Bristol, North Somerset and South Gloucestershire
Integrated Care Board

Laryngeal and Vocal Cord Surgery

Criteria Based Access

Before consideration of referral for management in secondary care, please review advice on the Remedy website (www.remedy.bnssg.icb.nhs.uk/) or consider use of advice and guidance services where available.

Section A – Criteria to Access Treatment
Funding Approval for surgical treatment will only be provided by the ICB for patients meeting one of the criteria set out below.

The patient has significant dysphonia, defined as:

1. Their voice has unexpectedly changed (in terms of quality, pitch, loudness or vocal effort).
   AND
2. The voice change has significantly limited their ability to communicate with others.
   AND
3. The patient has completed a course of voice therapy via an NHS provided Speech and Language Therapist.
   AND
4. The dysphonia is due to organic pathology for which surgical intervention will be effective.

OR

1. Patients with significant dysphagia and proven aspiration.

Note: It is accepted that 30 – 40% of patients need a repeat procedure. This can be managed under the original CBA referral.

If the patient in question is clinically exceptional compared to the cohort, then an Exceptional Funding Application may be appropriate. The only time when an EFR application should be submitted is when there is a strong argument for clinical exceptionality to be made. EFR applications will only be considered where evidence of clinical exceptionality is provided within the case history/primary care notes in conjunction with a fully populated EFR application form.

BRAN

For any health- related decision, it is important to consider “BRAN” which stands for:

- **B**enefits
- **R**isks
- **A**lternatives
- Do **N**othing

Benefits

Voice box surgery could improve the voice of the patient and improve swallowing function.

Risks

As with any operation, there is a risk of complications from the surgery and with the anaesthetic although this risk is very small. Possible problems from this surgery can include:

- Pain – the patient may have a sore throat afterwards but this will settle in a few days and is helped by simple painkillers such as paracetamol.
- Voice change – this could be temporary or permanent.
- Infection – this is very uncommon but is treated with antibiotics if required.
- Difficulty breathing – this can occur due to swelling after surgery.
- Recurrence – 30-40% of patients may need a repeat procedure.
- Difficult swallowing – while rare, this may be temporary or permanent.
- Bleeding – this is typically minimal and controlled during the operation.
- Damage to lips/teeth/gums from the instruments used – a gum guard is used to prevent this.

Alternatives

Continue to treat conditions conservatively, if appropriate.

Do Nothing

Remember, you always have the option to do nothing. Doing nothing is an equally reasonable option to doing something. Sometimes “not yet” is a good enough answer until you gather more information.

Laryngeal and Vocal Cord Surgery– Plain Language Summary

The main purpose of this surgery is to improve or restoring the quality of a person's voice. It does not include surgery where the main aim is to treat other symptoms and disease of the larynx.

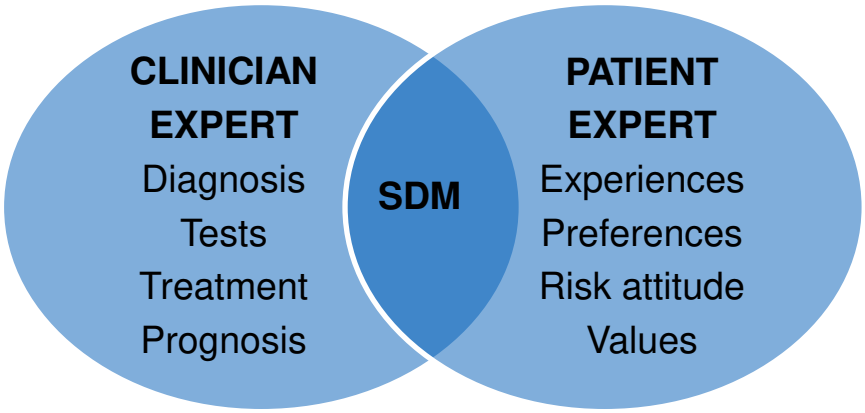
Dysphonia is the term used to refer to disorders of the voice. This may present as a hoarse, weak, breathy, or strained voice, with or without pain or discomfort in the throat. Causes of dysphonia can include:

- Inflammation of the larynx (voice box) due to an infection or allergy.
- Reflux, if stomach acid comes far enough up the oesophagus (gullet) and spills over onto the voice box.
- Lesions on the vocal cords – including vocal cord nodules and cysts.
- Trauma to the vocal cords from injury or surgery.
- Weakness or paralysis of the vocal cords.
- Stress – voice changes may occur due to stress either at work or at home.
- Other causes.

Shared Decision Making

If a person fulfils the criteria for Laryngeal or Voice Box Surgery it is important to have a partnership approach between the person and the clinician.

Shared Decision Making (SDM) is the meeting of minds of two types of experts:



It puts people at the centre of decisions about their own treatment and care and respects what is unique about them. It means that people receiving care and clinicians delivering care can understand what is important to the other person.
The person and their clinician may find it helpful to use 'Ask 3 Questions':

1. What are my options? (see sections above)
2. What are the pros and cons of each option for **me**?

3. How can I make sure that I have made the right decision?

This policy has been developed with the aid of the following references:

NICE (2019) Suspected neurological conditions: recognition and referral (NICE Clinical Guidance Dysphonia NG127, 1.13.3, 1.13.4) www.nice.org.uk

Pub Med (2018) Professional Article: Zuniga Clinical Review [online] www.ncbi.nlm.nih.gov/

Pub Med (2018) Professional Article: Annis et al Clinical Trial Report of Injection medialization laryngoplasty [online] www.ncbi.nlm.nih.gov/

Ento Key (2017) Professional Article: Microlaryngoscopy and laryngeal Medialisation Injection clinical knowledge [online] www.entokey.com

Brighton and Sussex University Hospital (2015) Microlaryngoscopy and laryngeal Medialisation Injection general information [online] https://www.bsuh.nhs.uk/

Birmingham QEH (2019) Microlaryngoscopy and laryngeal Medialisation Injection general information [online] www.uhb.nhs.uk/

Due regard

In carrying out their functions, the Bristol, North Somerset and South Gloucestershire Clinical Policy Review Group (CPRG) are committed to having due regard to the Public Sector Equality Duty (PSED). This applies to all the activities for which the ICB is responsible, including policy development and review.

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Document Control

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Governance

Commissioning policies are assessed for their likely level of impact on BNSSG ICB and the population for which it is responsible. This determines the appropriate level of sign off. The below described the approval route for each score category.

Policy Category	Approval By
Level 1	Commissioning Policy Review Group.
Level 2	Chief Medical Officer, or Chief Nursing Officer, or System Executive Group Chair
Level 3	ICB Board

OPCS Procedure codes

Must have any of (primary only):
E331,E332,E333,E334,E335,E336,E338,E339,E341,E342,E343,E348,E349,E351,E352,E353,E354,E355,E356,E357,E358,E359,E381,E388,E389

Support

If you would like further copies of this policy or need it in another format, such as Braille or another language, please contact the Customer Services Team on: **0117 900 2655** or **0800 073 0907** or email them on **BNSSG.customerservice@nhs.net**.