

Voice problems and care after intubation

Speech and Language Therapy

The aim of this information sheet is to answer some of the questions you may have about changes to your voice after intubation in Critical Care.

If you have any further questions or concerns, please speak to the doctor or nurse caring for you.

What is intubation? How might intubation affect my voice?

A small plastic breathing tube (called an endotracheal tube) is inserted into your throat to help you breathe during your operation or illness. The tube passes through the vocal cords within your windpipe. For some patients this can cause the windpipe to become inflamed and the healthy mucosa (that coats the vocal cords to keep them mobile) can thicken.

How might my voice be affected?

You may be experiencing one or more of the following problems following your intubation:

Weak or no voice, breathy voice, hoarse voice, sore throat (particularly when talking and/or swallowing), dryness, regular throat clearing, difficulty projecting your voice.

If you have limited or no voice you may need to use a white board and pen to write down what you are saying. In the very early hours after extubation (removal of the breathing tube), you may feel generally very weak and not be able to hold a pen and paper, particularly if you have been intubated for a long time. In this case, you could spell out words out on an alphabet board or point to pictures on a picture chart. Please ask your nurse for one of these.

What can I do to protect my voice?

To prevent damaging your voice and to aid faster recovery, try and do the following:

- Use your voice without straining, even if it means it is quiet and breathy.

- Avoid talking against background noise.
- Encourage others to come closer to you so that they can hear you.
- Do not shout or whisper.
- Avoid long telephone calls.
- Take regular breaths to avoid straining at the end of sentences.
- If your voice feels sore from talking, give it a rest for 30 minutes to an hour.
- Avoid throat clearing. Instead, try clearing your throat by swallowing.
- If you use an inhaler, rinse your mouth after use.
- Keep your vocal cords well hydrated: aim to drink two litres of water a day. (Check this with your nurse first if you are on fluid restriction)

Are there any things I should avoid?

Try to avoid caffeinated drinks, spicy foods that may cause acid reflux (acid that comes up from your stomach and irritates your throat).

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 and 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. This may be necessary to rule out structural damage to your vocal cords or throat. This will be arranged by your medical team or by your GP if you are back at home.

Contact us

If you have any questions or concerns about any of the information in this leaflet, please contact the **Speech and Language Therapy** department at:

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Request for Help line (self-referral line, Mon-Fri 1pm-4pm) 0300 303 4536

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