist. What do we do with those who fail to respond as expected?

Our team comprises Mike Thomas, Consultant ENT Surgeon, Jane Cantwell and Jo Scriven, two Specialist Speech and Language Therapists who alternate between clinics and Alison Mary Sutton, a Voice and Singing Rehabilitation Coach. We assess, diagnose and treat a range of voice disorders including vocal cord nodules, polyps, cysts, oedema, glottal chink and muscle tension dysphonia. Video stroboscopy is used to aid differential diagnosis e.g. hidden cysts on the vocal fold or the presence of pathology in a previously diagnosed muscle tension dysphonia. A thorough patient history is initially taken in relation to the voice problem, with assessment of any contributory factors e.g. the onset and duration of the problem as well as current voice use, lifestyle and medications. Voice quality assessment is made as well as assessment of the degree of any laryngo-pharyngeal reflux.

Mike Thomas then explains the procedure of examination by rigid endoscope, which is preferable to a flexible scope in that the viewed image is considerably larger. It is sometimes necessary to use a local anaesthetic to help the patient's tolerance of the scope. Digital images are recorded on a Storz



Cheltenham General Hospital East Wing

Voice Clinics have been set up all over the country to try to address this dilemma, in the context of joint working initiatives between ENT and Speech & Language Therapy. These may include opportunities for more detailed investigation and multi-disciplinary discussion about the difficulty. Where there are on-going physical changes to the larynx, longer term studies can be recorded for monitoring over time e.g. pre and post-operatively.

Gloucestershire has run voice clinics on two acute hospital sites for the last twenty years – Gloucestershire Royal and Cheltenham General Hospitals. Following a service review, we decided to amalgamate these into one clinic at Cheltenham General Hospital from January 2013, which takes place on the second Tuesday of each month. This has enabled us to offer more appointments per clinic, provide cover for staff sickness and annual leave, and centralise use of equipment and images.

stack system using the rigid endoscope and video-stroboscopy (Laryngograph). By viewing their own images, patients can acquire a greater understanding of their voice problems and often gain reassurance at the same time. They also have the opportunity to be involved in a longer, detailed discussion with the team regarding their voice and/or singing difficulties, including possible causes and treatment options. This type

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Jo Scriven and Jane Cantwell

of discussion is more than would normally be available in the routine ENT clinic. Appropriate further intervention can then be planned, following collaborative discussion. If surgical treatment is required, Mr Thomas will explain this, and if the patient is to receive voice therapy, an approximation time scale is given of when this might commence. Where appropriate, the patient is given a further review appointment for the voice clinic. When a referral for Singing Rehabilitation is made, Alison discusses the procedure with the patient in clinic, as she works privately. Her recommendation for rehabilitation is usually four sessions, often including breath management techniques. Each session is recorded to CD for the patient to work with at their own pace afterwards. She typically works with patients who have been diagnosed with a glottal chink, in most cases occurring as a result of voice strain and vocal fold palsy.

There are seven half hour appointments available in the Clinic, which starts at 9am. Each patient is given approximately 30 minutes per consultation. Referrals are accepted from ENT, and other Speech & Language Therapists. These typically include:-

- Patients who have failed to make expected progress in voice therapy.
- Pre and post-surgery patients e.g. vocal fold palsy, papillomatosis, traumatic injuries to the larynx.
- Professional and non-professional voice users and singers with weak, hoarse voice or diminished vocal range.

After the clinic, a report is sent to the patient's GP, Speech and Language Therapist and to ENT as appropriate. Patients can request a copy of their laryngeal images whilst in the clinic.



Mike Thomas, Jane Cantwell, Jo Scriven, Alison Mary Sutton

The real value of this team approach is in seeing the images together and combining our areas of expertise to ensure the best outcome for each patient. We have all known each other and worked together for a considerable time, and find it straightforward to liaise when trying to rectify problems. It is work that we all enjoy and we pride ourselves in trying to create a caring atmosphere in clinic that enables patients to relax as much as possible in a safe environment. Sometimes what we see in the clinic is not what we expect, but this is what makes this approach exciting!

(below) Mike Thomas, Jane Cantwell examine a patient at the clinic.

