Preoperative Counseling of Laryngectomees By Esophageal Speakers

A Research Paper

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B

This is a fairly good paper, especially considering the brief amount of time that could be afforded.

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Chapter 1

Introduction

The esophageal speaker is a potentially valuable resource on which the individual who is about to undergo laryngectomy surgery may draw. Many leading authorities are of the opinion that empathic data is lacking in this area. The following review summarized their opinions.

Luchsinger and Arnold (1965) state: "It may be helpful do have a successful esophageal speaker visit the patient at the bedside the day before surgery".

Snidecor (1971) refers to preoperative counseling by a capable esophageal speaker in positive terms.

Green (1964) stresses the importance that the esophageal speaker have a "happy, balanced outlook on life". She believes the visitor should be "carefully selected" as "some are tactless and may go into too great detail about the after-effects and may unintentionally frighten the patient".

Diedrich and Youngstrom (1966) draw attention to the fact that not every laryngectomee is successful in learning esophageal speech. They believe that the visit by a successfully speaking laryngectomee implies that the patient will learn to speak likewize. This, they state, is untrue. They consider the visit "ethical and proper" only if esophageal speech is presented as one method of communication available to the laryngectomee and if other methods are also presented to him. Furthermore, they write that "before the operation, the patient is often too preoccupied about the cancer and his life expectancy to have much rational discussion concerning his chances for speaking again. His anxiety may be so great that it will preclude comprehension of what his rehabilitation will be, following the operation". They conclude, "It is my opinion that the problem of visitation would be alleviated if another view of the laryngectomees communication disorder were considered".

Boone (1971) states that the surgeons are not unanimous on the disirability of a properative visit by a laryngectomee. He believes the decision should be made by the surgeon. He points out that some laryngectomees will never learn esophegeal speech "because of too much tissue removal or intellectual or personality problems". In comparing his own production of esophageal speech with that of a good esophageal speaker, the recent laryngectomee may veiw this as a personal failure. According to Boone, a comprehensive plan was developed for rehabilitation of laryngectomees in Cleveland, Ohio, in 1962. Visitors were selected from the Cleveland Lost Cord Club. The basis of selection was:

a. Intellegable, gluent and well-phased esaphegeal speech.

b. Successful adjustment to the problem of communication

c. Successful emotional adjustment.

d. A pleasant personality, fee from secondary undesirable speech habits.

These visitors demonstrated their speech "simply by being there" and assumed the role of "a new, understanding friend". The visit was restricted to about 15 minutes. Boone cites data supporting the benefit of preoperative visits, reporting that Horn, in 1962 polled members of the International Association of Laryngectomees by questionnaire on the subject. Only 31% of the patients responding did not approve of the visits and only 1/2 of the physicians of these did not. Boone concludes,"It would appear that the majority of laryngectomees benefit from the preoperative visit, probably more from a psychological point of view than anything else".

Hoops (1975) describes a team approach to the rehabilitation of the laryngectomized speaker. He believes that contact with another laryngectomee is important. The esophageal speakers who took part in the program were carefully screened. They were selected for ability in esophageal speech by a speech therapist and for personality characteristics considered important for counseling by a social worker. Male and female laryngectomees selected, underwent a program

of training in counseling procedures by a social worker. "Most importantly," writes Hoops, they were "taught about areas of counseling to be avoided. It is the duty of the counselor to reassure the patient and supply him with a prepared packet of materials designed to answer questions and direct the patient to rehabilitation agencies after surgery".

The American Cancer Society (St. Louis Missouri) offers the services of "Members of the Visitation Bureau of the Nu Voice Club (who) are former laryngectomy patients who have mastered esophageal speech. Upon request and with the doctor's consent, they will visit patients who have had or will undergo laryngectomy surgery".

Although there has been some comment on the benefits of preoperative counseling of laryngectomees by esophageal speakers, systematic investigation of the benefit is lacking. Consequently, the purpose of this study was to survey laryngectomees in order to determine whether those who were preoperatively counseled derived any benefit. Another purpose was to poll those preoperatively counseled regarding the benefits they considered they had received; Also to obtain information on the opinion of laryngectomees regarding preoperative visits by esophageal speakers.

For the purposes of this study, the possible advantages accruing from preoperative counseling are considered ~~more~~:

1. Functional communication through use of esophageal speech.
2. Successful return to preoperative life style.
3. Rapid rate of acquisition of esophageal speech.
4. Better adjustment to the problem of communication.

