

INSTRUCTIONS FOR USE OF THE ORAL ADAPTER WITH A NECK-TYPE ARTIFICIAL LARYNX

The oral adapter allows you to use any neck-type artificial larynx (AL) as an intra-oral device before the neck is healed sufficiently to allow pressure against the throat and at any other time when intra-oral use seems preferable. (Perhaps a pain or cough reaction, fatigue, swelling of throat tissues, etc.)

Insert the tube in the small hole on top of the adapter. Push it in far enough to hold it well, but do not force it through so that it extends down into the main cavity of the adapter. Then fit the adapter over the head of the AL and push it down so it seats firmly.

Hold the AL in your non-dominant hand so your "good" hand is free for writing and other use. Put about 1½" to 2" of the tube into the corner of your mouth with the open end above the tongue and pointed toward the roof of the mouth, in order to leave the tongue as free as possible to shape words naturally. Press the off/on button and you will have sound in your mouth to use for speech.

SPEECH PRACTICE

>Press the button and try saying simple vowels: "A aa, E eee, I, O oo, U.

>Next try short, simple sounds such as: "Ma Ma" and "Da Da."

>Then count: "one, two, three, four, five," etc. Do not hurry. Pronounce each word carefully.

>Try a few simple phrases: "How are you?" "Mary had a little lamb." Speak slowly and pay close attention to pronunciation, exaggerating this at first. As you learn to speak more clearly, you'll be able to talk a little faster, but do not ever speak too fast or run your sound and words on and on.

>Make your speech more understandable by using the button to turn the sound off and on between words, phrases and sentences. You will find that some sounds are more easily understood if the sound comes on just as you say them.

>Practice with a recording device! The help of a speech therapist is valuable in developing your best possible speech and is especially important for those with tongue coordination problems or tongue muscle damage.

A few sounds, such as "g" and "k," will be very difficult to say with an intra-oral device. Say "fishin'" instead of "fishing." A slightly sloppy sound will not be too hard to understand if most of your other sounds are clear. Or substitute another word with similar meaning that is easier to pronounce. Say, "Mow the lawn," instead of, "Cut the grass."

TUBES - There are two types and two lengths of tubes in most Oral Adapter Kits. Capped tubes can be bent to hold any position and they help prevent intake of saliva or blocking the sound with the tongue or cheek - but they can become clogged with saliva or food. Soft tubes are smaller in diameter, softer and more flexible. Try both to see which you prefer. You may experiment with shorter tube lengths by cutting the tubes. You will need wire cutters for the capped tubes.

SEE THE BACK OF THIS SHEET FOR CARE OF TUBES AND SUGGESTIONS ON PHONE USE

Be sure to read your instrument's instructions for general instrument use and care.

CARE OF ORAL ADAPTER TUBES

TUBES BLOCKED WITH SALIVA OR FOOD CAN MUFFLE OR STOP YOUR SOUND! Be sure to shake accumulating moisture out of your tube as often as necessary to prevent it from blocking the tube or collecting on the head of the artificial larynx. Rinse your mouth after eating or drinking before talking.

Wash the tubes as often as needed to keep them fresh. Remove the tube from the adapter and wash it with hot water and soap or detergent. If using a capped tube, brush out the slots. Rinse and allow to dry thoroughly before using. Tubes may be boiled or bleached if you wish. The plastic may whiten a little and the capped tube's wire may rust a little, but this will not affect the use of the tubes.

If you want to replace worn or dirty tubes, we have them available in 4" soft and in 4" and 6" capped. You may also find aquarium tubing that is the right diameter and can be cut to any length that you want - or you may be able to get dental saliva ejectors to use as capped tubes. If using saliva ejectors, be SURE to test them to see if the cap is securely fastened. Some are only a press fit because they expect them to be used for a short time with suction. Press fit caps can come loose in your mouth easily and you might swallow them. (Speech Pathologists or others who don't have a laryngectomy might choke if trying an AL and using a tube with a press fit cap!!) You need a brand of tube that has the caps well glued or electronically welded on. **NO MATTER WHAT BRAND OF CAPPED TUBE YOU ARE USING, DO NOT CHEW ON THE CAP OR PULL ON IT WITH YOUR TEETH. EVEN WELL-ADHERED CAPS MAY WORK LOOSE EVENTUALLY IF THEY ARE CHEWED AND PULLED TOO MUCH.**

IMPORTANT: Saliva or beverage should not be allowed to sit on the head of your AL for a long period of time. On a regular basis, remove the adapter from your AL and use a soft tissue or cloth to wipe any moisture or foreign material from the head and from the inside of the adapter. If there is anything really sticky on the head and inside the oral adapter, use a slightly dampened cloth on the head. The oral adapter, of course, may be washed. Just be sure that it is well dried before putting it back on your AL. Wiping/cleaning the oral adapter and head should be done at least every evening before setting the unit aside for the night - and more often if needed to keep the head reasonably clean and dry.

Telephone Use

Hold the phone mouthpiece a little out and away from your mouth and/or turn down your AL volume. The amplifiers in the phone system may distort your speech if it is too loud. Some pitches may pick up better than others, too.

SPEAK EXTRA SLOWLY & CAREFULLY ON THE PHONE, since people can't see your lip movements and facial expressions to help them understand you.

Your name and address are the most difficult for a listener because there are no clues from the rest of the sentence. Say them very slowly and carefully. When giving your name and address to someone you don't know, say 3 or 4 sentences first so the listener can begin to understand your pattern of speech.

Practice on the phone with a friend or relative who can help you determine the best pitch and volume settings and which sounds you need to be extra careful with or practice more. Also, try working with an answering machine so you can listen to yourself.



NOTE: THE POSITION OF THE TUBE IN THIS PICTURE IS NOT RIGHT. IT SHOULD COME IN MORE FROM THE SIDE, WITH THE TIP OF THE TONGUE FREE.