

# Concerning assumptions in laryngology

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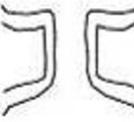
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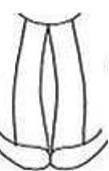
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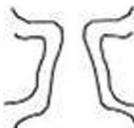


## Valorisation Addendum

The social value of this thesis is reflected mostly in the counselling of patients. We now know that there are hormone receptors in the vocal folds. Patients' questions about the influence of their hormonal status on their voice can be answered better. This applies, for instance, to the mutation voice among boys, and the ageing voice among ladies. It also shines a light on the assumed impact of the hormone balance on the singing voice of professional singers. Although the study shows that hormone receptors exist in the vocal folds, we cannot yet assess how these receptors relate to a change of voice.

As a result of the chapters on vocal fold damage after short-term intubation, we can now give patients better information about the risks of vocal damage after placement of an endotracheal tube or laryngeal mask. According to our research, short term tube placement doesn't increase the risk of perioperative vocal injury. Previously published data on claims regarding airway damage due to intubation didn't take the duration into account.<sup>1</sup>

The results of the studies on observer agreement of both videolaryngostroboscopic images and maximum phonation time (MPT) provide direction on the clinical assessment of patient data. In particular, regarding videolaryngostroboscopy, one has to become more nuanced. At least two people (laryngologist and speech and language pathologist) should observe the videolaryngostroboscopy to improve the assessment. The MPT, on the other hand, can be measured by only one person.



These insights are primarily interesting for care providers in the field of laryngology (laryngologists and speech and language pathologists). The Dutch Guideline for Voice Complaints now recommends that laryngologists and speech and language pathologists work together within one institute.<sup>2</sup> The new insights suggest collaboration should even take place within one room during the consultation. The patient has the advantage of being assessed multidisciplinary.

A multidisciplinary out-patient voice clinic is standard in an academic care setting in the Netherlands but is often not organised in a peripheral hospital.

Setting up a multidisciplinary out-patient voice clinic requires commitment and enthusiasm from the team and, unfortunately, a conviction within the group stakeholders. This kind of consultation takes more time. However, experience has shown that a repeat factor (patients visiting for a second or third time) can decrease

with correct, reliable assessment during a consultation. Long-term, this will result in less healthcare consumption.

The results of this dissertation cannot be converted into market opportunities, let alone a cost-benefit analysis. However, education of the various professional groups, supported by well-founded research, can provide direction.



## References

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