The group of laryngectomees who were counseled preoperatively by and esophageal speaker will, hereafter, be referred to as the group counseled. The group of laryngectomees who were not counseled preoperatively by and esophageal speaker will be referred to as the group not counseled.

Chapter 2

A twenty-nine item multiple choice and short-answer questionnaire was designed by the author and used to survey laryngectomees on the subject of preoperative counseling by esophageal speakers.

The questionnaire used in this study was designed to cover four general areas:

1. Whether the laryngectomee had received preoperative counseling by an esophageal speaker.
2. Whether they consider they derived benefit from the visit.
3. Whether they recommended preoperative counseling by an esophageal speaker and what form they believe this should take.
4. To guage general adjustment and ability to produce esophageal speech after surgery.

The appendix contains a sample of the questionnaire used in this study.

The questionnaire was administered in August, 1977 to a group of eighteen laryngectomees. The subjects were randomly selected from a group of laryngectomees, the majority of whom were members of the Nu Voice Club, St. Louis, Missouri.

The only criterion for selection of subjects for this study was that of having undergone laryngectomy surgery.

The laryngectomees were divided into two groups on the basis of whether they were counseled preoperatively by an esophageal speaker or were not. Six of the laryngectomees in this study had been counseled, twelve had not.

The average age of the two groups, compounded separately were sixty-four years. The average number of years elapsed since surgery, also separately compounded, was five years.

Surgery was apparently as extensive for the one group as the other. The laryngectomee with the most extensive surgical history and severe handicaps - potential blindness, paralysis of the left forearm and left section of the

diaphragm - was a member of the group ~~who were~~ counseled. All the laryngectomees displayed a fairly good knowledge and understanding of the surgery performed on them.

Two out of the six or one third of the group counseled, suffered from loss of hearing. One had a mild loss and the other a medium loss of hearing. Three of the twelve or one quarter of the group not counseled were affected by the loss of hearing. Two of these had a mild loss and one a severe loss of hearing. No laryngectomee in either group wore a hearing aid.

Three women and fifteen men took part in this study. One of the women in the group counseled preoperatively was a women, that is, one sixth were women. Two of the twelve who were not counseled preoperatively or one sixth were women.

It appears that uncontrolled variables were of equal influence in both groups. Both groups appeared to be homogeneous.

Chapter 3

The replies to the questionnaire are summarized in this section.

Question 1

The date of your birth

Replies:

Range of ages of all: forty-six years to seventy-nine years

Average age of all: sixty-four years.

Average of those counseled: sixty-four years.

Question 2

What surgery was performed with regard to your larynx?

Replies:

"A total and a right radical"	1
"Complete Laryngectomy"	1
"Larynx was removed"	3
"Larynx was removed along with infected part of throat"	1
"Total Laryngectomy"	1
"Larynx removed plus left neck surgery"	1
"Complete removal plus left neck surgery"	1
"Complete removal of voice box and radical side neck surgery"	1
"Full laryngectomy, radiacl dessection of left neck, removal of left lymph glands, spinal accessory nerve, twelfth cranial nerve and another gland removed"	1
"Removed larynx, part of wind pipe and left shoulder gland"	1
Inappropriate reply	3
No reply	4

Question 3

What date was your laryngeal surgery performed?

Replies

Range: One year to thirteen years previous to date of answering the questionnaire.

Average: Five years lapse of time since surgery.

Average of those counseled: Five years.

Question 4

How much time elapsed between the time you were told it was necessary to have surgery and the actual surgery?

Replies

Range of time: one week to two years

Average time: two and one-half months

Average for those counseled: two months.

Question 5

Whom of the following people discussed speech with you before you underwent surgery?

Replies:		
	A surgeon	8
	A speech Therapist	1
	An esophageal Speaker	6
	No one	8

Question 6

When did you hear esophageal speech for the first time?

Replies

Before entering hospital	4
During preoperative visit	5
Post operatively	9

Question 7

When and from whom did you first hear of esophageal speech?

Replies

An esophageal speaker	10
An esophageal speaker & surgeon	2
Surgeon	1
Co worker	1
On radio	1
Laryngectomee friend	1
Can't recall	1

Question 8a

When the esophageal speaker visited you before the operation, did he or she make it clear that there are other ways, such as using the electrolarynx, by which you could communicate after surgery?

