

OET Case Notes

Speech Pathology · Proficient · Transfer letter · to Inpatient Rehabilitation Speech Pathologist

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Speech Pathology — Transfer to Inpatient Rehabilitation for Post-Laryngectomy Voice

THE CASE NOTES

Patient: Mr Francis Okello, 58 years old; worked as a secondary school science teacher

Procedure: Total laryngectomy + TEP (primary, day of surgery) for T3N1M0 laryngeal squamous cell carcinoma; surgery 12 days ago

TEP status: TEP in situ; voice prosthesis (Provox Vega 22.5 Fr) fitted on day 8; valve patent and voice-capable; currently producing short phrases (2–4 words); requires effortful occlusion to initiate voice

Swallowing: Oral feeding resumed day 7 via video fluoroscopic swallowing study: no anastomotic leak; on IDDSI Level 7 (regular, easy to chew); no dysphagia; will advance to regular diet under SLP guidance

Current SLP programme: TEP hygiene education (daily cleaning, catheter care); voice production exercises (effortful occlusion technique, voicing with vowel prolongation); patient can demonstrate TEP cleaning independently but still practices with support

Stoma: Laryngectomy stoma — covered with HME (heat and moisture exchanger) filter; changed daily; written instructions provided to patient and wife

Communication mode: Electrolarynx available as backup; patient prefers TEP voice; written communication for difficult environments

Goals: Progress to connected speech (sentences); reduce effort for voice initiation; independence with TEP care; return to communicative function sufficient for classroom interaction (long-term)

Task: Write a transfer letter to the inpatient rehabilitation SLP, Ms Fiona Gallagher, providing the TEP and voice prosthesis status needed to continue rehabilitation.

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WHAT TO INCLUDE

+ TEP in situ, Provox Vega 22.5 Fr fitted day 8, valve patent and voice-capable

The receiving SLP needs the exact prosthesis type and size to manage any prosthesis-related issues. A TEP handover without the prosthesis specification is a clinical safety gap.

+ Current voice production: short phrases (2–4 words) with effortful occlusion; the specific exercises in progress

The rehabilitation SLP starts from this baseline. Knowing that effortful occlusion is the current technique tells them the skill level and what to advance from.

+ That the patient can demonstrate TEP cleaning independently but still practices with support — and that the HME is self-managed

Independence hierarchy for TEP care is critical for discharge planning from the rehabilitation unit. Knowing what he can do alone vs with support tells the receiving SLP the training gaps that need closing.

WHAT TO LEAVE OUT

– The oncological staging and lymph node status

T3N1M0 staging is one clause of context: 'laryngeal squamous cell carcinoma requiring total laryngectomy.' The oncology team manages the oncological aspects; the SLP transfer covers communication and swallowing rehabilitation.

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– The swallowing in detail beyond current IDDSI level

Swallowing is stable on regular diet. State this: 'currently on IDDSI Level 7 (regular diet), no dysphagia, advancing to full regular diet.' The VFSS report is attached.

CRITERION IN FOCUS · CONTENT

Post-laryngectomy SLP transfer letters are assessed on whether the receiving clinician can safely continue TEP care and voice rehabilitation from the letter. Three non-negotiables: (1) prosthesis type and size, (2) current voice production level and the technique in use, (3) TEP care independence status. A letter missing the prosthesis specification requires the receiving SLP to check the device before every session — a preventable clinical inefficiency that becomes a safety issue at a device change.

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