Vocal Cord Paralysis Treatment
Medialization

One sided vocal fold paralysis (UVFP) is caused by injury to the nerve of the affected vocal cord (*vocal fold*). The vocal cords are located in the voice box *(larynx)*. The vocal cords are needed to produce your voice and also close the voice box during swallowing to prevent *aspiration*. Aspiration means the food would go down into the lungs. People with one paralyzed vocal cord often complain of choking when drinking liquids. But they rarely have difficulty swallowing solid foods. The problem with swallowing liquids usually gets better over time and needs no treatment. Any adult patient with hoarseness and a history of tobacco use may have a cancer of the voice box. Alcohol use increases the risk of head and neck cancer in smokers. Once the cause of the problem is known, treatment may begin.

TREATMENT

- A cord injury can make the voice sound "breathy" or hoarse. Voice therapy is usually tried first. If it is unsuccessful, surgical treatment is considered.
- If swallowing problems persist for months, a vocal cord *medialization* procedure may be helpful. This procedure simply pushes the paralyzed vocal cord to the middle so that the working, moving vocal cord can close off the larynx during swallowing. This procedure improves both voice quality and swallowing. It is usually done by a physician in the Department of Otorhinolaryngology. The standard surgical treatment is called vocal fold medialization. This surgery tries to bring the injured cord to the midline. An alternative surgical treatment is vocal fold *reinnervation*. This surgery is an attempt to bring a new nerve supply to the injured cord. The reinnervation operation has some advantages over the medialization operation. It also requires several months to see the end result.
- Before having this type of procedure, your caregiver will give you several tests. This is done before surgery, and at 6 and 12 months after surgery. The testing includes:
  - Voice recordings.
  - Movies made of vocal cord function.
  - Airflow and pressure measurements of the voice box.
  - An outcomes questionnaire.

Vocal cord medialization procedures help with voice quality and swallowing liquids. Swallowing solid foods is generally not a problem. There are two kinds of vocal cord medialization procedures:

- **Injection**
  - The surgeon injects a material into the paralyzed vocal cord, either through the mouth or through the neck skin. The material fills the vocal cord and pushes it to the midline. This can be done as an inpatient or outpatient procedure.
- **Surgery (Thyroplasty)**
  - Treatment of problem-causing vocal cord paralysis of one cord is often surgical. Medialization of the vocal cord using Teflon injection works. This technique may produce stiffness of the vocal fold. This may cause poor voice quality. Over-correction may also occur. Over-correction is not reversible.
  - In another procedure, a window of cartilage is removed from the outside of the voice box. Then, a precisely measured piece of solid silicone is inserted through the window and pushed against the paralyzed vocal cord, moving it to the midline. Thyroplasty is almost always done in the hospital under local *anesthesia*. That is medicine that makes you numb or puts you to sleep.

There are many ways to approach this problem. Your caregiver will suggest what may work best for you.

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