**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.

Please cite this document as:

**Miller A, Lang J, Bradshaw D, Edels Y** (2018) Referral, Assessment and Reporting Template for Videofluoroscopy following Total Laryngectomy

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

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**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