

# All about Laryngectomees

Medical Aids Subsidy Scheme

17 May 2023



**Queensland**  
Government

Queensland Health

# Artificial Larynges



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Government

# Artificial Larynges Funded through MASS



Romet R310



Nu-Vois III



TruTone Emote

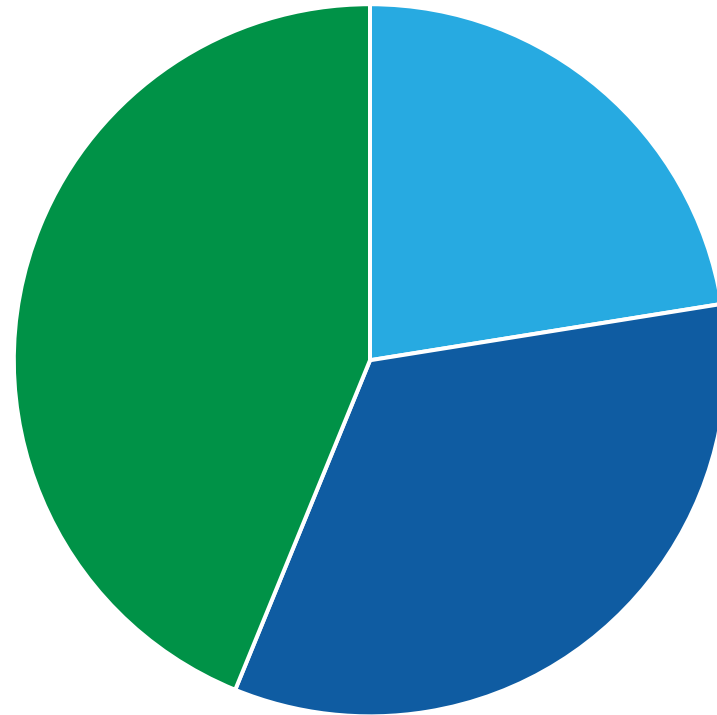


Servox Digital XL

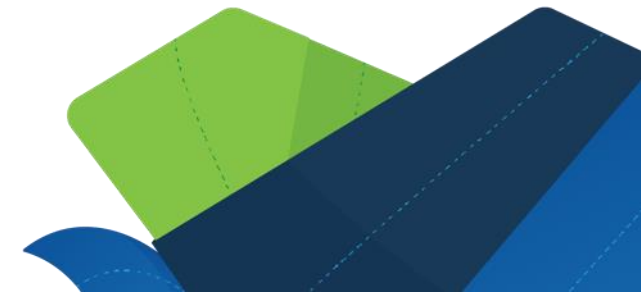
# Comparison – Four Artificial Larynges

	<b>Pouch</b>	<b>Warranty</b>	<b>Length</b>	<b>Weight With battery</b>	<b>Battery Type</b>	<b>Car Charger</b>
<b>Romet R310</b>	No	2 years	12.2cm	120g	2 x rechargeable 9.6V	N
<b>Nu-Vois III</b>	No	5 years	12cm	142g	2 x rechargeable 9.6V	Can plug battery charger into USB port in car
<b>Servox Digital XL</b>	Yes	2 years	12.8cm	159g	4 x rechargeable AAA	N
<b>TruTone Emote</b>	No	2 years	11.2cm	143g	USB battery charger	Can plug device into USB port in car

# MASS Funded Artificial Larynges 1 January 2020 to 30 April 2023



■ Tru-Tone Emote      ■ Nu-Vois III  
■ Servox Digital XL   ■ Romet R310



# Nu-Vois, Romet, Servox



# Tru-Tone

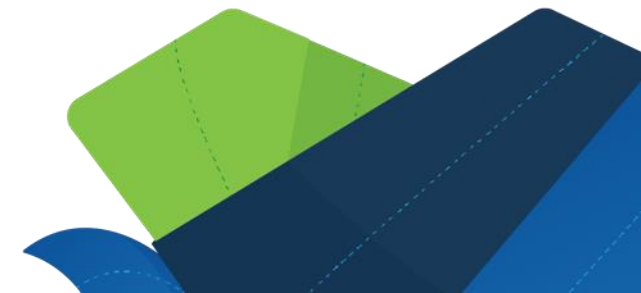
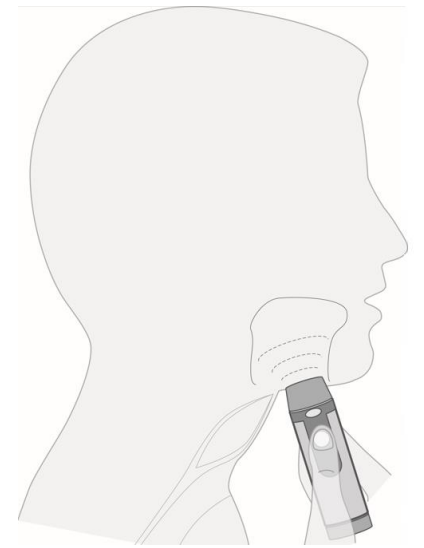


