Current Post-Operative Voice Rest Practices Among Expert Laryngologists

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ABSTRACT

Objective/Hypothesis
Most clinicians prescribe some form of post-operative voice rest (VR) to minimize additional vocal fold trauma to a fresh wound site, there is currently no randomized clinical trial that supports this assumption. A 2003 survey of the AAO-HNS membership by Drs. Behrmann and Sulica showed that general clinicians prescribed anywhere from 0 to 21 days of relative or complete voice rest. Seven days of voice rest was most often recommended, but almost as many physicians prescribed zero days. Notably ~80% of respondents recommended at least some voice rest, indicating widespread belief amongst Otolaryngologists that it is important to a certain degree. However, the results of this survey was based on an unknown number of respondents that are “expert” laryngologists. Therefore, we repeated this study, focusing on the responses from those whose daily practice specializes in Laryngology.

Methods
A 15-question survey, with a link to an electronic survey through REDCap, was sent via email to all ABEA members (423 members). Only responses from clinicians treating primarily adult patients were included in the analysis (38 out of 41 survey respondents were ABEA members). We compared the responses from all applicable ABEA (NON-ALA) members (n=14) to those who were also part of the ALA (“ABEA + ALA”, n=23).

RESULTS

DEMOGRAPHICS OF SURVEY RESPONDENTS

- 70% of respondents estimated 76-100% of their practice involved treating adult patients.
- More Male than Female respondents (3:1).
- Median age among respondents was 54 years.
- About 1/3 of the respondents underwent formal training in Laryngology.
- Of the 24 ABEA respondents, 24 were also ALA members, leaving 14 NON-ALA respondents.

METHODS AND MATERIALS

The link to a 15-question survey through REDCap was e-mailed to the ABEA membership and was tailored towards clinicians who treated primarily adult patients and whose practice focused on laryngeal disorders. Our response rate was 9.69% (41 responses out of 423 members).

Results

All the laryngologists currently in practice prescribed either relative or complete voice rest (VR) with the most common reason being to allow atraumatic post-operative healing of the vocal fold. A majority prescribed 7 days of complete VR, but the length of complete VR ranged from 1-14 days. Five respondents prescribed 0 days of complete VR, but all prescribed relative VR. The size of the benign lesion most commonly resulted in a lengthening of the duration of prescribed VR. The majority of respondents utilized the services of a speech pathologist in transitioning from complete to relative voice rest during the post-operative period.

Conclusions

Our survey of laryngologists shows a wide range of opinion and preferences regarding voice rest. An evidence-based approach is needed to assess the utility of voice rest.

INTRODUCTION

Although most clinicians prescribe some form of post-operative voice rest in an effort to minimize additional vocal fold trauma to a fresh wound site, there is currently no randomized clinical trial that supports this assumption. A 2003 survey of the AAO-HNS membership by Drs. Behrmann and Sulica found that general clinicians prescribed anywhere from 0 to 21 days of relative or complete voice rest. Seven days of voice rest was most often recommended, but almost as many physicians prescribed zero days. Notably ~80% of respondents recommended at least some voice rest, indicating widespread belief amongst Otolaryngologists that it is important to a certain degree. However, the results of this survey was based on an unknown number of respondents that are “expert” laryngologists. Therefore, we repeated this study, focusing on the responses from those whose daily practice specializes in Laryngology.

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CONCLUSIONS

I. Our survey of expert laryngologists shows a wide range of opinion and preferences regarding voice rest.
II. Voice rest, either complete or relative, is always prescribed post-operatively.
III. An evidence-based approach is needed to assess the utility of voice rest.

REFERENCES