Figure 1 Using the cement extraction osteotome through the pulsed lavage shield.

field and can become contaminated on visors, masks or any other unsterile surface before falling back and causing contamination. To prevent this, we insert the long cement extraction osteotomes through the hole in a pulsed lavage shield (Fig. 1). This method does not hinder the dexterity of the surgeon, and does not obstruct vision as the shield is transparent. The shield is inexpensive, readily available, and prevents contamination by blocking any propelled fragments.

A simple technique to prevent aspiration of speaking valves following laryngectomy

MATTHEW WARD¹, CALLUM FARIS¹, CAROLINE HAMPTON²

¹Department of ENT, Southampton General Hospital, Southampton, UK

²ENT Outpatient Department, Royal South Hants Hospital, Southampton, UK

CORRESPONDENCE TO

Caroline Hampton, Macmillan Clinical Nurse Specialist Head and Neck, c/o ENT Outpatient Department, Royal South Hants Hospital, Brintons Terrace, Southampton SO14 0YG, UK
E: caroline.hampton@suht.swest.nhs.uk

Surgical voice restoration following laryngectomy is commonly performed and often utilises a speaking valve through which air may be shunted to allow speech. It is possible for these valves to become dislodged and aspirated.¹ We describe a cheap and effective method to prevent this. A short length of shearing elastic is threaded through the mounting hole on the side arm of the valve prior to insertion. Once successful valve placement is confirmed, the elastic is threaded around the patient's neck and loosely tied (Fig. 1). Should the valve then become displaced, it is highly unlikely that aspiration can occur.

Figure 1 Demonstration of speaking valve *in situ* with elastic attached.

Reference

1. Ten Hallers EJ, Marres HA, Rakhorst G, Hagen R, Staffieri A, Van Der Laan BF *et al*. Difficulties in the fixation of prostheses for voice rehabilitation after laryngectomy. *Acta Otolaryngol* 2005; **125**: 804–13.