# Comparison – Four Artificial Larynges

	Volume adjustment	Pitch adjustment	Modal variation	Cost	Oral adapter and tubes
<b>Romet R310</b>	Yes	Set single button – ext adjust	No	\$760	Y
<b>Nu-Vois III</b>	Yes	Set two buttons – ext adjust	No	\$1095	Y
<b>Servox Digital XL</b>	Yes	Set two buttons – int adjust	No	\$1425	Y
<b>TruTone Emote</b>	Yes	Tone – int adjust	4 – int adjust	\$1325	Y

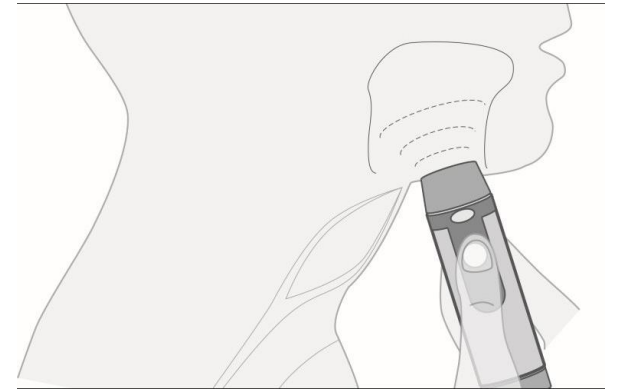
# Factors to Consider

- Surgery – sensitivity/oedema/fistula/scaring
- Radiation – skin breakdown
- Physical – condition/respiration/obesity
- Emotional – motivation/depression
- Social – communication network/cultural
- Cognitive – new learning
- Hearing – poor self monitoring/caution cheek placement



# Factors to Consider

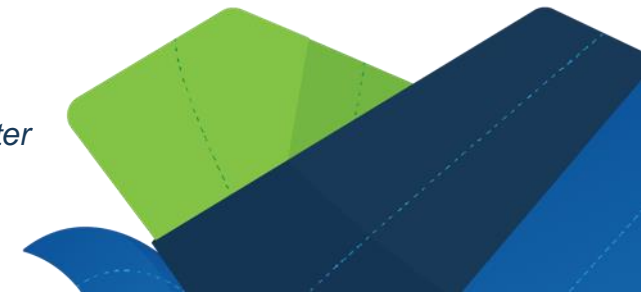
- Oral – articulation/dentures/hygiene
- Manual dexterity – lifting arm/digit dexterity
- Environment – family/friends' attitude, hearing of listener



*BBC. Laryngectomy patients learn to sing without a voice box.*



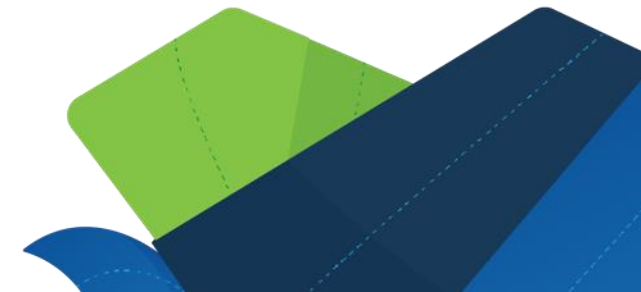
*North Dakota Assistive. Using the Phone after Laryngectomy.*



# Statewide Laryngectomy Documents

Standardised documents available: [Patient Resources | Allied Health Cancer Hub](#)

- Pre-op education package (incl single fact sheets TLx & PhLx)
- Oesophageal speech training
- Electrolarynx training
- TEP speech – indwelling and non-indwelling
- Stoma care – HME, tubes/buttons, humidification
- Olfactory training
- Radiation
- Manometer use



