

Letters

A suggestion for the article on laryngectomy stoma care

The article in *Australian Journal of General Practice* (June 2019)¹ describing laryngectomy stoma care was lucid and concise and will no doubt prove a helpful guide for general practitioners (GPs). We would like to add another point to the troubleshooting list, namely, a periprosthetic leak due to use of a heat and moisture exchange (HME) filter with a hands-free speech valve.

The introduction of hands-free speech has augmented the speech rehabilitation of patients post-laryngectomy. It improves quality of life² by freeing both hands for work and communication, and it increases compliance in the use of tracheoesophageal prostheses (TEPs).³ One such patient with a hands-free HME filter that had been fitted over a stoma button soon after his primary surgery, performed at a different hospital five years previously, presented to us with a recurring problem of a periprosthetic leak, mainly of fluids. The TEP had been changed for this complaint several times at his first treating hospital, with no relief. The patient had good speech and had not required any intervention for voicing. He had taken anti-fungal medication with no benefit. He requested a prosthesis change because the TEP had developed an additional central leak a couple of days before (implying valve damage). There were no peristomal granulations; endoscopy revealed an adequate length of the prosthesis inside the oesophagus with no piston effect. The TEP was changed in our outpatient department without issue. Following this, speech was good; there was no peristomal or central leak. Subsequently, the stoma button and HME filter with hands-free speech valve were replaced. On ingesting fluids after the replacement, there was a small leak seen peristomally and on the cassette of the valve.

Because the leak was possibly due to traction on the TEP by the hands-free speech valve, the patient was advised to remove the HME while ingesting fluids to prevent lung infections by aspiration. He has since been complaint free.

This was therefore a case of a periprosthetic leak requiring only a precautionary removal of the HME filter. This cause of leak may be kept in mind when the GP considers referring the patient to a head and neck surgical oncologist or otolaryngologist for further assessment.

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