Advances in the Treatment of Voice Disorders
AM 570 KVI Seattle
December 23, 2007
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INTRODUCTION

Andrew Schorr:
Patient Power is coming up next. This is Andrew Schorr on KVI and today we are going to be discussing voice disorders. What are the advances in treatment of voice disorders? Some are very simple and simple to approach, and others that can be very, very serious conditions. It’s all about voice when we continue Patient Power today on KVI.

Hello this is Andrew Schorr with you on tape today. I’m actually beginning my holiday, and I’m down in California so don’t call in, but it is a very important discussion. We’re going to be talking about advances in the treatment of voice disorders. We’ve done many programs on Patient Power, and I’m using my voice all the time. I should have thought about this earlier, how critical our voices are and our voice health to who we are and what we do. How do you know when a problem is serious? That’s what we are putting to our expert today. We have a lot to talk about, and the gentleman who is joining us, a physician, is a true expert. He is Dr. Albert Merati from the University of Washington Medical Center where he is the Chief of the Laryngology Service, right? That is in the Department of Otolaryngology at the University of Washington. Did I say all that right?

Dr. Merati:
Perfect. That was great.

Andrew Schorr:
With no hoarseness in my voice.

Dr. Merati:
You sound terrific.

Andrew Schorr:
Let’s talk about it. Many of us develop hoarseness in our voices. If you went to UW football game or basketball game where they are winning, you are out there shouting for your team so we develop hoarseness. That’s natural. Do we pay a price if we have hoarseness often or does our voice always just bounce back?
Dr. Merati:
That’s a great question. It is my privilege to be here, and I appreciate your perspective you gave in your introduction about the meaningfulness of the voice. With the sort of casual hoarseness that can then occur, many people bounce back. They yell at the basketball game or their kid’s soccer game, and it may be a little rough for a few days and people notice it and it does or doesn’t bother them, but they bounce back. You’ve asked the right question. Is there a price to pay?

I think it’s important to look at that in several ways. The bottom line is most people can probably get away with that every now and then. I think what is more likely to be a problem is the people who are prone to it either because their vocal cords are a little fragile or because they are more likely to exhibit that behavior, which is part of being an enthusiastic person perhaps. They are the ones who will probably pay the price by accumulating damage over the years.

What Happens When You Damage Your Vocal Cords

Andrew Schorr:
When we damage our vocal cords, what physically is happening to them?

Dr. Merati:
Let’s take a step back and talk about just how really nicely designed the vocal cords are. The vocal folds or vocal cords, we use those terms interchangeably, but the vocal cords vibrate. They are just like a reed or the sound maker in a kazoo or a grasshopper’s legs. They vibrate, and vibrating in the air around the vocal cords they send out a sound wave. That sound wave gets transmitted through the throat, and the words or sounds or song is shaped by the lips and teeth to articulate a sound that is familiar to us.

If I took a little microphone and magically placed it right above your vocal cords in the middle of your throat you would sound like a kazoo; like a little whiney, buzzy kazoo. The rich sounds that come out of our mouths come from the resonance and the natural sounds in our head and our neck. So all the vocal cords do is vibrate. The difference in making an F sound and a V sound like this (Doctor demonstrates a vibrating F-to-V sound). That’s the vocal cords. They vibrate at about 100 times a second for example in a male voice. These little membranes are vibrating 100 times a second. So now fast-forward that to the basketball game. They are getting asked to work very hard and very loud. If they get a little beat up, just like if you get a swollen knee after football or tennis elbow, you can image a little fluid on those fine membranes that vibrate 100 times a second. You can’t vibrate them that fast anymore. The vibratory capacity, the little elegant vibrations they make, get slowed down by swelling or a little bit of bleeding in the vocal cords like a bruise and you sound rough. You don’t have that clean sound. You have to push to get the voice out.
Andrew Schorr:
I thought it was a sexy sound.

Dr. Merati:
Well that’s a whole different line of work, but that’s the ability to make and push your voice through that, the inability rather, reflects hoarseness, and that’s one of the problems because they’ve got to vibrate at that precise frequency. Imagine a soprano, 3,000 times a second they are going to vibrate. Anything that throws that off, a little bit of fluid in the vocal cords, a little bit of blood or a bump on the vocal cords that’s going to affect your voice, and you won’t be able to do your job the next day for example.