# State-wide Document – The Electrolarynx

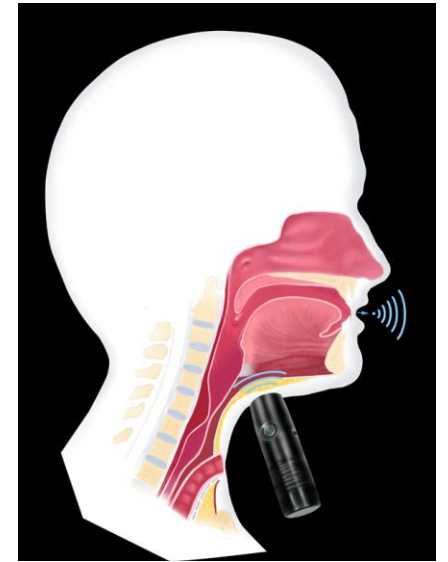
## Placement of the device

- Your speech pathologist will help you to find the best spot to place your device often called the “the sweet spot” on the side of your neck, under your chin or on your cheek. This will be where the sound is louder and clearer.
- The sweet spot is usually on soft, well-healed skin. Avoid any bone, swelling or scar tissue. The location can change over time.
- For good voice, it is important to hit the sweet spot every time. Initially use a mirror or mark the spot with a sticker to help you find the location.
- Ensure that there is good contact and no gaps between the head of the device and your skin. Try to relax and let it mould to your skin. Avoid your stoma cover or HME.



# Training Tips

- **Trial** all four devices
- **Engage** family for feedback
- **Set** volume and pitch before session
- **Demonstrate** on your neck/bring in experienced user
- **Placement** – sweet spot is critical for success/contrast poor placement
- **Timing** – natural pauses/demonstrate errors/record for feedback
- **Articulation** – sharp voiceless sounds/pressure for plosives/exaggeration
- **Phrasing** – reduce rate/punctuation marks in mind
- **Inflection** – pause before the stressed word
- **Stoma blast** – contrast/hand for feedback/breath hold





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# Heat Moisture Exchange Devices and Respiratory Consumables for Laryngectomees



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# Heat Moisture Exchange Devices and Respiratory Consumables for Laryngectomees

[HME Subsidy Scheme | Queensland Health](#)

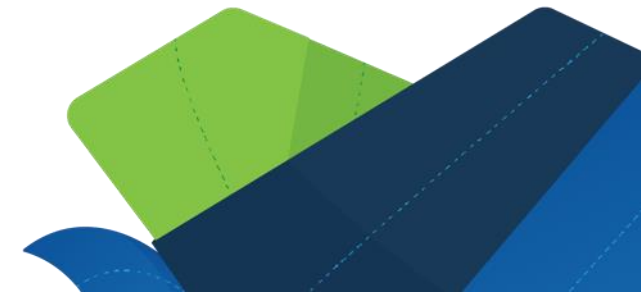
Guidelines and Information:

[QHSSL Guidelines.pdf](#)

[Frequently Asked Questions \(FAQ\) for Prescribers.pdf](#)

[Frequently Asked Questions \(FAQ\) for Applicants.pdf](#)

Applicant process for Health Professionals:  
Speech Pathologists and Otolaryngologists need to register for [MASS-eApply](#) to prescribe HME products for clients.



# Prescribing HMEs through MASS

## Medical Aids Subsidy Scheme

Subsidy funding for medical aids and equipment is available to eligible Queenslanders with permanent/stable conditions or disabilities. Aids and equipment are subsidy funded either on a permanent loan basis, private ownership or through the supply of consumables.



### [Queensland subsidy schemes](#)

Find out more about subsidy schemes coordinated by the Medical Aids Subsidy Scheme (MASS)



### [Prescribing medical aids and equipment](#)

Communication aids, continence aids, daily living aids, heat moisture exchangers, home oxygen, medical-grade footwear, mobility aids, spinal and lower limb orthoses, palliative care aids and equipment, palliative care syringe drivers, prosthetic limbs, spectacles.

## Information for applicants

[Contact MASS](#)

[Find out about:](#)

- Types of aids and equipment
- Eligibility
- How to apply.

## News and events

[MASS General Guidelines updated 13/03/2023](#)

## MASS Action Newsletter

[MASS Action Newsletter - April 2023 edition is now available \(PDF 1675 kB\)](#)

## Online Applications for MASS Prescribers

[MASS-eApply](#) is now open for prescribers to register and submit online applications to MASS.

