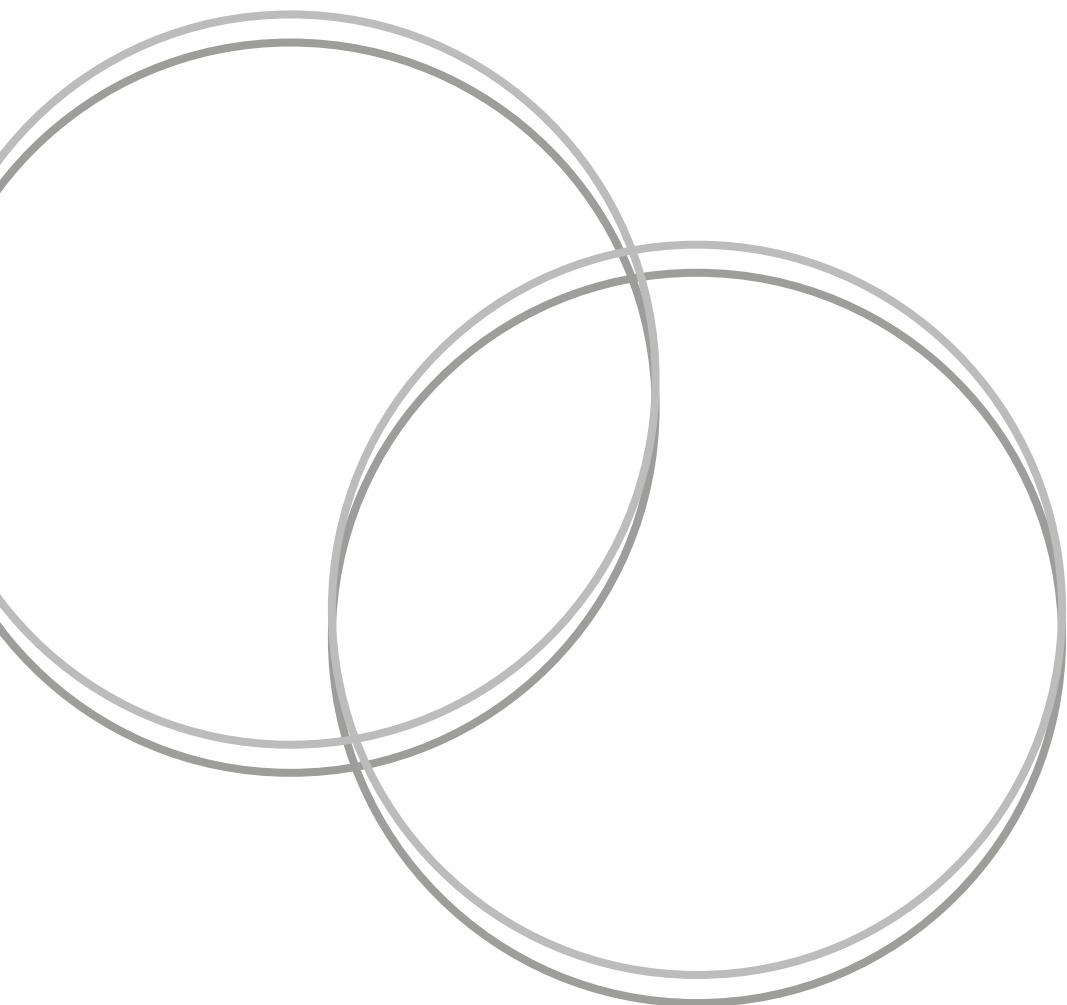




Oxford University Hospitals
NHS Foundation Trust

The treatment of Adductor Spasmodic Dysphonia

Information for patients



Spasmodic Dysphonia is a neurological condition that causes involuntary muscle spasms in the larynx (voice box). It is part of a group of movement disorders called dystonia.

There are 2 main types:

1. Adductor Spasmodic Dysphonia – This is the most common form. It involves spasms of the muscles that bring the vocal cords together. The voice sounds tight and jerky. It may also be a strain to talk. This condition may be treated with the injection procedure described below.
2. Abductor Spasmodic Dysphonia – This is rarer and involves spasms of the muscles which move the vocal cords apart. The voice sounds husky and weak. This condition may require injections given under general anaesthetic.

Both conditions cause:

- Uncontrollable pitch and voice breaks
- Fluctuating voice quality
- There may be an associated tremor in the voice.

Treatment

At present, there is no cure for Spasmodic Dysphonia. In milder cases, Speech and Language Therapy may help by encouraging more relaxed and efficient use of the voice.