What is Laryngitis and How Do You Treat It?

Andrew Schorr:
If somebody has laryngitis, you’ve had a cold and you get laryngitis where does that come from?

Dr. Merati:
That’s a good question. The most common cause of laryngitis hands down is going to be after a virus. It is usually a routine upper respiratory virus, a cold. The membranes of the voice box, the throat in general, and the vocal cords themselves will get slightly swollen. That might give you that rough sound. The pitch goes down a little bit because the membranes aren’t vibrating quite as nicely or as quickly. Also you are battling the mucus. You have a little extra mucus because you have a cold or bronchitis or something, and the mucus is sitting on the vocal cords, those little membranes that vibrate and you can imagine trying to vibrate with globs of mucus here and there. It slows them down and gives you that kind of wet, rough sound. With acute laryngitis the most common cause is from a virus.

You can also use the same term for sort of a beat up throat after again the basketball game. So swelling after some trauma like that.

Andrew Schorr:
If someone has laryngitis, and I’ve had it over the years a few times as a reporter when I otherwise when I have to be on TV or on radio and I needed to talk, and it was like I was on disability that day because I could barely squeak. Is there anything we can do to accelerate getting better from laryngitis?

Dr. Merati:
Absolutely. Again we are talking about acute laryngitis, a sudden bout with a clear preceding event like a cold or after abusive voice use. If you are in that situation, and you are in a pickle, probably the best thing to do is to not talk or to severely
reduce your talking. Some of the advice I give patients for example, post op patients, is to not talk unless you can put your hand on the person you are talking to. So no loud rooms, chatting over the dinner table, just be a listener for the day. I tell them to be very aware of background noise such as talking with a car window open, talking with the TV on, you and your spouse are sitting maybe watching a movie after dinner. If you've got to say something, just put the pause on for a second or put the mute on. Really conserve your voice. Think of it as you've got a little bank account for your voice, and you only have so much you can spend every day. The amount of energy it takes to talk over things or across the room is quite a bit higher.

First of all preserve your voice. Second of all avoid further irritants such as the most common ones, which are alcohol, tobacco and caffeine. Lastly is to maximize your hydration and lubrication by drinking plenty of water. All those things are kind of the basic things that are within your control without any medications or without any medical intervention that you can do to soothe a rough voice.

Andrew Schorr:
You know what grandma would say to me, and my producer Jamie was just typing a note about it too. What about tea and honey?

Dr. Merati:
Probably works on let’s say a non-medical level. If it makes you feel good and you get some rest, then it is probably doing more good than harm. Tea in general is probably not great for your voice in that it does have a little caffeine in it, but within moderation any one of those things that helps you feel better and get over your illness is probably fine. In terms of explicit sort of scientific improvement of the voice there is probably not a lot to it. Water is important but don’t tell grandma.

Treating Nodules on the Vocal Cords

Andrew Schorr:
Oh my. You burst my bubble. These are relatively not serious problems, but I want to just bring up one before we go to the break and that is I understand and I remember Walter Cronkite, you know, I idolized him on CBS and watched him as a young news reporter. I was aspiring for a job like that. I remember he developed nodules on his vocal cords and needed some surgery. The question was "Was he going to come back from that?" and of course he did. What are the nodules on the vocal cords?

Dr. Merati:
That’s a good question. The real answer, the expert professional answer, is they are a very well-defined type of growth on the vocal cord that happens on both vocal
cords at the same time, and they are basically like a soft callus of the vocal cords where the vocal cords hit together. It usually reflects overuse, sometimes abuse, but really just too much voice use. Now there is more to it. The term vocal nodules, I gave you the real proper definition. The term "nodules," even within the medical world and certainly within the lay world, gets used a lot. Any bump on the vocal cord is often referred to as a nodule, but really when we are talking about nodules we are talking about things that people get, soft calluses on the vocal cord that cause hoarseness.

**Andrew Schorr:**
We’re going to take a break and when we come back we’ll find out what to do about that. We are also going to find out how diet and things like reflux for instance if you are overweight how they can affect your vocal cords. I also want to talk about if somebody is having to clear their throat a lot, is that a problem, and could that be affecting their throat long term? We have so much to talk about as talk about where are we now with voice disorders or things that are simple voice problems and when is it really serious and we need to go to a place like University of Washington Medical Center to see Dr. Merati and his colleagues to get care.