# Administrative Eligibility for HMEs

The applicant :

- must be a permanent resident of Queensland and hold a current Medicare card



OR

- must reside in Queensland and hold a permanent protection visa, humanitarian visa or be an asylum seeker
- Being resident of an aged care facility is NOT an exclusion

# Clinical Eligibility

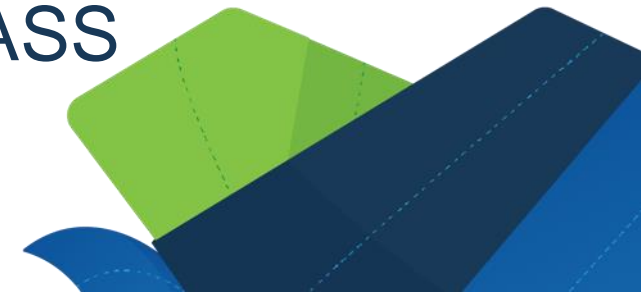
The applicant must have

- Undergone a surgical procedure for laryngectomy AND
- Completed an appropriate trial of laryngectomy respiratory consumables for a min. 4 weeks OR
- Provided evidence that he/she is currently using self-funded laryngectomy respiratory consumables OR
- Successfully trialled in the last 12 months but not used laryngectomy respiratory consumables due to lack of affordability



# QHSSL Clinical Working Group

- QHealth & private, metropolitan & regional representation
- Initially every 2/12, now 3 x year
- TOR: provide equitable outcome based quality service, addressing clinical & technical issues
- Prescriber updates
- Product reviews
- Allocations/anniversary dates/dollar limit
- Exemption request
- Lost/incomplete delivery – prescriber to contact MASS



# In Scope Consumables (\$5000/year)

Consumable item	Definition
HME cassette	450/year HME cassettes
Foam stoma covers	370/year foam stoma covers
Cloth stoma covers	12 boxes/year OR 12 individual/year
Laryngectomy tube or button	3 buttons or tubes/year
Standard adhesive Non-standard adhesives	365 standard adhesives/year OR 180 non-standard adhesives/year

# In Scope Consumables Cont.

Consumable item	Indicative annual supply from date of first application
Hands-free adhesive	1 every 3 years
Securing device for laryngectomy tube/button e.g. neck strap or band	12 boxes/year OR 12 individual/year
Skin care (i.e. skin preparation and adhesive removal products)	14 boxes/year
Silicone glue/adhesive	4/year
Shower Aid	1/year

# Supply Schedule

**New laryngectomees/new HME users**

Initial order – 3-month supply

Second order – 3-month supply

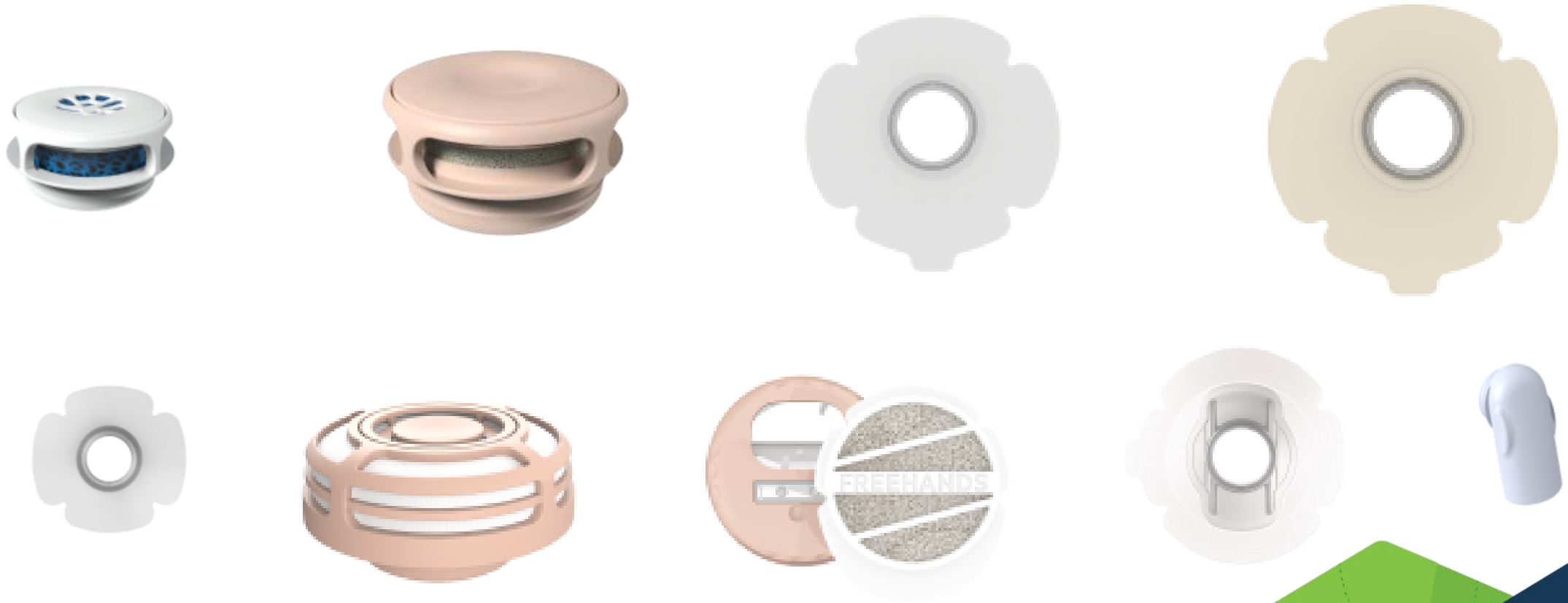
Third and subsequent orders – 6-month supply

