Voice Box and Throat Symptoms

For all enquiries:

65 Holmes Road Moonee Ponds Vic 3039 Phone: 1300 357 338 Fax: 1300 247 338 Email: reception@entnorth.com.au

Visit: www.entnorth.com.au



Our larynx ('voice box') and pharynx ('throat', 'gullet') sit right beside each other just below our mouth, and above the oesophagus ('food pipe') and trachea ('wind pipe'). Because of their close location, people with dysfunction of one will commonly have problems with the other.

Warning Symptoms

Although the majority of throat/voice box symptoms are NOT related to dangerous conditions, your doctor should be informed immediately if you experience the following symptoms:

- Progressive difficulty with swallowing solid or liquid foods, especially if you are losing weight as a result.
- Blood in the sputum or spit
- Permanent change in the voice that never returns to a normal quality.
- Any difficulty breathing, especially if progressive and for no obvious reason

Typical Problems of the Voice Box

- Change in voice quality: hoarseness, breaking, weakness etc. This might be a permanent change, or might be intermittent with normal voice production in between.
- Cough
- 'Noisy breathing': either a wheeze or sometime a single noise a little like a musical note
- Shortness of breath
- Coughing or choking when eating/drinking: this can be because food or fluid is going 'down the wrong way', and can predispose to chest infections

Typical Problems of the Throat

- A feeling of a lump in the throat, or something being stuck there
- Difficulty getting food to pass down into the food pipe when swallowing
- Pain with swallowing
- Reflux or regurgitation of food
- Blood in the spit
- Excessive phlegm in the throat
- A feeling of post-nasal drip or congestion

Common Causes of Voice Box and Throat Problems

- Poor hydration: our throat easily dries out when we don't drink enoughfluid.
- Reflux ('heartburn, indigestion, dyspepsia'): although our food pipe is lined with tough, reflux- resistant lining, our throat and voice box are not designed to cope with even a small amount of reflux of stomach contents. Sometimes, the only sign of your reflux might be the above symptoms, without classic 'heartburn'.
- Excessive voice use: either due to work, hobbies (e.g. singing or acting), or just because your team was playing a close game last weekend.
- Smoking: not only is this the main risk factor for cancers of the throat and voice box, but also even without causing cancer the smoke can irritate the area enough to cause all the above symptoms. Do you need yet another reason to quit?
- Emotion/stress: many people commonly hold tension in their throat or neck (a little like the lump in your throat during an emotional movie). This can become a habit, and contribute to the above sensations.
- Local irritation/trauma: this can be from a respiratory infection, a breathing tube placed as part of an unrelated operation, or from an accident with the throat/neck being hit.
- Inhaled asthma medications, especially if they contain steroids.
- Nerve damage: from neck surgery, a stroke or aging.

Treatment

Your ENT doctor will talk to you about your specific treatment, but most people benefit from the following measures:

- Hydration: aim to drink 2 litres of non-alcoholic, non-caffeinated fluid each day.
- Reflux:
 - o Take anti-reflux medications as prescribed by your doctor. A twice daily regimen has been shown to be more effective for voice box and throat symptoms than once daily, and should be continued for at least six weeks (some research suggests three months as the minimum period, so consider continuing for this long if you really want to make sure that it will work). If there has been an improvement, reduce your dose to the minimum needed to keep your symptoms in control, and accept that you may need to vary your dose over time for best outcomes. If there is no change after six weeks, benefit is unlikely to occur and you should stop taking the medication (if not taking it for another reason).
 - o An alginate based anti-reflux fluid (like Gaviscon) seems to be very effective in managing overnight reflux, usually when taken in combination with an anti-acid medicine.
 - o Keep your weight in the healthy weight range.
 - o Eat small meals frequently rather than a few very large meals.
 - Avoid fat, alcohol and caffeine, all known to increase reflux, as well as any specific foods you find make your reflux worse.
 - Eat your last meal at least two hours before bed.
 - o Consider propping the head of the bed up on bricks to help gravity work with you atnight.
- Inhalers: make sure you rinse your throat thoroughly after use, and gargle well. A spacer can help in getting more of the medication past the voice box and into the lungs, where it is needed. If the inhalers seem to be making your throat worse, talk to your doctor about alternatives.
- Voice issues: a Speech Therapist will be very helpful in identifying specific vocal habits you have that are straining your voice unnecessarily, and suggesting strategies that will help protect your voice and improve it.
- Quit smoking seriously, how many reasons do youneed?