

Voice and swallowing problems following mechanical ventilation

An information guide



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What is Mechanical Ventilation?

A mechanical ventilator is a machine that helps a patient to breathe (ventilate) when they are having surgery or cannot breathe on their own due to illness.

Mechanical ventilation involves intubation. Intubation is the insertion of a plastic tube through the mouth (called an endotracheal tube).

This is placed directly through the vocal cords and into the trachea (windpipe). This procedure is done to help you breathe. Whilst intubated you are placed under sedation.

As part of the process to wean you off ventilation and help you to establish breathing for yourself you may require a tracheostomy.

A tracheostomy is a small breathing tube placed through a hole made in the neck directly into the windpipe. Removal of a tracheostomy is taken in small steps known as weaning.

Once you can breathe safely for yourself the tracheostomy tube can be removed (decannulation).

Communication following intubation/ decannulation

You may feel very tired and weak following sedation. This can make communication difficult. It may help you to support your communication by:

- Using a whiteboard and pen
- Using your mobile phone or tablet
- Pointing to picture charts to make choices
- Using eye movements to indicate yes / no if very fatigued

Swallowing problems

Following intubation and tracheostomy insertion you may have difficulty with your swallowing. Swallowing difficulties can be due to:

- Direct trauma to structures within the mouth and throat caused by the intubation/ tracheostomy tube.
- The muscles needed for swallowing can become weakened due to your time spent in critical care.
- Reduced sensation within the throat due to the presence of the intubation tube.
- Gastroesophageal reflux (heartburn/indigestion).
- Altered breathing patterns (breathing and swallowing are usually closely coordinated).

Swallowing problems can lead to food and drink entering the lungs, which in turn can lead to serious complications including chest infections.

The length of time you were intubated for, can affect the severity of swallowing problems.

How will the safety of my swallow be assessed?

If there are concerns from the nursing staff or doctors regarding your swallowing you will be referred to a Speech and Language Therapist.

- The Speech and Language Therapist will assess your swallow with different foods and drinks, and may feel how the swallowing muscles in your neck are working.
- They will look for signs of food or drink 'going the wrong way' and entering your airway.
- Common signs of difficulty with swallowing are coughing during or after swallowing, or a feeling of food getting 'stuck' when attempting to swallow, but other signs may be less obvious.
- You may be advised to have diet and fluids of altered consistencies, e.g. pureed food.
- If your swallow is unsafe, you may be advised to remain 'nil by mouth'.
- If your muscles are weak or not working properly you may be advised to practice swallow exercises to strengthen the muscles, or be shown different postures to aid efficiency of your swallowing. These will be demonstrated by the Speech and Language Therapist.
- A feeding tube may be placed to provide the majority of your nutrition, and food and drink may be slowly reintroduced over a number of days.

Voice problems

Following intubation it is common to find that your voice is altered. Your vocal cords may be swollen or ulcerated and your throat may feel sore as a result of this. Occasionally trauma occurs in your larynx (voice box) upon insertion of the intubation and/or tracheostomy tube.

This trauma can result in one of your vocal cords temporarily becoming paralysed. Your voice may sound breathy, deep in pitch or strained.

What can I do to protect my voice from further damage?

- Try to rest your voice as much as possible.
- Drink plenty of water to keep your vocal cords well hydrated (unless advised not to by the Speech and Language Therapist).
- Do not smoke. Avoid smoky areas.
- Avoid whispering – although this may feel easier, whispering is harmful for your voice when used continuously.
- Do not force your voice when you talk – straining your voice can cause further damage.
- Do not shout – this puts further strain on your voice box.
- Reduce the number of caffeinated drinks you consume e.g. tea and coffee.
- Avoid alcohol – this will dehydrate you.
- Resist clearing your throat – this irritates your vocal cords making them more swollen. Instead try to take a sip of water, sniff or do a silent cough.
- Take regular breaths to avoid straining at the end of sentences.
- Keep your room or house humidified by opening windows when you return home. Avoid hot, dry environments.
- If you use an inhaler, rinse your mouth after use.

If your voice problem persists longer than expected you may wish to speak to the Speech and Language Therapist.

Will my voice return to normal?

The damage to your vocal cords should get better without treatment as you get stronger after your operation or illness once the inflammation settles.

On rare occasions the voice does not improve without treatment and a referral to the ear, nose and throat (ENT) team may be necessary to rule out structural damage to the voice box.

This will be arranged by the medical team or by your GP if you are back at home.

Any enquiries please contact

Speech & Language Therapy Department,
North Manchester General Hospital,
Delaunays Road ,
Crumpsall, Manchester
M8 5RB
Telephone: 0161 720 2232

If English is not your first language and you need help, please contact the Interpretation and Translation Service

Jeśli angielski nie jest twoim pierwszym językiem i potrzebujesz pomocy, skontaktuj się z działem tłumaczeń ustnych i pisemnych

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Dacă engleza nu este prima ta limbă și ai nevoie de ajutor, te rugăm să contactezi Serviciul de interpretare și traducere

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For enquiries regarding clinic appointments, clinical care and treatment please contact 0161 624 0420 and the Switchboard Operator will put you through to the correct department / service

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Date of publication: May 2020

Date of review: May 2020

Date of next review: May 2022

Ref: PI(DS)464

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