

## Videofluoroscopy and air insufflation assessment following laryngectomy

You have been referred to the videofluoroscopy and air insufflation clinic which is co-ordinated by the speech and language therapists (SLTs) and run jointly with the x-ray department.

A videofluoroscopy is a moving x-ray to assess swallowing. Air insufflation is a procedure to assess the vibration of the muscles within the throat that can produce a sound similar to voice. Your SLT will advise you whether your assessment involves one or both of these procedures. This factsheet provides some information about the clinic.

### Why do I need a videofluoroscopy?

You may be having swallowing difficulties because of surgery, radiotherapy or other treatments you have received. SLTs are trained to assess and treat swallowing problems. The videofluoroscopy examination enables the SLT to assess your swallowing in detail. It also enables us to try different foods, drinks and techniques to help improve your swallow.

### Why do I need an air insufflation assessment?

The assessment may be to determine whether you are suitable to undergo Surgical Voice Restoration (SVR), a small operation to enable you to use a voice prosthesis and produce a new type of voice. Alternatively, you may already have a voice prosthesis but find that you are experiencing difficulties with voicing. This assessment can help to identify why this may be.

### Can I eat before my appointment?

Unless you have been advised otherwise, you can eat and drink as usual before your appointment. If you are currently feeding through a tube, you can take your feeds as normal.

### What happens during the assessment?

The procedure is conducted by a SLT and a radiographer (a healthcare professional who specialises in taking x-rays) and is carried out in the x-ray room.

We will ask you to stand or sit in the x-ray room while we adjust the x-ray machine around you. A temporary marker (coin) will be placed externally on your neck so that we can mark the position of your stoma. During the assessment, we may give you different consistencies of food and drink mixed with an x-ray contrast. This will slightly alter the taste of the food and drinks but allows them to show up on the x-ray.



While you swallow, the x-ray will record and allow the SLT to see what is happening in your mouth and throat. This is digitally recorded and stored securely so the SLT can study it in detail at a later time. It will form part of your medical records.

If your assessment also includes air insufflation, a narrow tube will be placed in one nostril by a doctor, nurse or speech and language therapist and moved through the nose. When the end of the tube is positioned at the level of the stoma, air is introduced into the throat to assess vibration and voicing. Air can be introduced in two different ways:

- By attaching the narrow tube to your stoma with an adhesive baseplate. When you cover your stoma and breathe out, the air is directed into your throat and you will be asked to say some sounds.
- By attaching the narrow tube to an oxygen cylinder. The SLT will then gradually introduce air from the cylinder into your throat and ask you to say some sounds.

If you already have a voice prosthesis, you will be asked to voice in your usual way. If you are having difficulties producing voice, we may proceed to an air insufflation assessment with the narrow tube through your nose or through your tracheoesophageal puncture.

### **How long will it take?**

The procedure takes approximately 45 minutes. Although the clinic generally runs on time, you may experience a short delay. Your patience in these circumstances would be appreciated.

### **What happens afterwards?**

You can return to the ward or go home immediately after the appointment, as there are no side effects from the procedure. A follow up appointment will be made for you to see the SLT. This is to discuss the results in more detail and to give you further advice about your swallowing or voicing.

### **When will I know the results?**

The SLT will be able to give you some basic information and advice immediately after the procedure, however, detailed results will only be available once a report has been written. The SLT will write the report after viewing the recorded images. The report will be sent to your consultant and GP, and a copy will be kept in your medical notes. The detailed results will be discussed with you in your follow up appointment with the SLT, usually within two weeks of your assessment.

### **Is the procedure safe?**

You may experience some discomfort as the tube is passed through your nose. Although quite common, discomfort is usually mild. Local anaesthesia can be used if you experience significant discomfort.

- If you already have a voice prosthesis we may see fluid leak through or around the prosthesis and enter the airway during the x-ray. The risk is low, as you are given small amounts of fluid and monitored closely. If leakage does occur during the procedure, the SLT will give you some advice on how to minimise the risk of further leakage following the procedure and/or arrange a voice prosthesis change if indicated.
- There is also the risk of having an x-ray. Research has shown that this risk is low when compared to other common x-ray procedures. However, female patients should inform the x-ray staff if they are or might be pregnant or are breastfeeding before the procedure begins.



## **What will happen if I choose not to have the procedure?**

Your therapist will discuss why a videofluoroscopy or air insufflation assessment has been recommended for you. If you choose not to have the procedure, it means we are unable to give you detailed advice regarding your swallowing, voicing or suitability for SVR. It is your choice whether to have the procedure.

## **Is there an alternative procedure?**

There is another procedure your SLT may discuss with you called Fibreoptic Endoscopic Evaluation of Swallowing (FEES). This is a useful assessment but it provides different information to a videofluoroscopy and may not be appropriate for you.

## **Consent**

If you agree to the procedure we will ask you to sign a consent form. We will also ask for your consent to use the anonymised images for teaching of healthcare professionals and students. You may decline for your images to be used for this purpose and this will not affect your care or treatment.

## **Contact details**

If you have any questions about this procedure, you can either speak to the staff when you attend for your videofluoroscopy or call the SLT department Monday to Friday, 9am–5pm.

Chelsea: 020 7808 2815

Sutton: 020 8661 3038

Alternatively, please call:

**The Royal Marsden Macmillan Hotline: 020 8915 6899**

(available 24 hours a day, 7 days a week)