As always, Patient Power is sponsored by the University of Washington Medical Center, Harborview Medical Center and Swedish Medical Center and then with additional help from Evergreen Medical Center too and the Senior Guidebook. We’ll be back with more of Patient Power right after this.

**Andrew Schorr:**
We’re back on Patient Power. Andrew Schorr here on AM570 KVI as we visit, not live today but with a recorded program, with Dr. Albert Merati who is the Chief of the Laryngology Service at the University of Washington Medical Center. He is an ENT as they call it. I guess that stands for ear, nose and throat doctor, but you like to call yourselves otolaryngologists. Is that correct?

**Dr. Merati:**
That’s right. Our department is Otolaryngology Head and Neck Surgery reflecting the breadth of our field from basically the upper part of the chest all the way to the base of the brain.

**Andrew Schorr:**
We’re going to get to the more complex and serious conditions as we go on, but a few things that we talking about are our voice, and we talked about those nodules. Just to finish that up, if somebody develops the calluses on their vocal cords from overuse might they need surgery to take them off? Is it a big deal?
Dr. Merati:
If they are truly nodules, and they really are related to, forgive the term ‘misbehavior’ or overusing the voice it’s probably a bad idea to have surgery. This is probably something that gets done, I wouldn’t say commonly, but people do get operated on for nodules. I can say that in 10 years of doing nothing but throat surgery, I’ve never operated on any nodules. The reason I say that is because they are really better handled with medication and behavioral modification through working with expert voice therapists like we have at the University of Washington Medical Center and here in the community. The hard part is telling what’s the difference between a true vocal nodule that doesn’t need surgery and the other lumps and bumps on the vocal cords that do need surgery.

Andrew Schorr:
What would they be? What do you call those?

Dr. Merati:
They are terms you may have heard in other capacities we also use for the vocal cord. Names like polyps, vocal cord polyps, vocal cord cysts, vocal cord papillomas that are sort of a wart on the voice box. It doesn’t sound very pleasant but these are really quite common. I see as many of those other things as I do of vocal nodules. Our job is to really do our best because it makes a big difference in what we do as to whether they need surgery or not. This is the advantage of getting really high definition imaging and getting a good examination of the throat, taking a careful history, and trying to figure out who needs medication, who needs therapy, who needs reassurance, and who needs surgery. Sometimes all of the above.

Techniques and Imaging for Diagnosing Voice Disorders

Andrew Schorr:
Dr. Merati what techniques do you use and what imaging tools do you use to see what’s going on?

Dr. Merati:
When the patients come in, and they have come in for a number of reasons, they are worried about their vocal quality. Maybe the basketball game guy is cleared up in a couple of days, but maybe with someone it keeps happening over and over again or they’ve been hoarse for a couple of weeks, or they used to be a smoker, and they are worried about something being in their throat. They come in and get checked out.

It’s a very comfortable visit generally. The patient is just sitting there in their regular street clothes, and we take a careful history. We spend a lot of time on that because we can really unearth some of the clues there. Then we do a basic
examination of the ear, nose and throat. The special part about getting a laryngeal examination, a look at the voice box, is we’ll look at those vibrations, those 100-times-a-second vibrations we talked about with a special scope. It’s a small flexible scope that goes through the nasal passage and points down at the throat or a little telescope that goes in the mouth. That helps us look at the detailed vibrations of the vocal cords. It is a superb examination. It’s a little bit unpleasant. I would say about 98 percent of the patients tolerate it without any trouble. Until I develop x-ray vision and don’t need to use the scope, I’m going to have to keep doing that to help the patients.

The Effect of Acid Reflux on Your Voice

Andrew Schorr:
Dr. Merati we talked about these different lumps and bumps, and we’ll come back to that, particularly as we discuss later on concerns about cancer. Then there are a couple of things that I know can affect the vocal cords. I have a teenage daughter, and she has always been said to have a raspy voice. Guess what? She’s also been someone with sort of a stomach condition that has caused reflux. What’s the connection between the reflux and our voice?

