Having a videofluoroscopy after a laryngectomy

This leaflet explains more about having a videofluoroscopy and Taub air insufflation test after a laryngectomy, including the benefits, risks and any alternatives. It also gives information on what you can expect when you come into hospital. If you have any further questions, please speak to your speech and language therapist (SLT).

What is a videofluoroscopy?
A videofluoroscopy takes several X-rays each second to see how your throat muscles are working, for swallowing and sometimes voicing. These images are played quickly and a moving image is made. If we are assessing your swallowing, you will be asked to chew and swallow different varieties of foods and drinks according to problems you have. This test can also be used to look at the vibration of the muscles within your throat that can produce a sound similar to voice (pseudo-voice).

What is a Taub test?
This test is used to look at your ability to produce a pseudo voice when you cannot do this spontaneously. It involves passing a narrow tube through one nostril and into your throat. The other end of the tube is attached around your stoma using a baseplate. The procedure is described in more detail below.

Both tests are recorded during the procedure to allow us to see exactly what happened.

Why should I have a videofluoroscopy?
You may be having swallowing difficulties because of surgery, radiotherapy or other treatments you have received. The videofluoroscopy allows your SLT to see what happens when you swallow. We may be able to recommend things you can do to improve your swallowing, such as exercises, different positions for eating and drinking, or different types of food or drink.

You may have been working on producing oesophageal voice with your SLT and, if you have been successful, a videofluoroscopy can also be used to assess the vibration of the muscles in the throat that can produce a sound similar to voice. If you cannot produce spontaneous oesophageal voice, a Taub test will be needed.

Why should I have a Taub test?
The test may be to find out if you are suitable to undergo surgical voice restoration (SVR). This is 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 test can help to find out why this may be happening.
What are the risks?
We will take care to minimise the amount of X-ray radiation you are exposed to. The risk is low when compared to other common X-ray procedures. However, female patients should tell the X-ray staff if they are, or could be, pregnant before the procedure begins.

The liquid contrast (a special liquid which shows up on X-ray) is usually barium but sometimes a different contrast is used. It contains iodine, which some people are allergic to. If you have had an allergic reaction to X-ray contrast in the past or you have a known allergy to iodine then you must tell your doctor. Alternatively, contact the X-ray Department at Guy’s Hospital, t: 020 7188 5526, or at St Thomas’ Hospital, t: 020 7188 5490.

If you have a voice prosthesis we may see the contrast 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 this happens the SLT will advise you how to reduce any risk.

If you require the Taub test, you may experience some discomfort as the tube is passed through your nose, but it should not be painful. A local anaesthetic can be used if you experience significant discomfort.

Are there any alternatives?
There is another procedure (fiberoptic endoscopic evaluation of swallowing or FEES). To assess swallow function that your SLT may discuss with you. This is a useful assessment but it provides different information to a videofluoroscopy and may not be appropriate for you. There is no alternative to the Taub test.

How can I prepare for these tests?
You can continue with your normal activities. If you are already eating and drinking, you can continue. If you are fed through a tube, this can continue as normal.

Giving my consent (permission)
We want to involve you in decisions about your care and treatment, so we will make sure you are happy to go ahead before having the procedure.

What happens during a videofluoroscopy?
The procedure is conducted by a SLT and a radiographer (a specialist in taking X-rays). It is carried out in the X-ray room.

- The videofluoroscopy takes about 20 minutes. If you need a Taub test as well, this will take an extra 20 minutes.
- You will be asked to sit or stand by the X-ray machine. One part of the machine may move around by your head and neck to get the best view when you swallow.
- The SLT will ask you to take small amounts of drink and food (please note there will be different tastes). The food or drink is mixed with some of the contrast.
- The SLT will assess how effective your swallow is and may ask you to produce some oesophageal voice if you can.
- You may be asked to try a different position, to make your swallow or voice better. You should not experience any pain.
- Each swallowing and voicing attempt is recorded so that it can be checked later to help develop your treatment plan.
If your assessment also includes a Taub test, a narrow tube will be placed in one of your nostrils by a doctor or SLT and passed through your nose. When the end of the tube is positioned at the level of the stoma, air is put into your throat to assess vibration and pseudo-voice. This is done by attaching the narrow tube to your stoma with an adhesive baseplate. When you close your stoma and breathe out, the air is directed into your throat.

If you already have a voice prosthesis you will be asked to voice in your usual way. If you are having problems producing voice we may proceed to a Taub test with the narrow tube through your nose or through your tracheoesophageal puncture.

**Will I feel any pain?**
You should not feel any pain during either procedure, but you may experience some discomfort during the Taub test as the tube is passed through your nose.

**What happens after the procedure?**
At the end of the procedure, the SLT will give you some brief feedback. We may be able to give you advice about your swallowing or voicing. A follow-up appointment will be offered to you to go through the results in more detail once they have been fully reviewed. Please let us know if you want any more information or if you have any concerns.

The SLT will write a report which will be sent to your GP or put in your medical notes if you are in hospital. They will also discuss the findings with your medical team.

The recording of the assessment will be kept by the Speech and Language Therapy Department. It may be used for teaching purposes but your name and any identifying details will be removed. Please let us know if you do not want this to happen (this will not affect your treatment in any way).

**What do I need to do after I go home?**
You can go back to your normal activities after the appointment unless you have been told not to by the SLT. There are no side effects from the procedure.

**Useful sources of information**
National Association of Laryngectomee Clubs (NALC)
Offer services and support to laryngectomees and their families and friends.
[w: www.laryngectomy.org.uk, t: 020 7730 8585, e: info@laryngectomy.co.uk]

**Contact us**
If you have any questions or concerns about the procedure, please contact the Speech and Language Therapy Department at Guy’s Hospital, t: 020 7188 6233, Monday to Friday, 9am-5pm.

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit w: www.guysandstthomas.nhs.uk/leaflets