**Existing laryngectomees who currently self-fund HME devices/successfully trialled (in last 12 months) but not used due to lack of affordability**

Initial order – 3-month supply

Second and subsequent orders – up to 6-month supply

# New Provox Products to QHSSL<sup>2,9</sup>

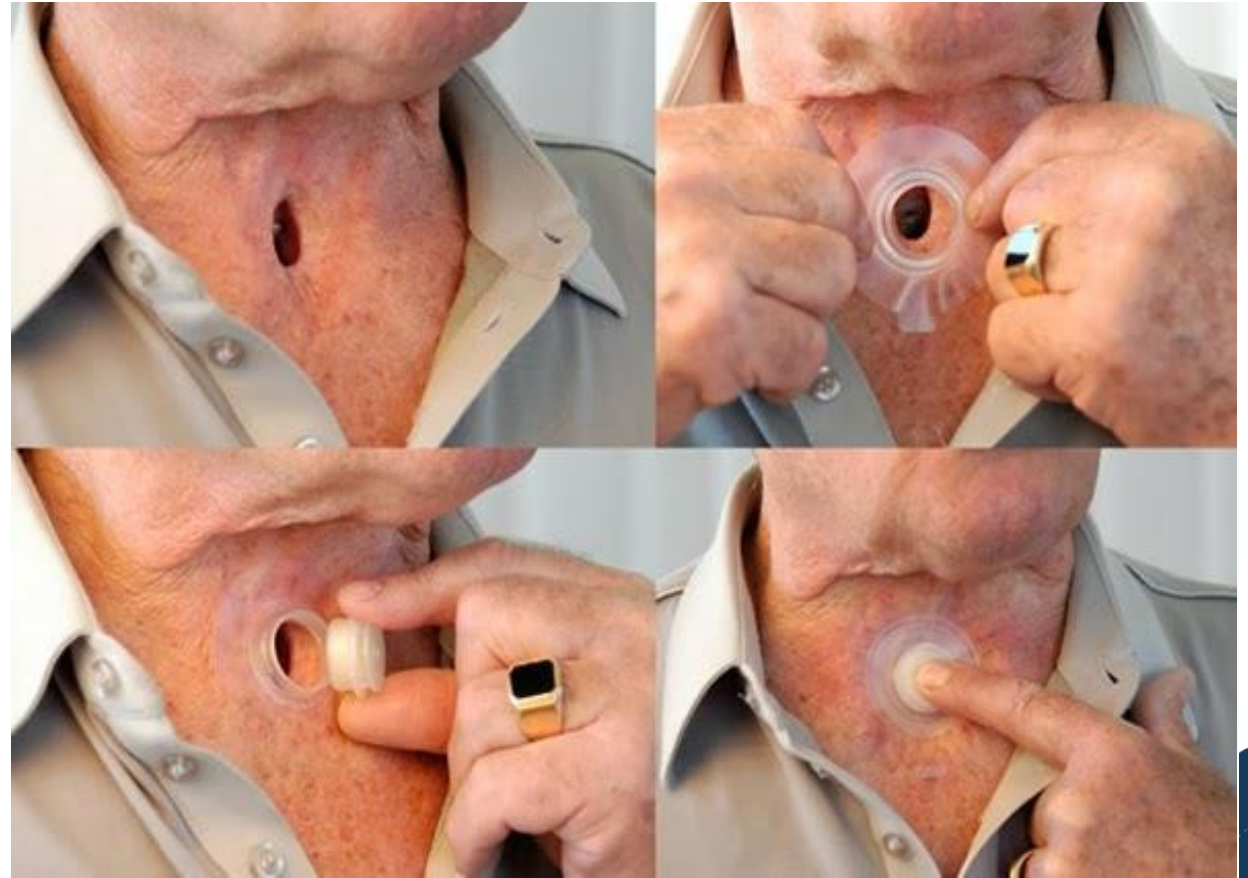


# New Main Medical products to QHSSL



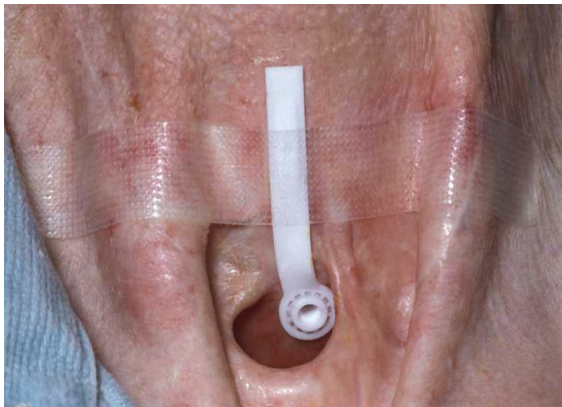
# Patient Considerations

- Cognition
- Manual dexterity
- Visual acuity
- Skin sensitivity
- Stoma airway/patency
- Stoma and neck profile
- Environment
- Respiratory status
- Motivation



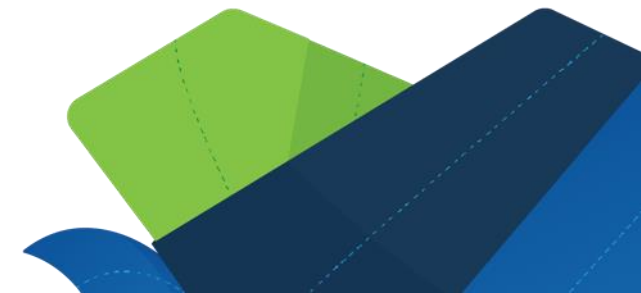
# Optimising Successful Use of HME

- Access to a range of baseplate adhesive types and shapes to suit patient needs
- Flat neck to allow full stoma seal – ensure SCM cut
- Minimise skin reaction
- Round stoma with approx. 1.5cm diameter<sup>3</sup>
- Patient education key to compliance



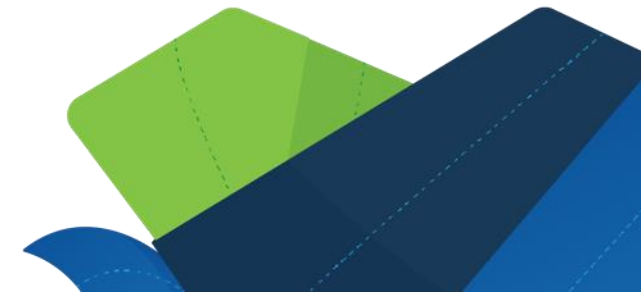
# Patient Education – with a nose<sup>4,10</sup>

- Temp in nasopharynx is only 2-3 °C less on inspiration – reaching 37°C in alveoli – need body temp