Dr. Merati:
There is a big connection. You are on to something there. I mentioned earlier that acute laryngitis, the cold or the basketball screaming, that’s the most common cause of acute laryngitis. The most common cause of chronic laryngitis or long-term irritation of the voice box is probably reflux. The stomach contents, not necessarily food but some of the digestive juices, some of the chemicals are sneaking their way back up your esophagus, your swallowing tube, and irritating the esophagus and the throat, the voice box itself, causing irritation and inflammation. Those membranes are delicate. It would be like getting a little drop of acid in your eye once a week. It doesn’t happen very often, but boy you would have a sore eye for a long time. It’s kind of a defenseless structure, the vocal cord.

Andrew Schorr:
What do we do? Does that mean that if somebody has reflux in order to protect their voice as well as their as just to feel better and protect their esophagus they might need to take one of those proton pump inhibitors?

Dr. Merati:
Yes those are the drugs and there is a lot of advertising for those. They are terrific, generally safe drugs. A lot of it is behavioral. Some it is genetic maybe; we’re not sure. Let’s say somebody does have acid reflux affecting their throat. There are some things in our control that we can help manage, and this is the most important part of the visit is discussing some of the things that the patients can do to avoid it. A lot of it has to do with diet. Things like eating heavier greasy foods, smoking,
alcohol and then caffeine, moderate use of those things, and certainly avoiding tobacco smoke at all costs. Each one of those things makes reflux worse. It causes more of the reflux to come up your throat. Not only that they also, particularly the alcohol and smoking, appear to decrease your throat’s ability to clear itself and get rid of the irritation. So it is kind of a double whammy.

**Chronic Throat Clearing**

**Andrew Schorr:**
I mentioned about clearing your throat. I do it, but some people do it a lot. We all do that. When is constant clearing of your throat, the need to do that, something that needs to be investigated further? What could be going on?

**Dr. Merati:**
The most common cause of throat clearing is reflux affecting the throat. What happens is the reflux either causes more secretions of thick mucus in the laryngitis, and instead of dealing with a little bit mucus on the throat like we all should have you have globs of thicker mucus. The throat itself makes the mucus. People have this vision that it drips down from the back of the nose. Postnasal drip is the term we all know. While that does happen, the throat itself is the source of mucus. In the presence of reflux that tends to be thicker and greater, so that incessant feeling you may have to clear your throat is because there is a little glob of mucus on there. We can see it when you get examined.

The advantages of coming in and having it taken a look at are the following. Occasionally it is not just mucus; there is something there, and it can give you the same feeling. People come in and they have swelling or they have a little growth there, and it makes them want to clear their throat. That’s one advantage.

The other advantage is we need to determine the degree of laryngitis there is, see what the throat looks like, and using throat clearing as a warning sign that there is ongoing damage. Uncontrolled reflux can develop into scarred windpipes; difficulty breathing, and it is clearly associated with the development of esophageal cancer.

That’s a really interesting area for us. As a field, we are wondering if the throat symptoms may be a better way, a screening way, of detecting esophageal cancer. Patients with chronic cough, patients with throat clearing, yes we look at their throat. We want to make sure nothing is bad, but these may be subtle clues that this patient is at risk for more devastating problems such as cancer of the esophagus.

**Andrew Schorr:**
Having had friends who have had that and passed on, I know it’s quite serious.
Dr. Merati:
It’s very serious.

The Negative Effects of Smoking on the Esophagus

Andrew Schorr:
Before we take another break I just want you to give your overarching statement because you alluded to it earlier, and I have doctors do it all the time for any number of conditions. Why is smoking a concern to either our voice or the whole area like the esophagus, the throat, the mouth, etc.? Why is it such a bad guy?

Dr. Merati:
Two reasons. First of all smoking makes your throat work bad. Now I don’t think that was good English, but I think it affects all aspects of the way your voice box works. Your voice box does three things. It breathes, it talks, and it swallows. It (smoking) affects your breathing by causing swelling, by affecting lung function. It affects talking. It affects your voice by causing chronic irritation, by promoting reflux, and by causing difficulty of vibration of the vocal cords. Secondarily, you cough more because you smoke so your throat gets more beat up from all the coughing. In terms of swallowing, it has some other similar effects. That’s the functional aspect of smoking.

