

# The treatment of adductor spasmodic dysphonia

## Information for patients



# What is spasmodic dysphonia?

This is a form of dystonia, a neurological condition causing involuntary muscle spasms in the larynx (voice box).

There are 2 main types:

1. **Adductor Spasmodic Dysphonia** – This is the most common form. It involves spasms of the muscles that bring the vocal cords together. The voice sounds tight and jerky. It may also be a strain to talk. This condition may be treated with the injection procedure described below.
2. **Abductor Spasmodic Dysphonia** – This is rarer and involves spasms of the muscles which move the vocal cords apart. The voice sounds husky and weak. This condition may require injections given under general anaesthetic and is described in our separate leaflet.

Both conditions cause:

- Uncontrollable pitch and voice breaks
- Fluctuating voice quality
- There may be an associated tremor in the voice

# Treatment for Adductor Spasmodic Dysphonia

## **Initial assessment**

You will be seen for assessment in the Oxford Voice Clinic so that we can diagnose your condition. Your larynx will be examined and your voice will be recorded and analysed. You will then be referred to the Spasmodic Dysphonia Clinic if appropriate.

At present, there is no cure for the condition. In milder cases Speech and Language Therapy may help by encouraging more relaxed and efficient use of the voice.

Around 90% (9 in 10) people are helped by local injection of Botulinum Toxin into the overactive vocal cord muscle. This weakens the muscle and reduces the spasm. The final decision to perform the injection is made by the Spasmodic Dysphonia Clinic team (see below) and yourself.

## **Injection of Botulinum Toxin for adductor spasm**

This injection is given in outpatients by an ENT consultant. You may eat and drink normally before the procedure.

We will ask you to lie down on a couch. Local anaesthetic is injected into your throat near the voice box (Adams apple) from the outside of your neck. Electrode pads are then taped to your neck and jaw. The electrodes are attached to the EMG machine which gives sound and visual signals to the doctors to help locate the position of the vocal cord muscle.

You will then be injected with a tiny amount of Botulinum Toxin. Sometimes this may make you feel like coughing a little and may be a little uncomfortable. The injection only takes a few minutes and you can then leave.

**You must not drink for about half an hour to allow the local anaesthetic to wear off (your throat will be numb).**

## Benefits and effects of the injection

Usually your voice will not be better straight away. In fact, at first your voice will be weak and husky. This is a sign that the injection is working. The weakness of the voice may last **2-6 weeks**.

You may need to take extra care when drinking liquids, by taking smaller sips than usual, to stop the liquids from going down the wrong way while your throat muscles are weaker.

After the initial weakness, your voice will gain in strength and feel smoother and more fluent. This will last on average 3-5 months. You do not need to rest your voice after an injection; use your voice as long as you feel comfortable.

It is helpful if you make a note of the changes to your voice to tell us next time. You will be asked to fill in an evaluation form when you visit again so that we know how each injection affects you.

Please note: The effects of the injection differ from person to person and with each time you have an injection. Some injections seem to have little effect whilst others work very well.

## What are the risks?

- The injection may cause a small bruise
- In theory there is a very small risk of infection although this has never been reported in our patients.
- There are a few reports of allergic reactions to the botox worldwide but this is very rare.
- The botox works by weakening the muscles and therefore can cause some weakness of the voice and/or swallowing difficulties with liquids, causing you to splutter when drinking. This effect peaks at about 2 weeks and then wears off.

## Follow-up / How to contact us

The Speech and Language Therapist will telephone you 4 weeks after the injection to check on your progress.

After this, you will be asked to contact the speech and language therapist when you feel you need another injection.

Please telephone as soon as you notice the effects wearing off, as the clinics are monthly and may be booked up. Please feel free to contact us with any questions.

### **The adductor spasmodic dysphonia team consists of the following staff:**

Speech and Language Therapists  
Consultant ENT Surgeon  
ENT Nurse  
Clinical Physiologist

### **For Spasmodic Dysphonia enquiries please contact Speech & Language Therapy on:**

Tel: 01865 231205

Or e-mail:

[carol.harris@orh.nhs.uk](mailto:carol.harris@orh.nhs.uk)

[caroline.fraser@orh.nhs.uk](mailto:caroline.fraser@orh.nhs.uk)

## Other support

The Dystonia Society is able to provide national and local support and information.

Contact [www.dystonia.org.uk](http://www.dystonia.org.uk) or call the helpline on

Tel: 0845 458 6322

## Tips and experiences from other patients on controlling voice difficulties:

- Try to keep relaxed and as calm as you can; the difficulties always seem worse and more difficult to control when tense or stressed. I try to keep my shoulders down, not hunched up.
- I find it helps to be up front about my voice problems with people I meet; this helps me to relax, which then helps with my voice.
- I take a deep breath before trying to speak, which helps to keep my voice a little smoother. Breathing deeply and slowly also helps me to stay calm.
- Talking a little slower makes me easier to understand.
- When going into a potentially difficult situation I plan what I am going to say in advance and try to anticipate what I might be asked. There are certain sounds that with experience I know I shall find hard to say, therefore I avoid using words that contain that sound.
- When I know I shall have trouble being understood I try to go out with someone who will support me if necessary. Normally I would hate someone speaking for me but if, on a signal from me, they will just reiterate what I have said, I find this helpful. Some people are much better than others at doing this and you need to choose your supporter carefully!
- I find it helps to look at people who will often try to lip read
- I try to plan big work or 'voice' commitments around when I anticipate my voice will be at its best.
- I try to carry a bottle of water with me to sip at; the problem seems worse if my throat is very dry.
- After an injection, when my voice can be weak, I avoid noisy places, which cause an unwelcome strain on my voice.
- Tucking my chin down as I swallow makes swallowing better, if I feel I might cough and choke a bit when drinking after an injection.



If you need an interpreter or need a document in another language, large print, Braille or audio version, please call **01865 221473**. When we receive your call we may transfer you to an interpreter. This can take some time, so please be patient.

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