- Saturation rapidly follows temperature rise – warmer air/greater water carrying capacity
- Air in nasopharynx is 95% saturated – 100% in lungs
- On expiration, temp drops along nose, water condenses into mucosa (1/3 of water) – ready for inspiration
- 2/3 water supplied by serous glands
- Lose 250-500mls water/24 hrs nasal breathing



# Patient Education – with a nose<sup>6</sup>

- Filters particles from inspired air e.g. pollen, dust, carbon monoxide, nitrogen
  - effect oxygen carrying capacity of haemoglobin & cell function
- Positive pressure on expiration maintains lung expansion
- Nose provides 80% of airway resistance
- Nose vs. mouth breather:
  - Higher arterial oxygen saturation
  - Higher functional residual capacity
  - Higher total lung volume
- Consequences for neck breathers



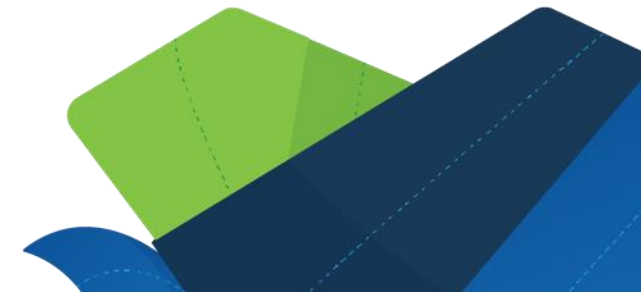
# Trouble Shooting

- Adhesion issues
  - Skin prep & remover
  - No voicing for 10 minutes
  - Rigid baseplates
  - Additional glue
  - Switch to button/tube/Laryclips
  - Manometer for pressure feedback & consider vp type/diameter change