The second aspect of smoking has to do with its clear association with the development of throat cancer. In and of itself it is a risk factor for throat cancer. It is a treatable but very much a significant source of morbidity and mortality; things that can hurt people. We want to make sure we catch throat cancers early and hopefully keep them from happening. I’m going to add one other thing. Voice box cancer, laryngeal cancer, is the one tumor in an organ whose survival rate has gone down in the last ten years. We are making great strides, fortunately, in some very important treatments for other cancers. We are slowly losing the battle with throat cancer, and I’m not sure why, but we need to be more aggressive in getting the people in there with a little tickle or a little irritation and catch these cancers earlier.

Andrew Schorr:
So much more to talk about as we continue to visit with Dr. Albert Merati who is an expert on the voice and the throat and the esophagus as is his whole department there at the University of Washington Medical Center. We’ll be back with more Patient Power right after this.

Welcome back to Patient Power on AM570 KVI as we are here every Sunday. Usually we are live, but today we are not. Just listen carefully because we are talking about advances in the treatment of voice disorders and helping you understand what is minor and what is serious. We are visiting with someone who really knows and that’s Dr. Albert Merati who is Chief of the University of
Washington Medical Center's Laryngology Service in the department of Otolaryngology.

Dr. Merati we were saying just before the break about smoking. Certainly for some many reasons don't smoke or quit, folks. We have people who have either smoker’s cough or as some people say they have that smoky voice. What has the smoking done to give the voice that quality?

**Dr. Merati:**
That's a very characteristic voice we’ll hear. It’s often female, and you sort of have this image in your head. I tell medical students just to imagine someone who might be sitting at the end of the bar and says ‘come on over and sit next to me’ in that sort of whiskey, smoky voice.

What’s happened is those vocal cords have swollen to three or four times their normal size, and instead of being delicate little membranes they are sort of baggy, fluidy sort of heavy vocal cords. They can't vibrate as fast. They can’t move that fluid, so their pitch drops, and they get that heavy sound.

I operated on a lady who had that yesterday. She quit smoking, and she wanted her voice back up to a more normal pitch because people would call her on the phone and they’d say ‘hello sir’. This is devastating for people.

**Surgery to Correct a Heavy Voice**

**Andrew Schorr:**
Wait a minute. I just want to make sure I understand because I’ve had cosmetic surgeons from the University and elsewhere on, and they can help people with their facial appearance and other parts of their bodies. Are you saying that you can do restorative surgery on the vocal cords if somebody has made a commitment to take away that bad actor, if you will, the smoking? You can actually change it and maybe improve the quality of the voice?

**Dr. Merati:**
Absolutely. That is our goal. When we are not worried about the possibility of cancer, which we always keep in our mind, or we’re not worried about other life threatening things like breathing and things like that, but when we are talking just about the vocal quality, there are many things we can do to restore that function. A patient has to be committed to it. For things like this they will have quit smoking, and let’s say they have suffered because their vocal cords are heavy and they are getting that awful feeling where someone on the phone can’t tell if they are male or female. Yes we can raise their pitch and improve their ease of talking.
Sometimes they will say, 'My friends say I don’t sound any better,' but it is so much easier for them to talk because they are not pushing through all that weight and fluid every time they talk, so that patients are really quite happy with this sort of work. It’s something we do not infrequently.

Andrew Schorr:
Could you go from a bass to a tenor?

Dr. Merati:
Well we can change the voices, their range, if they have disease. If someone has a normal voice, I mean they are not affected, but their range is low, if they are really otherwise normal, it’s really hard to meaningfully change their pitch. There are some operations we do occasionally for patients who are going through gender reassignment to change from male to female or from female to male. They are good. They aren’t great, but they are good, but that’s a very small part of what we do. Really we take care of patients who have gone from normal voices or even super normal, let’s say an opera singer or something, who have lost what they had. We want to get them back and usually with medication, very often with speech therapy, and occasionally with surgery and a blend of the others as we work together with our colleagues.

Common Voice Disorders in Children

Andrew Schorr:
Now I mentioned about my daughter’s raspy voice, and we thought that was tied in with reflux, and we worked a lot on that, but in children what are other voice disorders we might talk about for a couple of minutes.

