UAB
Universitat Autònoma de Barcelona

Surgical Treatment for Dysphonia

2026/2027

Code: 101723
Credits: 6

Degree programme	Type	Course
Speech therapy	OP	4

Contact lecturer

Name : Juan Lorente Guerrero

Email : juan.lorente@uab.cat

Teaching staff

Juan Fernando Fuentes Cabrera

Silvia Naches Solsona

Group languages

You can consult this information at the end of the document.

Prerequisites

Official prerequisites are not required.

It is desirable for the student to have general knowledge in the anatomy and physiology of the organs that compose the phonatory system: mouth, nose, pharynx, larynx, trachea, bronchi, lungs and diaphragm. Anatomical and physiological knowledge of the nervous system is also important, as it is the system that integrates the sensitive information and executes the motor responses of the phonatory system.

It is also necessary to know the relations of the phonatory system and the nervous system in the production of language, speech and voice.

On the other hand, it is necessary that the student has knowledge about the typical alterations of the voice: dysphonies, dysglossies, rhinolalia, etc. They must know how to differentiate the different pathologies well in order to understand the medical and surgical treatment of them.

The subject Medical-surgical treatment of dysphonies is an optional subject that is taught in fourth year of the second semester of the Degree of Speech Therapy.

Language is an exclusively human and highly complex function that allows us to manifest our personality and express our feelings, so often say that the voice is the letter of presentation of the

However, some voice disorders, such as chronic dysphonia, may trigger in patients significant emotional imbalances such as depression and social isolation, etc.

The ENT specialists understand that a good portion of the injuries that have to be treated through phonosurgery, have originated and developed due to poor use of mechanisms of voice production.

If we remove the injury, but we do not correct these triggering or promoting mechanisms, we will not have treated the condition properly.

The ENT specialist is responsible for diagnosing the etiology of the dysphonia and indicating the treatment needs. These can be: pharmacological, surgical and rehabilitative/logopedic treatment, or a mixed treatment. Thesurgeon indicates the beginning of the rehabilitation based on the surgical evolution of the patient in addition to his general state. Once the diagnosis and the corresponding treatment have been carried out, the need for the speech therapy and the exact treatment needed, as well as the guidelines and the type of exercises required is a competence of the own speech therapist.

Objectives

OBJECTIVES OF THEORETICAL CLASSES

1. While attending this course, the student can begin the rehabilitation of the voice, while his knowledge deepens. This will allow them to develop protocols of action in speech therapy.

2. To give the student knowledge to work in multidisciplinary teams, exchanging information with the other ENT professionals involved in the diagnosis, treatment and evolution of the patient. Emphasis is placed on risk factors, especially the signs and symptoms that should make us suspect that we are in front of a tumor recurrence. Thus, a speech therapist must know how to interpret a medical report

3. Learn now how to discriminate the needs of speech therapy, plan it and put it into practice, without forgetting the needs and preferences of the patient for one type or another of treatment. Speech therapy has gone from being barely used option to becoming an indispensable part of the recovery process

In the subject Surgical treatment of dysphonia students will learn to relate the knowledge already acquired in the subject of anatomy and physiology, as well laryngeal and resonant cavity diseases. They will practice assessment and intervention, and will learn to discriminate between normal and pathological voices, as well as the surgical and medical procedures available to ENT specialists for the treatment such diseases. The students will also be able to develop protocols of speech therapy.

Learning outcomes

- CM21 (Interpret the results of ENT examination techniques and integrate these data with speech therapy evaluation techniques.) Interpret the results of ENT examination techniques and integrate these data with speech therapy evaluation techniques.
- KM54 (Describe the consequences of laryngectomies and dysphonia on people's communication.) Describe the consequences of laryngectomies and dysphonia on people's communication.
- KM55 (Identify the characteristics of language in people with cochlear implants, dysphonia, and laryngectomies.) Identify the characteristics of language in people with cochlear implants, dysphonia, and laryngectomies.
- KM56 (Identify from cases what information should be offered to the person and/or family members so that they can make their own decisions.) Identify from cases what information should be offered to the person and/or family members so that they can make their own decisions.
- KM57 (Explain the intervention techniques available according to the characteristics of each case.) Explain the intervention techniques available according to the characteristics of each case.

Contents

1.
2. Oral communication Physiology. General aspects of the spoken voice.
3.
4. Clinical exploration of the voice. Management of professional voice (singer´s voice)
5.