Replies

Yes	4
No	1
No answer	1

Question 8b

Which other methods of communication did you already know about?

Replies

None	2
Writing	1
Electrolarynx	2
All	1

Question 9

What did the esophageal speaker discuss with you?

Replies

The fact that you can learn to speak	2
American Cancer Society; Nu Voice Club and its functions; speech; therapy procedures; record of successful learners vs those who couldn't master it; ability to lead otherwise normal life; need for spouse's help; frustrations along the way; general conversation.	2
Everything including the operation, the chances of talking again. Also the help of the Nu Voice Club.	1
No answer	1

Question 10

Who suggested that the esophageal speaker visit you?

Replies

A neighbor	1
Surgeon	4
Inappropriate anseer	1

Question 11

Was the esophageal speaker a member of an organization which provided this service? If so, which society?

Nu Voice Club	6

Question 12

Do you feel a visit by an esophageal speaker before surgery benefited you?

Replies

Emotionally	6
Phychologically	6
In learning esophageal speech	5
In some other way	1

"Wife present, big lift for her too".

Question 13

If you were to choose, would you have wished an esophageal speaker to visit you before surgery?

Replies

Yes	16
No	1
I don't know	1

All 5 visited preoperatively replied "yes".

Question 14

Why would you wish an esophageal speaker to visit you before surgery?

Replies

To discuss speech	9
To discuss surgery	1
To give emotional support	4
To dfe	1
General information	4
No answer	4

Question 15

Do you believe the esophageal speaker should be carefully selected?

Replies

Yes	17
No	0
No answer	1

Question 16

Describe the qualities you feel should borm the basis of selection

Replies

Good esophageal speech	8
Healthy appearance	1
Adjustment & attitude	2
Sensitivity to others	1
Tact and patience	1
Friendliness	1
Realistic attitude	1
Knowledge of subject	1
Ability to communicate with people	1

Question 17

What should the esophageal speaker tell the patient before surgery?

Replies

Discuss speech	3
Give moral support & reassure	6
Tell the truth realistically	2
Discuss post-surgery life	1
Stress importance of attitude	2
Discuss surgery	1
No answer	6

Question 18

Do you use esophageal speech?

Replies

As much as normal speech	11
Less than normal speech	7

The breakdown of these figures on the basis of preoperative counseling by an esophageal speaker is:

	Counseled	Not Counseled
As much as normal	6	5
Less than normal	0	7

Question 19

Do you use the electrolarynx?

Replies

Yes	3
No	15

The breakdown of these figures on the basis of preoperative counseling by an esophageal speaker is:

	Counseled	Not Counseled
Yes	0	3
No	6	9

Question 20

If you use the electrolarynx, when do you use it?

Replies

Socially & when on the telephone	1
Constantly	2

Question 21

How long did you work on esophageal speech before you could hold a conversation?

Replies

Still taking lessons	4

Range of time before conversational: three weeks to three and one-half years.

Average time: seven months

Breakdown of figures on basis of preoperative counseling by an esophageal speaker:

	Counseled	Not Counseled
Range of time:	one month to ten months	three weeks to three and one-half years.
Average time:	two months	twelve months

Question 22

Did you have the help of:

Replies

A speech therapist	14
An esophageal speaker	15
Someone else	2
No one	0

Question 23

How much help did you receive from this or these individuals?

Replies

Helped	2
Helped greatly	13
No answer	3

Question 24

What is your occupation?

Replies

Retired	13
Housewife	3
Still working	2

Breakdown on basis of counseling by an esophageal speaker:

	Counseled	Not Counseled
Retired	5	8
Housewife	1	2
Still working	0	2

Question 25

Did you return to the same job after surgery?

Replies

Breakdown on basis of counseling by and esophageal speaker

	Counseled	Not Counseled
Yes	3	6
No	1	4
No answer	2	2

Question 26

Did you have any serious problems at work, home or with friends after surgery?

Replies

Breakdown on basis of counseling by an esophegeal speaker.

	Counseled	Not Counseled
Yes	2	6
No	3	6
No answer	1	0

Question 27

Do you have a hearing loss?

Replies

Yes	5
No	13

Breakdown on basis of counseling:

	Counseled	Not Counseled
Yes	2	2
No	4	10

Question 28

Is your loss of hearing:

Replies

Broken down on basis of preoperative counseling by an esophageal speaker:

	Counseled	Not Counseled
Slight	1	2
Medium	1	0
Severe	0	1

Question 29

Do you wear a hearing aid?

