
Unilateral Vocal Fold Paralysis or Paresis

What is it?

Unilateral Vocal Fold Paralysis is diagnosed when one of the vocal folds is not moving or is moving very little. This can be a weak and breathy voice if both vocal folds are not coming together effectively to vibrate during voicing. Coughing and swallowing may also be affected.

How is it caused?

Vocal Fold Paralysis can result from a number of different causes including surgery to the head and neck area, inflammation due to a viral illness or from pressure on the nerve supplying the vocal fold. However the cause is often 'idiopathic' or unknown. To check for some cause a CT scan of neck and chest is done.

Diagnosis

This is done via looking at the voice box with a nasoendoscope to see the movement.

How is it often treated?

In many cases nerve function may return spontaneously if the nerve is intact. It is important to remember that this can sometime take up to a year or more. There are not treatments to recover nerve function, however voice therapy can help to improve the voice. Temporary voice augmentation with injected non-permanent jels can result in better voice outcome while recovery takes place.

Speech Therapy

Voice therapy focuses on improving voice strength and stamina with techniques to improve voice projection, breath support and general efficiency of voice production. You need to see a speech therapist prior and post any surgery. Your Speech Pathologist can also provide strategies to make coughing and swallowing easier.

What about surgical treatments?

In some cases, patients can benefit from 'augmentation' techniques to help close the gap and reduce breathiness and improve voice and reduce coughing from aspiration. This can involve a small injection (of fat or a synthetic substance) into the non-functioning vocal fold to 'plump' it up and aid vocal fold closure. Some of these injectables such as fat radiesse voice gel are temporary and will be absorbed/dissipate over a few months but can give better voice while waiting to see whether vocal fold movement recovers. Others such as Vox are used for long term bulking up.

Injections for small gaps and cord injury are expected to recover.

Non-permanent – Radiesse voice gel, Juvederm.

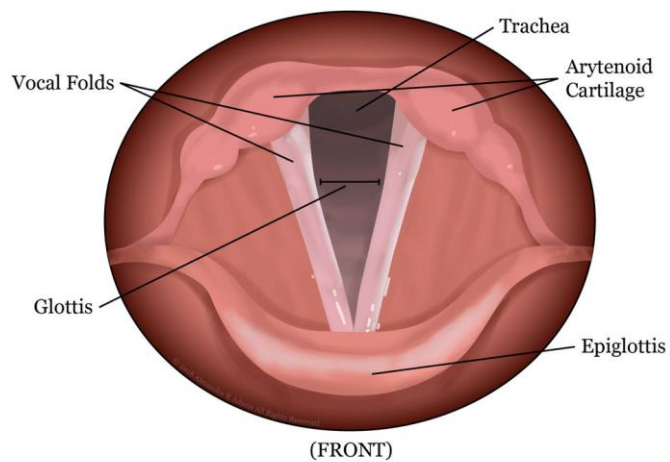
Semi-permanent – Fal

Permanent – Radiesse, Vox

Other techniques can medialise the non-working vocal fold such as Thyroplasty. This is a more permanent surgical option usually reserved for those patients who are unlikely to regain nerve function. This surgical technique wedges the paralysed vocal fold towards the midline to assist vocal fold closure. Medicalisation; This is a cut on the outside and the vocal cord is pushed across with an implant. It is done under local anaesthetic with the patient awake to asses result at the end. Following diagnosis of a unilateral vocal cord paralysis, your Ear Nose & Throat Surgeon and Speech Pathologist will discuss appropriate treatment options with you.

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You Have a RIGHT / LEFT cord palsy.



Treatment options to consider:

1.)

2.)