

# **PROVOX 2 INDWELLING VALVE**

## **Information for Patients**

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You will have already received advice about the type of operation you have had and the changes to expect after it.

This leaflet aims to give you brief information on day to day use, changing and care of your stoma and valve.

### **Type of Valve**

You have been fitted with a Provox 2 Indwelling Valve. This sits between the back of the windpipe and front of the food pipe on the back wall of the stoma opening.

### **Use of Valve**

When you cover the front of your stoma with a thumb or finger, the air is sent through the valve into the foodpipe where it makes a sound, which acts as your new voice.

You should avoid forcing as this may stop the sound from happening. The sound does not sound like a “voicebox” but can become stronger with use.

The Speech & Language Therapist will instruct you further to help you to speak as clearly and easily as possible.

### **Changing the Valve**

The valve can be changed easily without anaesthetic. The whole procedure takes only a few minutes and will usually be done on the ENT ward at the hospital. The frequency varies but some valves can last for several months. However, if your valve has been in place for 6 months without coming to hospital, you must visit the ward to have it checked. Signs of a worn valve include: a change in voice quality, coughing when drinking, and visible leaks.

### **Caring for the Valve & Stoma**

Keeping the valve and stoma clean can help to make the valve last longer.

Use the brushes supplied. Insert the brush into the valve, give a half twist and remove. This will collect and remove any debris. Repeat 2 – 3 times, cleaning the brush gently each time.

Make sure you fully insert the brush to clean the far end of the valve but avoid pushing hard as this may damage the valve.

Keep the edges of the valve clean and free of secretions by cleaning gently with moist cotton wool or swabs.

Do not rub hard around the stoma and use only mild soaps.

Keep your stoma clean and dry. If it becomes inflamed, seek advice of ward staff.

If you have been advised to wear a laryngectomy tube or stoma button it is important to do so as this helps to keep the stoma open. When not wearing a tube, regularly check for stoma shrinkage.

Always cover the stoma with neckwear provided. Use a moist swab behind it or slightly dampen the neckwear itself. This prevents drying and crusting and can help reduce excessive secretions.

### **Problems**

If you experience leaking from the front or edge of the valve or have any other concerns, please phone your CONSULTANT or the SPEECH & LANGUAGE THERAPIST who will advise you or ask you to attend the hospital if necessary.