

### TRACOE phon assist I with adjustable air supply from the side and oxygen supply port

Speaking and therapy valve for tracheostomy patients



# PHON ASSIST

The speaking valve enables tracheostomy patients with an intact larynx to speak. The valve is attached to the 15 mm connector of a tracheal tube (fenestrated, where applicable) without cuff or with a fully deflated cuff. Inhalation can still continue unhindered via the tracheal tube.

During exhalation, the silicone membrane closes in just 25 ms and redirects airflow into the natural airway.\* The air flows along the tube and through the fenestration of the tube past the vocal cords into the upper respiratory tract. This allows the patient to speak, provided there is no anatomical impairment.

Air resistance can be individually adjusted via two infinitely adjustable side openings by turning the top of the speaking valve. Exhalation takes place via both the side openings and natural airway.

#### Possible uses of the speaking valve:

- for speaking with the tracheal tube in situ (fenestrated and with deflated cuff)
- "Find the voice" simplified speech training by individually adjusting the side openings (particularly useful with children too)
- to reduce air trapping during weaning from ventilator
- to supply additional oxygen when needed
- in early rehabilitation: airflow improves oropharyngeal perception, i.e. the patient's mouth and throat become sensitised and the swallowing reflex is stimulated
- due to the low air resistance during inhalation, the speaking valve is also suitable for patients with reduced pulmonary function.

#### Instructions for use

- Attach the TRACOE phon assist I to the 15 mm connector of a deflated, fenestrated tube. If a tube is used with an inner cannula, make sure that the correct (fenestrated) inner cannula is inserted into the outer cannula.
- The connector is ribbed for an easy removal from the tracheal tube.
- Always deflate the cuff! The fenestration alone does not allow adequate exhalation.
- Open/close the two side openings by turning the infinitely adjustable top of the speaking valve. Do not close until the patient has taken a few breaths and only then close very slowly.
- Do not leave the patient unattended on first use, but ensure that he/she is monitored by trained and qualified personnel.
- Remove the speaking valve immediately, if the patient is unable to exhale via the upper respiratory tract. This can
  occur if the tube is too big and does not allow airflow upwards. Swelling, stenosis, granulation, etc. above the cuff
  may also impede exhalation.
- When starting speech training, opening the side openings helps exhalation and reduces airway resistance. Exhalation then takes place both via the tracheostomy tube and the upper respiratory tract.
- The more the side openings are closed, the more the patient exhales via the natural airway.
- If air trapping occurs during the weaning phase, the width of the side openings can be individually adjusted to aid exhalation.
- Use the oxygen supply port to provide weak or hypoxic patients with additional oxygen as required.
- Remove the speaking valve immediately, if the patient becomes restless and has difficulties breathing.

\*Source: H. Prigent et. al.:"Characteristics of tracheostomy phonation valves." Eur Respir J 2006; 27: 992-996



TRACOE®

modular



## PHON ASSIST

#### **Requirements for use**

- Spontaneously breathing patient (conscious)
- Stable cardiovascular system
- Adequate oxygen saturation
- Coughing and swallowing reflexes must be present
- No tracheal narrowing (stenosis, oedema)
- No excessive bronchial secretions

### THE BRIGHT ORANGE COLOUR MAKES IT UNIQUELY IDENTIFIABLE FROM OTHER ATTACHMENTS

To ensure patient safety, the speaking valve is also available in orange. This makes it uniquely identifiable from other attachments as a speaking valve.





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1846 5th Concession W., P.O. Box 7, Rockton, Ontario LOR 1X0 Tel. (519) 622-4030 • Toll Free Line 1-800-996-6674 • Fax (519) 622-1142 www.mcarthurmedical.com • mmsi@mcarthurmedical.com

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Learn more about the REF 650-TO Speaking valve in our training video >>>



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