

Singer Headed for Surgery Tips on Saving Your Voice

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Any singer headed for surgery, done under general anesthesia, puts their voice at risk from injury when intubation is involved.

When a patient is put under general anesthesia the diaphragm is put to sleep and a ventilator (breathing machine) takes over the function of breathing. The ventilator is attached to an endotracheal tube which is guided into the mouth, through the vocal cords and into the upper airway (trachea). Once the tube has been inserted, a small cuff around it is inflated to create a seal around the tube and the trachea, also preventing any regurgitation from the stomach into the lungs. This tube ensures a clear, sealed airway and the process is called “intubation”.

Things generally run smoothly and without complication, however, the placement, securing and removal of the endotracheal tube has the potential to injure the vocal cords. After surgery the cuff is deflated and the tube is removed. Post-operative nausea and vomiting are not uncommon and stomach acid can irritate the vocal cords.

My friend Bradford Newquist is a professional singer who shared his research and experience with me and now I will share it with you. These are Bradford's tips for reducing the risk of vocal injury when facing a surgery which requires general anesthesia:

- 1) Prior to surgery request that an experienced anesthesiologist or nurse anesthetist do the intubation, not a student, resident or trainee. Tell your doctor that you are a singer and that protecting your voice is a serious concern.**
- 2) Discuss with your doctor or the anesthesiologist whether it will be necessary to intubate you while you are awake. If so, then a fiber optic intubating scope can be used once you are sedated with *MIDAZOLAM* and the airway is anesthetized.**
- 3) You may also request that the smallest intubation tube be used which can adequately deliver anesthesia and protect your airway.**
- 4) Regarding anesthetic gases, ensure that nitrous oxide (N₂O) NOT be used. It can lead to over expansion of the endotracheal tube cuff during the surgery, causing injury to the trachea.**
- 5) The cuff around the tube inside the trachea is inflated via a little balloon valve or “pilot balloon” on the outside of the tube. You may want to confirm with the anesthesiologist that they will do frequent checks on this pilot balloon during surgery to ensure that there is the right amount of pressure on the trachea or tube. If the surgery involves the neck or spine it is especially important that checks be done while the retractors are in place.**
- 6) Request that when you are moved to the recovery room you receive a facial mask with humidified air or oxygen.**
- 7) Request that an anti-emetic (specifically *ZOFRAN*) be administered to prevent post-operative nausea and vomiting, hence avoiding irritation of your vocal cords from stomach acid.**

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