Dr. Merati:
There are common voice disorders we’ll see in children. Nodules are common. The thing that we have to be careful about with nodules is that vocal cord nodules are common, but they often get, you know you hear a raspy seven-year-old and you say ‘oh that must be nodules,’ and they go off to voice therapy, and that’s fine. It works a lot of times. But if your kid is not responding to voice therapy, there could be other things. Several times a year, I would say five to ten times a year, I operate on a child for voice problems because they thought they had nodules. The nodules didn’t go away, and we looked carefully in the same way we examine an adult, and it turns out to be a cyst on one side and just a little reaction on the other vocal cord.

There could be things that masquerade and that’s why it takes a special, careful examination to really determine that. So, that does happen. You can get what we call papilloma, which is kind of fancy word that basically means warts. It’s a warty growth on the vocal cords, and that can be a really devastating diagnosis for kids
because they have the propensity to come back over and over again. That takes special care in our laryngology department, and we do that here at the University in our department and also over at Children’s of course.

Andrew Schorr:
It sounds like most of the time these conditions can be helped pretty well.

Dr. Merati:
Yes. Our ability to take care of these voice problems is really in a good place right now. We are getting better and better as a field every year in our ability in the diagnosis, the surgical skills, the technology and the instrumentation is improving. It’s a great time to be in laryngology. We are able to help more and more people every year and more and more people without going to the operating room by doing some of their diagnostic and therapeutic work, the procedures on them, while they are wide awake sitting in the examine chair. That’s really where the revolution is in the future.

Andrew Schorr:
One quick question about newborns. Are there ever voice problems in newborns that you have to correct? I just think of the kid screaming, but what would be a signal that there might need to be some intervention even with a little tiny baby?

Dr. Merati:
That’s a good question. If you think back to the three functions of the voice box; voice, breathing and swallowing; in a newborn their main vocalization is crying and if that’s off that’s a clue. What is more likely to drive treatment, however, in a newborn because the throat is so small is going to be breathing. A little problem with your voice box that you and I could get away with from a breathing standpoint, they are going to be in trouble. That’s why working with our expert pediatric ear, nose and throat doctors at Children’s in collaboration with our adult team, these are the things that really take special care. Fortunately, Seattle has a great community for that here in Seattle and the northwest in general.

Problems Associated with Stridor or Noisy Breathing

Andrew Schorr:
What about a sign of voice box problems, if you will. You mentioned about breathing, air going back and forth. What is something called stridor? Dr. Merati I saying it right?

Dr. Merati:
Yes, stridor. I always remember the guy from the Lord of the Rings. That’s how I tell the medical students to remember it. I don’t know if it’s spelled the same way. Stridor is an alarming symptom. It basically means noisy breathing. I don’t mean
noisy breathing like you’ve got the sniffles or your nose is congested. I mean your mouth is open, you are breathing in and out and someone else in the room can hear it. You really shouldn’t have that. Of course we all have a little panting, and you can hear the air move, but actually constricted breathing is an alarming sign, and that needs to be addressed.

Most breathing problems in general are going to be in the lungs, so often the throat, the voice box, is the front gate to the lungs. Every drop of air that goes in and out of the lungs comes through the vocal cords. Often the throat gets overlooked in this, and it’s not until after the doctors have looked into the lungs for somebody who has noisy breathing or a problem breathing, and then they realize, aha, it must be in the throat. That’s just a numbers game. The lungs are more of a common place for problems such as asthma, emphysema and things like that, but there is so much that can go wrong with the throat in terms of breathing. Scarring of the vocal cords, scarred windpipes, blocked windpipes, tumors, paralysis of the vocal cords that doesn’t open up to let the air in, and spasms of the voice box are things we deal with literally every week here in the clinic.

**Early Warning Signs of Cancer**

**Andrew Schorr:**
Dr. Merati you used the T word, tumor that can go with the C word, cancer. Let’s talk about cancer in this area that you cover with head and neck, vocal cords, esophagus, throat and the mouth. First of all, how prevalent are these cancers? I know we talked about lung cancer that is real prevalent, and then of course we have colon and breast and prostate, but certainly cancer in the area you cover comes up. What are the early signs of it? I think you mentioned it, and certainly about people smoking, but what about people coughing a lot and or this ongoing hoarseness? Would they be early clues that maybe we need to look further?

