**REFERRAL, ASSESSMENT AND REPORTING TEMPLATE FOR VIDEOFLUOROSCOPY FOLLOWING TOTAL LARYNGECTOMY (2018)**

This work was led by Abi Miller as a service development project including a small pilot whilst in the role of Clinical Lead SLT (Voice, Head and Neck Cancer) at Chesterfield Royal NHSFT. This template is not a validated clinical tool, but may assist clinical decision making and streamlining referral, assessment and reporting of swallow and voice prosthesis difficulties following either standard or extensive total laryngectomy surgery.

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**VIDEOFLUOROSCOPY (VF) LARYNGECTOMY (Lx) REFERRAL FORM**

|  |
| --- |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_D.O.B:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_NHS Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Consultant & Base:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_GP Address & Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Referring SLT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Previous VF Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Primary Reason for Referral:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**MEDICAL HISTORY** (mark X in appropriate box)

Date of Lx: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Operation: Standard Lx [ ]  Myotomy: Yes [ ] No[ ]

Extensive surgical reconstruction [ ] Type: (PM, ALT, Jejunum, Other) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pre Op RT [ ] Pre Op CRT [ ] Post Op RT [ ] Post Op CRT [ ] COPD [ ]

Primary puncture [ ] Secondary Puncture [ ] Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional Information** e.g. current symptoms / previous complications / management \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STOMA**

Microstoma [ ] Macro stoma [ ] Irregular [ ] Recessed [ ] Asymmetric [ ]

Stoma Products Used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SWALLOW**

Oral [ ] NG [ ] PEG [ ] Supplements: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What consistencies can the patient manage: Liquids [ ] Puree [ ]  Mashed [ ] Soft [ ]  Solid [ ]

Patient c/o: Difficulty swallowing [ ] Food coming back into the mouth [ ] or nose [ ]

Pain on swallow [ ] Air in oesophagus or stomach [ ] Reflux [ ]

Additional Information: e.g. medications, food consistency limitations, liquid wash etc

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PRIMARY COMMUNICATION METHOD**

Oesophageal speech [ ] Tracheo-oesophageal speech (SVR) [ ] Electro larynx [ ]  Mouthing[ ]

If using SVR which prosthesis is in situ: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VP Characteristics: length, diameter, flange etc\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SLT initial impression of voice quality: Hypotonic [ ]  Tonic [ ] Hypertonic [ ] Spasm [ ]

Voice Prosthesis Complications**:** Placement Problem [ ]  Describe e.g. prosthesis angle \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VP Complications on Swallow: Central Leakage [ ] Peripheral Leakage [ ] AspirationYes [ ] No [ ]

**SLT’s Summary/ Impressions:**

**VIDEOFLUOROSCOPY SWALLOW ASSESSMENT (Standard laryngectomy)**

**Contrast used**: EZHD [ ]  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ VF Views: LOP [ ]  AP [ ]

**Consistencies Used**: Normal [ ]  Level 1 [ ]  Level 2 [ ]  Level 3 [ ]

 Yoghurt [ ]  Banana [ ]  Cake [ ]  Biscuit [ ]  Other (& state reason) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ORAL PHASE**

Able to hold bolus orally: Yes [ ]  No [ ]  Functional Velo-pharyngeal Closure: Yes [ ]  No [ ]

Slow propulsion through oral cavity: Yes [ ]  No [ ]  Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PHARYNGEAL PHASE**

Base of tongue / posterior pharyngeal wall approximation: Weak [ ]  Functional [ ]

Pseudo-epiglottis & anterior pouch: Yes [ ]  No [ ]  Pouch size: Small [ ]  Medium [ ]  Large [ ]

Pouch collects & retains bolus: Yes [ ]  No [ ]  Number of dry swallows to clear\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Oral/nasal escape on swallow: Yes [ ]  No [ ]

Bolus movement through pharynx on swallow: Functional [ ]  Slow [ ]

Pharyngeal herniation: Yes [ ]  No [ ]  Bolus retained in base of pharynx: Yes [ ]  No [ ]

Bolus passes into oesophagus on repeated swallows +/- liquid wash: Yes [ ]  No [ ]

**OESOPHAGEAL PHASE**

Reconstructed segment opposite CV: From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bolus able to descend to stomach: Yes [ ]  No [ ]

Stricture: Yes [ ]  No [ ]  At CV level: \_\_\_\_\_\_\_\_\_\_\_ Max. dilation on swallow (% of normal) \_\_\_\_\_\_\_\_\_\_\_\_\_

Limitation to bolus flow from stenosis: Describe e.g. severity, number of dry swallows to clear, liquid wash etc \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Functional peristaltic wave present: Yes [ ]  No [ ]

Peristaltic wave fires from: above TEP [ ]  at TEP [ ]  below TEP [ ]

Other features: Weak/disco-ordinated peristaltic wave [ ] Tertiary contractions [ ]  Backflow [ ]

LOS dysfunction [ ]  Reflux [ ] Aerophagia / Mega-oesophagus [ ]  Oesophageal herniation [ ]

VP Leakage: Yes [ ] No [ ]  (Central / Peripheral/ Aspiration/ severity)

Describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VIDEOFLUOROSCOPY VOICE ASSESSMENT (Standard laryngectomy)**

VP correctly sized and fitted: Yes [ ]  No[ ]  Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**On Voicing**