Replies

Yes	0
No	5

The data relevant to the hypothesis that counseling preoperatively by an esophegeal speaker is of benefit may be summarized as follows:

100 per cent of the laryngectomees counseled used esophageal speech as much as normal speech. Only forty-two per cent of the laryngectomees in the group not

counseled used esophageal speech as much as normal speech. Three of the laryngectomees not counseled relied heavily on the electrolarynx.

The group counseled learned esophageal speech to conversational level in an average of two months. The group not counseled developed esophageal speech to conversational level in twelve months. Three of this group had not yet progressed to conversational level.

Those counseled considered that they had benefited emotionally, psychologically and in the learning of esophageal speech. Another factor mentioned was the moral support afforded the spouse by the visit.

The majority of laryngectomees (sixteen of the eighteen) expressed the belief that a preoperative visit by an esophageal speaker was desirable. All eighteen believed that the esophageal speaker should be carefully selected. The qualities mentioned tallied closely with those mentioned in the literature cited earlier in this paper (Chapter 1).

Half of those counseled said they had returned to the same job after surgery. Half of the other group, those not counseled, also had returned to the same job after surgery.

Two of the six or one third of the laryngectomees counseled responded serious problems at home, work or with friends after their surgery. Six of the twelve or one half of the laryngectomees not counseled responded serious problems.

RESULTS

The results of this survey indicate that preoperative counseling by an esophageal speaker is advantageous. The benefits were primarily in the area of speech and, according to the laryngectomees, also emotionally and psychological. The majority of the laryngectomees believed preoperative counseling by an esophageal speaker to be advisable. It seems likely that, having a more natural method of communicating, those counseled would have adjusted better to their communication handicap.

Chapter 4

Summary and Conclusions

Questionnaries were administered to eighteen laryngectomees, the majority of whom belonged to the Nu Voice Club of St. Louis, Missouri. The multiple choice and short-answer questions were designed to survey the number of laryngectomees who received preoperative counseling by an esophageal speaker. Also questions were designed to measure general adjustment and ability to produce esophageal speed after surgery. The subjects were questioned on their recommendations concerning the edvisability of preoperative counseling by laryngectomees.

To the extent that the data in this study represents the general population of laryngectomees, it seems reasonable to conclude that laryngectomees who are preoperatively counseled benefit. The laryngectomees who were preoperatively counseled were unanimious in their belief that the visit had benefited them. The majority of all the subjects believed that preoperative counseling by an esophageal speaker is desirable. The data indicates that those counseled used esophageal speech as frequently as they had done normal speech and that they had acquired esophageal speech nore rapidly than the group who were not counseled.

On the basis of this study, the hypothesis that preoperative counseling of laryngectomees by esophageal speakers is beneficial. This supports the theory of many authorities in the field.

The question asked why do so few laryngectomees are receiving preoperative counseling by esophageal speakers. In this study only one third of all the subjects were counseled. Research is indicated in this area.

Bibliography

Boone, Daniel R., Voice and Voice Therapy, Englewood Cliffs, New Jersey: Prentice Hall Incorporated, 1971, pp. 200.

Diedrich, William and Youngstrom, Karl A., Alaryngeal Speech, Springfield, Illinois: Charles C. Thomas Publisher, 1966, pp. 137.

Greene, Margaret C. L., The Voice and Its Disorders, second edition, New York, New York: Pitman Publishing Corporation, 1972, pp. 387.

Hoops, H., Description of A Team Approach to the Rehabilitation of the Larngectomized Speaker, Larynsgoscope 85, 559, 1975.

Horn, D., Laryngectomee Survey Report: Eleventh Annual Meeting, International Association of Laryngectomees, Memphis, Tennessee, August 21, 1962.

Luchsinger, Richard and Arnold, Soafrey, E.., Voice - Speech - Langauge Clincial Communicology and Pathology, Translated by Godfrey E. Arnold and Evelyn Rose Finkbe, Belmont, California: Wadsworth Publishing Company, Inc., 1965, pp. 294.

Snidecor, John C., "Speech Without a Larynx", Handbook of Speech Pathology and Audiology, Englewood Cliffs, New Jersey ;Ed. Lee Edward Teavis, Prentice Hall, Inc., 1971, pp. 587.