Around 90% (9 in 10) people are helped by local injection of Botulinum Toxin (“Botox”) directly into the vocal cords. This weakens the muscle and reduces the spasm. The decision on whether or not to perform the injection is made together by the Spasmodic Dysphonia Clinic team and yourself.

Treatment for Adductor Spasmodic Dysphonia

Initial assessment

You will be seen for assessment in the Oxford Voice Clinic by an ENT and a specialist Speech & Language Therapist. You will then be referred to the Spasmodic Dysphonia Clinic if appropriate.

Injection of Botulinum Toxin for adductor spasm

This injection is given in the Outpatients Department of the JR by an ENT consultant. You may eat and drink normally before the procedure.

We will ask you to lie down on a couch, and electrode pads will be taped on your neck and jaw. The electrodes are attached to an EMG machine which gives sound and visual signals to the doctor to help locate the position of the vocal cord muscles. Local anaesthetic is then injected into your throat near the voice box (Adams apple) from the outside of your neck – this is a single needle prick.

Your voice box will then be injected with a tiny amount of Botulinum Toxin. Sometimes this may make you want to cough and may be a little uncomfortable, but it should not be painful. The injection itself only takes a few seconds, and you are then free to leave.

Don't eat or drink anything for about half an hour after the injection, to allow the local anaesthetic to wear off (your throat will be numb).

You may have some soreness in the front of your throat where the Botox was injected, but you don't need to rest your voice after your injection. You can carry on talking as normal.

Benefits and effects of the injection

It usually takes 24 to 48 hours (sometimes even longer) for the Botox to start working. You may notice that your voice then becomes quite weak and husky. The weakness of the voice may last 2 to 6 weeks.

After the initial weakness, your voice will gain in strength and should feel smoother and more fluent. This will last on average 3 to 6 months.

It is helpful if you make a note of the changes to your voice so that you can tell us at the next appointment. You will be asked to fill in an evaluation form when you visit again, so that we know how each injection affects you and can adjust the dose if necessary.

What are the risks?

- The injection may cause a small bruise on the neck
- In theory there is a very small risk of infection, although this has never been reported in our patients
- There are a few reports of allergic reactions to the Botox worldwide, but this is extremely rare
- The Botox works by weakening the muscles and so can cause some difficulty swallowing liquids, causing you to splutter when drinking. This effect peaks at about 2 weeks and then wears off. You can manage this by:
 - Taking smaller sips
 - Drinking from a straw
 - Drinking thicker liquids such as milkshakes or smooth soups
 - Holding the liquid in your mouth, dropping your chin to your chest, and then swallowing.

Follow-up / how to contact us

The Speech and Language Therapist will telephone you a few weeks after the injection to check on your progress.

After this, you will be asked to contact the department when you feel you need another injection.

The adductor spasmodic dysphonia team consists of the following staff:

- Speech and Language Therapist
- Consultant ENT Surgeon
- Clinical Physiologist
- ENT Nurse.

For enquiries please contact Speech & Language Therapy on:

Telephone: **01865 220 863**

Email: **SALTGeneralEnquiries@ouh.nhs.uk**

Other support:

The Dystonia Society is able to provide national and local support and information.

Contact the Dystonia Society via the website or call the helpline:

Website: **www.dystonia.org.uk**

Telephone: **020 7793 3651**

Tips and experiences from other patients

- Try to keep relaxed and as calm as you can; the difficulties always seem worse and more difficult to control when tense or stressed. I try to keep my shoulders down, not hunched up.
- I find it helps to be up front about my voice problems with people I meet; this helps me to relax, which then helps with my voice.
- I take a deep breath before trying to speak, which helps to keep my voice a little smoother. Breathing deeply and slowly also helps me to stay calm.
- Talking a little slower makes me easier to understand.
- When going into a potentially difficult situation, I plan what I am going to say in advance and try to anticipate what I might be asked. There are certain sounds that with experience I know I will find hard to say, therefore I avoid using words that contain that sound.
- When I know I will have trouble being understood, I try to go out with someone who will support me if necessary. Normally I would hate someone speaking for me but if, on a signal from me, they will just reiterate what I have said, I find this helpful. Some people are much better than others at doing this and you need to choose your supporter carefully!
- I find it helps to look at people who will often try to lip read
- I try to plan big work or 'voice' commitments around when I anticipate my voice will be at its best.
- I try to carry a bottle of water with me to sip at; the problem seems worse if my throat is very dry.
- After an injection, when my voice can be weak, I avoid noisy places, which cause an unwelcome strain on my voice.
- Tucking my chin down as I swallow makes swallowing better, if I feel I might cough and choke a bit when drinking after an injection.

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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Oxford University Hospitals NHS Foundation Trust
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