**Dr. Merati:**
Absolutely. If we start with a patient who is at a higher risk, someone probably in their late 40s, 50s, 60s or 70s; patients who have got some risk factors like tobacco use or alcohol, and now you’ve got someone who is hoarse. The voice is rough, and they didn’t just go to a basketball game. They didn’t just have a cold, or they had a cold, but the cold came and went and a month later they are still hoarse. That patient needs to see a throat specialist.

**Andrew Schorr:**
We’re going to talk about this in much greater detail after the break and find out when we need to go to a doctor or a specialist like you and rule out hopefully one of these cancers or get the treatment that is available today. We’ll be back with much more of Patient Power right after this.
Welcome back to Patient Power as we are talking about your voice and all the things in your voice and throat and esophagus and mouth now too that you need to pay attention to. We are visiting with Dr. Albert Merati who has been our guest today on Patient Power. He is Chief of the Laryngology Service at the University of Washington Medical Center. Dr. Merati we just started our conversation about cancer, and we talked about early warning signs. Usually we preach that early detection makes a big difference broadly across cancer. In the case of cancer of your mouth, throat or esophagus or I guess it could be on your vocal cords too, is early detection critical?

Dr. Merati:
Early detection is critical. The treatment options are so much broader and so much less debilitating when the throat cancer is caught early. Early on, a small outpatient procedure can be performed to gently remove the small early growth from the vocal cord with minimal voice loss, or radiation could be used focused in right on that vocal cord without affecting the rest of the throat. If it is an advanced tumor, sometimes we have to remove part or even all of the voice box or the patient has to have radiation and even chemotherapy to treat the whole area. So there is a big difference between survival and morbidity between early detection and late detection. That’s why it is key to get a careful examination.

Andrew Schorr:
There are people, If you've lived long enough like I have or you’ve been somewhere where you’ve seen these people or even sometimes on TV, where they’ve lost their vocal cords, and they have to hold a little electronic device up to their neck. That just seems so tragic.

Dr. Merati:
Interestingly those patients, and again forgive me for the generalization I mean well when I say this, those patients frankly are some of the most functional patients we have who have had suffered a cancer. One of the reasons is that that buzzer that they hold up to their neck, way back we talked about how the voice box sounds like a kazoo. That's replacing in a very gross way the buzzing sound that a voice box makes. They can eat anything they want generally. They can breathe fine, and they do have to talk in this strange way. There are other ways of talking, which are very elegant. We can restore the voice with a small procedure. There are other ways of doing it, but those patients do very well. Even though we strive for early detection, the quality of life after laryngeal cancer can really be quite good. I like the idea of not ever having to do one of those operations again. I like the idea of catching things early and keeping people away from that if we can.
When to See a Specialist

Andrew Schorr:
So, If someone is listening to us and they say ‘okay what I thought was laryngitis or hoarseness is just not going away. So, who do I see? Do I go to their primary care doctor?’ What would be a sign when maybe they should call your department?

Dr. Merati:
We are blessed to have a terrific network of doctors here in the northwest and of course all over the country. Your relationship with your primary care doctor is key. If that is someone you have a good relationship with and good faith in, I would definitely connect through them and have them send you along to their local otolaryngologist. Any trained competent ear, nose and throat specialist should be able to determine the severity and significance of your symptoms including doing the screening examination of the vocal cords.

The detailed examination is something that we really do. We are delighted here at the University of Washington Medical Center to see the patients. You can call yourself and come in. We've got a catchy number I like to tell people about: 206-598-SING (206-598-7464). We are happy to see patient if they want to call or come directly in. You don’t need to see another doctor first, but most patients have a good relationship with their doctors, and we are delighted to see them in referral through their doctor as another option.

Andrew Schorr:
That’s a great number, Al. So when somebody comes there then probably most of the time it is not serious, but that’s the whole trick is to see what can be dealt with easily and what needs further workup and maybe more aggressive care.

Dr. Merati:
That’s exactly right.

Andrew Schorr:
If, God forbid, you are diagnosed with one of these cancers, and at the University of Washington you are leading the world in research, I imagine that there's research in this area too, and sometimes there may be clinical trials that are available there that wouldn't be available just anywhere.