Insufflation method: Lung powered via VP [ ]  Oesophageal (inhalation/injection) [ ]

VP Patent: Yes [ ]  No [ ]  VP Pistoning: Yes [ ]  No [ ]  VP fouling: Yes [ ]  No [ ]

Stomal occlusion for SVR: Digital occlusion +HME [ ] ATSV [ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Effective Seal for SVR: Yes [ ]  No [ ]

Vibratory Segment\*: At rest from CV \_\_\_\_\_ to CV\_\_\_\_\_ During voicing from CV\_\_\_\_\_\_ to CV \_\_\_\_\_\_\_\_\_\_\_

\*Vibratory segment in: Surgical voice: usually CV4-5 at rest with upward shift on phonation to CV3-4. Oesophageal voice CV5-6

(Van As, 2001)

Functional respiratory support for voice: Yes [ ]  No [ ]

Sustain /a/ (secs) \_\_\_\_\_\_\_\_\_\_\_ Count 1-15 per breath (secs) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Limitation to vibration resulting from stricture: Describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Segment Vibration: Poor [ ]   Functional [ ]  Intermittent [ ] Firmly approximated (no vibration) [ ]

Voice quality: Hypotonic [ ]  Tonic [ ]  Hypertonic [ ]  Spasm [ ]

Has a functional short myotomy been performed: Yes [ ]   No [ ]

Describe: (from where to where) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other muscle relaxing intervention e.g. long myotomy, neurectomy, Botox \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VIDEOFLUOROSCOPY SWALLOW ASSESSMENT (Extensive Surgical Reconstruction)**

**Contrast used**: EZHD [ ]  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ VF Views: LOP AP [ ]

**Consistencies Used**: Normal [ ]  Level 1 [ ]  Level 2 [ ]  Level 3 [ ]

Yoghurt [ ]  Banana [ ]  Cake [ ]  Biscuit [ ]  Other (& state reason) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ORAL PHASE**

Able to hold bolus orally: Yes [ ]  No [ ]  Functional Velo-pharyngeal Closure: Yes [ ]  No [ ]

Slow propulsion through oral cavity: Yes [ ]  No [ ]  Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PHARYNGEAL PHASE**

Base of tongue / Posterior pharyngeal wall approximation: Weak [ ]  Functional [ ]

Bolus movement through pharynx on swallow: Functional [ ]  Slow [ ]

Bolus retained in base of pharynx: Yes [ ]  No [ ]  Oral/nasal escape on swallow: Yes [ ]  No [ ]

Bolus empties via surgical anastomosis into transplant on repeated swallows+/- liquid wash: Yes [ ]  No [ ]

**SWALLOW**

Anastomosis located at CV\_\_\_\_\_\_\_\_\_ Tissue approximation at rest: From: \_\_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_\_\_\_

Functional anastomosis allows bolus to pass: Yes [ ]  No [ ]  Stricture on swallow: Yes [ ]  No [ ]  Location + max dilation on swallow (% of normal) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Stricture on swallow: Yes [ ]  No [ ]  Location + max dilation on swallow (% of normal) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Surgical limitation to swallow: Yes [ ]  No [ ]  Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bolus able to descend to stomach: Yes [ ]  No [ ]  Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other features: Weak/disco-ordinated peristaltic wave [ ] Tertiary contractions [ ]  Backflow  [ ]

LOS dysfunction [ ]  Reflux [ ] Aerophagia /Mega-oesophagus [ ]

Other Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VP Leakage on Swallow: Yes [ ] No [ ]  Describe: Central / Peripheral/ Aspiration/ severity

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VIDEOFLUOROSCOPY VOICE ASSESSMENT (Extensive surgical reconstruction)**

VP correctly sized and fitted: Yes [ ]  No [ ]  Comments: \_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**On Voicing**

Insufflation method: Lung powered via VP [ ]  Oesophageal (inhalation/injection) [ ]

VP patent: Yes [ ]  No VP pistoning: Yes [ ]  No [ ]  VP fouling: Yes [ ]  No [ ]

Stomal occlusion for SVR: Digital occlusion +HME [ ]  ATSV [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Effective seal for SVR: Yes [ ]  No [ ]

Vibratory source: Anastomosis Yes [ ] No [ ] Other: Describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Functional respiratory support for voice: Yes [ ]  No [ ]  Air reservoir: Yes [ ]  No [ ]

Sustain /a/ (secs): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Count 1-15 per breath (secs): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Limitation to vibration: Describe e.g. stricture, anatomical \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Segment vibration: Poor [ ]  Functional [ ]  Intermittent [ ]

Digital pressure improves voice: Yes [ ]  No [ ]

Excessive stomal occlusion interferes with voice: Yes [ ]  No [ ]

Additional observations:

Bolus remnant / secretions:Yes [ ]  No [ ]  Voice sounds wet / gurgly: [ ]

Secretions present: Below vibratory segment [ ]  Above vibratory segment [ ]

Backflow on voice production: [ ] Reflux on voice production [ ]  Aerophagia [ ]

Overall Voice Quality: Hypotonic [ ] Tonic [ ]  Hypertonic [ ]  Spasm [ ]

**SUMMARY OF VIDEOFLUOROSCOPY FINDINGS**

**Diagnosis:**

**Main Issues:**

**Management and Recommendations**

Reported by SLT Date

Reported by Lead Radiographer

Radiologist opinion requested & incorporated into above report \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CC: GP