

Proposed guidance for reinsertion of trachea-oesophageal puncture (TEP) voice prostheses during the COVID-19 pandemic

Issued : 25 March 2020

To: UK head and neck multidisciplinary teams

BAHNO recognises that the management of many patients with cancer will have to be modified during the current COVID-19 crisis. One particular group that may cause management dilemmas are those with voice prostheses.

Reinsertion of tracheo-oesophageal puncture (TEP) voice prostheses

- Attendance at hospital out-patient and Emergency Departments should be avoided
- Contact patients by telephone/video call/email now with advice on altered service
- Functioning voice prostheses should not be replaced however old
- Central leakage should be managed by thickened fluids or plug first
- If TEP fistula closing a new prosthesis should not be inserted
- Prostheses may be reinserted to prevent aspiration but not for voice
- If prosthesis requires changing consider a dummy valve which will avoid the risk of further central leakage until safe services are resumed.

Cyrus Kerawala
President BAHNO