Tracheo-Esophageal Prosthesis Basics:

What Every Speech-Language Pathologist Should Know

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Purpose of Session

Today’s session is meant to be a round table discussion on the basics of TEPs for clinicians interested in learning more about TEPs or for those newly trained in this area. The following slides are a simply a guide for today’s session and we can discuss anything of interest to those participating.
Areas to consider when choosing an appropriate candidate for TEP

- Cognitive function
- Manual dexterity
- Vision
- Pre-op speech intelligibility
- Support system
- Financial issues
- Level of motivation
- Proximity to SLP
Types of TEPs

- Indwelling
  - Placed by a professional
  - Larger flange

- Non-Indwelling
  - Patient and/or professionally managed
  - Smaller flange
Complications affecting a patient’s TE speech

- Improperly fitting device
- Closed prosthesis valve
- Forceful stoma occlusion
- TE tract closure
- Prosthesis not fully inserted
Complications affecting a patient’s TE speech, continued

- PE spasm
- Hypotonicity
- Poor stomal occlusion
- Post-op edema
SLPs role in managing TEPs

- SLPs trained in TEP management
  - Pre-op evaluation/information giving
  - Assessing/managing fit of TEP
  - Problem solving voicing issues
  - Educating patient/family on proper care of TEP
- Stoma care/management
- HME education
SLPs role in managing TEPs

- SLPs not trained in TEP management
  - Understanding anatomy and physiology of laryngectomy patients
  - Understanding the basics of TEPs
  - Understanding why patients may cough when drinking with TEPs
  - Knowledge of other means of alaryngeal speech if a patient’s TEP is not working
Swallowing complications associated with total laryngectomy

- Xerostomia
- Dysnosmia
- Dysgusia
- Stricture in hypopharynx related to tight surgical closures, prior radiation therapy, post-op infections
- Pseudo-epiglottis or pseudodiverticulum
Swallowing complications associated with total laryngectomy

- PE relaxation
- Decreased tongue base retraction from weakness or decreased range of motion
- Higher than normal tongue base to posterior pharyngeal wall pressures required to propel bolus through pharynx