# Trouble Shooting

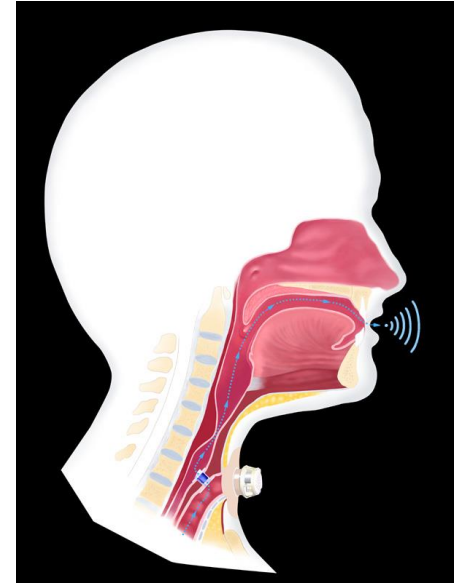
- Skin reaction
  - Skin preparations
  - Change baseplate more frequently
  - Check removing technique in clinic
  - Hypoallergenic e.g. Optiderm/Hydrofit
  - Hydrocolloid at night i.e. Night or fabric/foam
  - Switch to tube or button



# Hands Free Speech

- Once proficient HME user
- Trial of device in clinic
- Selection of most efficient membrane - Provox
- Common issues with seal maintenance
- Manometer for feedback
- **NOW several options for hands-free: 3 different membranes on Provox & 2 Blom-Singer devices**

[Provox-Freehands-Flexi-Voice video](#)



# Hands Free Speech



# iLearn - QHSSL

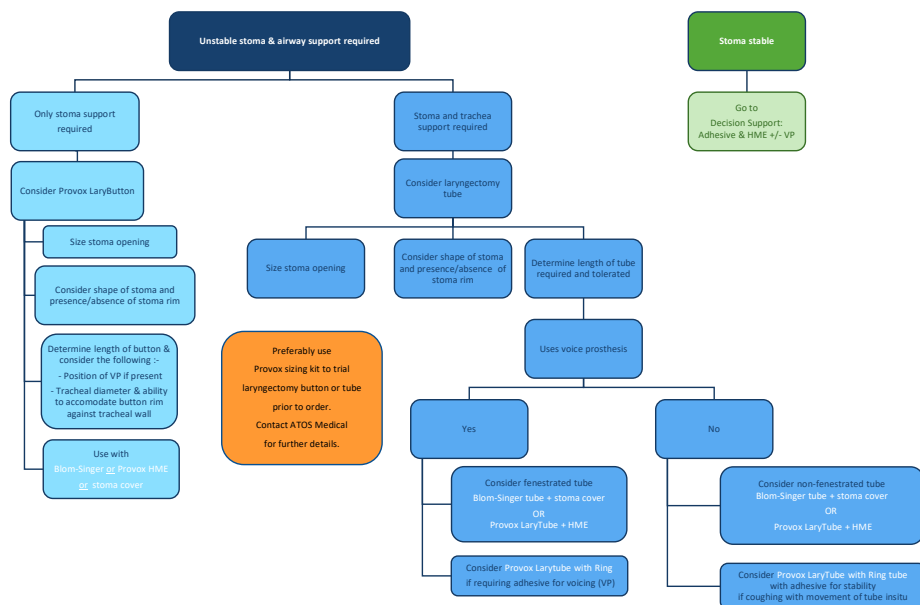


(AHPOQ-R) Queensland HME Subsidy Scheme for Laryngectomy - Clinician Education Resource