Dr. Merati:
That is right on the money. Each and every one of the throat cancer patients, for example, that I see get presented to our tumor board. I present the case in front of 10 to 15 specialists from each of the disciplines from oncology who give the chemotherapy drugs, radiation, the x-ray specialists, and the other surgeons to make sure we have a real candid discussion about the ups and downs of the
different options for the patient. These are the same experts who are delivering 
the clinical care who are doing the clinical research as well; who have the trials, and 
who know what the options are for patients, particularly, frankly, patients who are 
down to just a few chess pieces and know what patients can and can’t do. This is 
our great strength, and that’s why it is such a privilege to practice here because we 
have these resources.

Andrew Schorr:
Dr. Merati when you take it all together then, what advice would you give for 
ourselves and for our children first of all to protect our voice? Let’s tick off some 
things, sort of news you can use, and then we’ll go on to just again warning signs 
when we should seek further care.

Dr. Merati:
In terms of vocal function, just making sure you can have the care and safekeeping 
of your voice is watch out for overuse, abuse and misuse. Try not to talk over 
things. Try not to talk over the car radio, the open window etc. If your throat 
hurts a little bit at the end of the day, that may be a warning sign. If you are on 
the phone all the time use a headset. If there is a way you can reduce the 
background noise, you’ll do well. Teachers are particularly prone to this because of 
large rooms, class size or disciplinary issues. Sometimes even personal 
amplification, a small little head set, can be very helpful for amplification. Avoiding 
irritants: caffeine, tobacco and alcohol. Those are the big three. Keeping hydrated, 
that’s important. These steps alone would probably, if they were adopted 
nationally, would empty my clinic in a year of most problems.

The other things in terms of cancer and warning signs of when to come in would be 
if your voice isn’t working the way you want it to; you are not breathing right, you 
are not quite swallowing right, you are not sounding right, or something has 
changed. I think that it is reasonable to come in to see an ear, nose and throat 
specialist, and we are delighted to do that here at the University of Washington. In 
terms of the concern about cancer, if it’s on your mind, and you’re looking up that 
the ceiling every day wondering ‘gosh am I missing something, am I ignoring 
something?’ that’s probably a sign to come in.

In terms of signs, I think if an adult is hoarse for more than a few weeks and there 
is no good explanation why, I think that patient deserves an examination. Sore 
throat, difficultly swallowing, pain actually even zipping up to the ear on one side 
can be a warning sign of throat problems.

Andrew Schorr:
Dr. Merati I have to tell you though despite what you said earlier, if I get a hoarse 
voice, just a transient one for a little bit, I still going to do that tea and honey, 
okay? You won’t be mad at me for that?
Dr. Merati:
Listen. Your grandmother has got the top position in terms of the medical advice, but I’m glad to be on the list somewhere.

Andrew Schorr:
Of course this is my Jewish grandmother who also believed a lot in chicken soup, and that has worked for me too.

Dr. Merati:
Just don’t mix it with the tea and honey at the same time.

Andrew Schorr:
No that wouldn’t taste good. Well, we’ve been talking a lot about really treasuring your voice. I’m going to think a lot more about it, even though, yes, I am cheering for the Seahawks again. They disappointed me last week, but this week I know they’ll come through for me and finish out the season strong, but I will not yell at the TV. What I will do is I’ll turn the TV down, and then I’ll yell and scream, but I won’t try to yell over the TV. If I get to go to a game, which I would love to do, especially in the playoffs, I’ll just talk quietly. Yeah right. We have to give ourselves permission to yell and scream sometimes.

Dr. Albert Merati from the University of Washington Medical Center and Chief of the Laryngology Service there, thanks so much for shedding light on this. It has been a long time in coming on Patient Power, and I’m glad we had this up close and personal discussion, and I know it helps a lot of people to treasure an important part of our anatomy, our voice.

Dr. Merati:
It has been my privilege.

Andrew Schorr:
Thank you so much for being with us. This is what we do on Patient Power week after week and also on our website www.PatientPower.info. We do it almost every day. Please take a look. I want to thank the University of Washington Medical Center, Harborview Medical Center, Swedish Medical Center, and the folks at the Senior Guidebook. Thanks for helping make this possible. We’ll see you next week. As always, knowledge can be the best medicine of all. I’m Andrew Schorr signing off.

Please remember the opinions expressed on Patient Power are not necessarily the views of University of Washington Medical Center, its medical staff or Patient Power. Our discussions are not a substitute for seeking medical advice or care from your own doctor. That’s how you’ll get care that’s most appropriate for you.