

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 airway (trachea) and the gullet (oesophagus). 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 words.

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 would result in you losing your voice. For this reason, please ensure that you **always carry a dilator** with you. If you have been 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, 08:00 to 16:00) on **01342 414471**, or the **Maxillofacial Specialist Registrar on call** out of hours (via switchboard) on **01342 414000**. If you are unable to insert the dilator come straight to Ross Tilley or Margaret Duncombe ward.

Do not have anything to **eat or drink** while there is nothing in your fistula.

2. If your valve is leaking when you drink, does not fit correctly or your voice has changed:

Your valve will need changing every now and then. Signs that your valve needs changing are as follows:

- Voice changes: quieter, less clear voice or no voice at all. (Try cleaning the valve first but if this does not solve the problem please contact speech and language therapy)
- Your valve may leak when you are eating and drinking. This will make you cough and could lead to a chest infection.
- The valve may be the wrong size for your fistula and move backwards and forwards when you are cleaning it.
- Tissue may be growing over the front of the valve.

If you have any problems with your 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, 8:00 to 16:00) on 01342 414471.

If you have been trained to change your own valve do so, but contact speech and language therapy immediately if changing the valve does not solve the problem.

Cleaning the valve

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

- Torch
- Dilator
- Surgical tape (such as Transport/Micropore other brands are available)
- Cleaning brushes
- 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 mucus from around the valve and behind the tag using 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

Laryngectomy valve care

Speech and Language Therapy

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 as far as 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 mucus) 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 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 mucus) 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.

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.

Contact details

Should you have any concerns or further questions please contact the speech & language therapy department at the Queen Victoria Hospital on 01342 414471 opening hours (with voicemail) Monday to Friday 8am – 5pm or qvh.salt@nhs.net.

Please ask if you would like this leaflet in larger print or a different format.

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