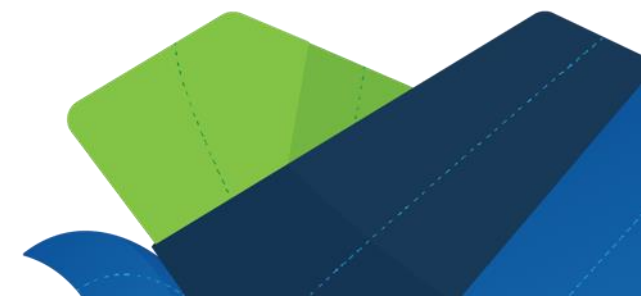


# Eight Sections – instruction videos & handouts

## Decision Support – Stoma management



Type	Name	Image	Features	Code	Company
LARYNGECTOMY TUBES & BUTTONS	Provox LaryTube - Non-Fenestrated - Fenestrated - With Ring		Flexible silicone tube that houses the HME cassette and maintains the stoma size and shape. Sold per piece. Available in: A) <b>Fenestrated</b> – Holes within tube enable airflow through to voice prosthesis for voicing B) <b>Non-fenestrated</b> – No holes in tube C) <b>Ring design</b> - Non-fenestrated tube that locks into adhesive	See company catalogue for full product information	ATOS
	Provox LaryButton		Shorter silicone tube to maintain size and shape of the stoma. Houses the HME cassette. Sold per piece.	See company catalogue for full product information	ATOS
	Blom-Singer Laryngectomy Tube - Non-Fenestrated - Fenestrated		Silicone tube that maintains the size and shape of the stoma. Sold per piece. Available in: a) <b>Fenestrated</b> (holes to enable airflow through to voice prosthesis for communication) b) <b>Non-fenestrated</b> design  NB: <i>Cannot accommodate an HME cassette.</i>	See company catalogue for full product information	ATOS



# Eight Sections – instruction videos & handouts

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HME Trial Record Form					(Affix identification here)						
Trial instructions: _____ _____					Family Name:						
					Given Name(s):						
					Address:						
					Date of Birth:						
Date	Adhesive – Tube/Button – HME cassette				Time			Coughing (Rating 1-10) 1= None 10= Copious	Secretions (Rating 1-10) 1= None 10= Copious	Comments	
	Adhesive Type	Adhesive Shape	Tube OR Button	HME Cassette	Attached 00:00	Removed 00:00	Total 00:00				
Patient signature:			Reviewing speech pathologist:				Date:				

### Using a Laryngectomy Button and HME

Patient Information

**Equipment:** Laryngectomy button  
HME cassette  
Water soluble lubricant

*If you are securing your laryngectomy button around your neck with a strap, thread the strap tapes through the side holes of the button before you insert it.*

**Step 1: Lubricate the laryngectomy button**  
Lightly lubricate the laryngectomy button. Use a water-soluble lubricant.



**Step 2: Fold the button**  
Fold the narrow end / hub of the button with your fingers.



**Step 3: Insert the button into your stoma**  
Insert the narrow end into your stoma and release your fingers. It is usual to experience coughing when inserting and this should settle within a few minutes.  
  
Check that the button is secure in your stoma by gently pulling the button forward or doing a gentle cough.





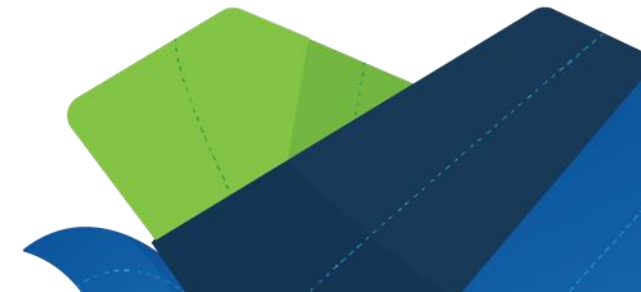
State of Queensland (Queensland Health) 2019  
  
<http://creativecommons.org/licenses/by-nc-nd/4.0/>  
 For further information contact Speech Pathology, email [CHSPAC-Chair@health.qld.gov.au](mailto:CHSPAC-Chair@health.qld.gov.au)



# HME Subsidy Scheme Client Information



[View transcript](#)



# Resources for Laryngectomees Cont.

## 'Ron's Story'

<https://www.health.qld.gov.au/mass/prescribe/hme-subsidy-scheme>



## 'Using adhesive and HME with a Voice prosthesis'

<https://www.health.qld.gov.au/mass/prescribe/hme-subsidy-scheme/hme-subsidy-scheme-patient-information>

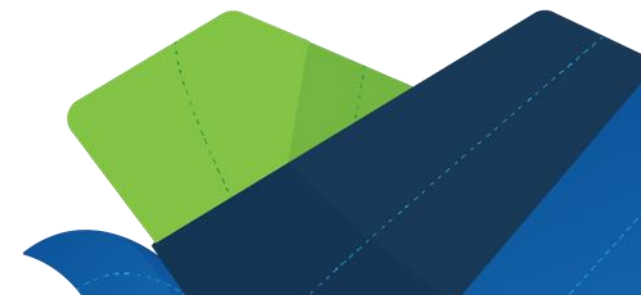


# Thank you!

Any questions??



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[MASS-Oxygen@health.qld.gov.au](mailto:MASS-Oxygen@health.qld.gov.au)



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