6. Verbal communication disorders. Dysphonia: etiology, physiopathology, diagnostic procedures, differential diagnoses, therapeutic methods. Occupational disability derived from dysphonia.
7.
8. Vocal education for voice professionals. Treatment of acute dysphonia in the professional setting.
9.
10. Functional disorders of the larynx: respiratory and protective. Treatment
11.
12. Vocal rehabilitation. Vocal hygiene. Quality of life in voice disorders.
13.
14. Medical treatment of voice disorders: toxics, drugs, allergies, upper and lower respiratory infections, muscular tension syndrome. Medical treatment-related voice disorders. Voice rest.
15.
16. Medical treatment of inflammatory and endocrine dysphonia.
17.
18. Pharyngeal and laryngeal manifestations of gastric reflux disease. Medical and surgical treatment.
19.
20. Medical and surgical treatment of laryngeal malformations. Medical, surgical and behavioral treatment of pediatric dysphonia: indications, complications and results.
21.
22. Neurological dysphonia. Spasmodic dysphonia. Bilateral vocal cord paralysis. Botulinum toxin injection in spasmodic dysphonia. Electrical stimulation of laryngeal muscles.
23.
24. Diagnosis and treatment of external and internal laryngeal trauma and its sequels. Diagnosis and treatment of peripheral laryngeal paralysis. Timing of intervention and repair techniques.
25.
26. Phonosurgery. History, principles and development. Indications, initial assessment and preoperative planning, surgical techniques, complications and results. Preoperative and postoperative (role of the phoniatrist).
27.
28. Surgery of benign and functional laryngeal lesions. Vocal nodules and polyps, papilloma, Reinke's edema, granulomas, membranes, cysts and other benign neoplasms.
29.
30. Malignant laryngeal lesions. Treatment indications (radiotherapy, chemotherapy and surgery), surgical techniques (chordectomy, partial laryngectomy, total laryngectomy, neck dissection),complications and results. Tracheostomy. Pharyngeal and esophageal repair.
31.
32. Rehabilitation and follow up of laryngectomy patients. Voice assessment after laryngeal carcinoma surgery. Voice rehabilitation after laryngeal carcinoma treatment. Psychosocial and quality of life impact of laryngeal cancer diagnosis and treatment.
33.
34. Surgical rehabilitation techniques after total laryngectomy. Phonatory trachesophageal punctures. Procedure, indications, complications and results. Tracheoesophageal speech prostheses
35.
36. Structural laryngeal surgery. Indications, techniques; thyroplasty , arytenoid abduction, combined procedures. Complications and results.
37.
38. Assessment and surgical treatment of laryngeal injuries. Vocal cord scars, laryngotracheal stenosis. Timing of surgical intervention, repair techniques, splints and grafts, additional treatment.
39.
40. Laser in phonosurgery. Procedure, indications, complications and results.
41.
42. Medical-surgical treatment of swallowing disorders: indications, complications and results. Tracheostomy and swallowing issues.
43.
44. Medical and surgical treatment of diseases that cause oropharyngeal dysphagia or aspiration. Enteral nutrition, gastrostomy.
45.

Learning activities and methodology

Title	Hours	ECTS	Learning outcomes
Studying	43	1.72	KM54, KM55, KM56, KM57
Coursework development	25	1	CM21, KM54, KM55, KM56, KM57
Hospital practices	12	0.48	CM21, KM55, KM56
Bibliographic search	22	0.88	CM21, KM56, KM57
Theoretical sessions	24	0.96	KM54, KM55, KM57
Tutoring session for coursework	2	0.08	CM21
Preparation of the clinical case oral presentation	20	0.8	CM21

Program sessions

Expositions of content from the program with iconographic material stimulating the discussion of the subject.

Hospital Practices

The hospital practice will be carried out in the outpatient consult of the Otorhinolaryngology Department of the Vall d'Hebron University Hospital.

Students will be integrated into a healthcare team in outpatient consult: they will observe how complementary diagnostic explorations (endoscopes, stroboscopes, etc) are performed, as well as the evolution and observation of the anatomical and functional alterations after treatment.

Students who wish to go to the operating room to observe the various steps of the vocal microsurgery (preparation for surgery, instrumental and techniques, etc.) are encouraged to do so.

All students in the class will be divided into 6 groups. Each group will attend 2 days, previously assigned, to the hospital from 9 to 15 hours. No changes can be made.

Presentation of a clinical case

Completion of a practical work on a clinical case provided by the teacher. The student will have to elaborate a bibliographic review on the subject, given in writing to the professor and defended in public, during the assessment weeks.

The active participation of students through questions, opinions and personal contributions will be encouraged at all times, both about acquired knowledge of each topic as well as from bibliographic research.

Annotation: within the schedule set by the centre or degree programme, 15 minutes of one class will be reserved for students to evaluate their lecturers and their courses or modules through questionnaires.

Assessment

Continuous assessment activities

Title	Weight	Hours	ECTS	Learning outcomes
EV1. Attendance at hospital practices, and brief report of the observed cases	20%	0	0	CM21, KM55, KM56

EV2. Work report, oral presentation and defense of the clinical case	70%	2	0.08	CM21, KM54, KM56, KM57
EV3. Attendance and involvement in class	10%	0	0	KM54, KM57

The competencies of this subject will be assessed:

Theoretical content (EV2): Delivery, presentation and defense of the clinical case will be mandatory and will account for 70% of the final grade.

Attendance and involvement in class (EV3) is equivalent to 10% of the final grade. An attendance sheet will be signed and will account for 10% of the final grade.

Hospital internships: The student's attendance and involvement will be assessed.

Attendance at all internships (EV1) will be mandatory and will account for 20% of the final grade and each student will submit a summary of the clinical cases seen in consultations.

All evidence is individual. The clinical case will be submitted electronically.

The subject does not include a single assessment. A minimum grade will be established for each evaluation module from which the student will be able to pass the subject.

Passing the subject: "According to the Faculty's assessment guidelines, the definition of a subject passed in continuous assessment, on a scale of 0-10, must include having obtained a minimum grade of 5.0 points and a grade equal to or greater than 4.0 points in each of the face-to-face assessment tests that have a contribution equal to or greater than 20% of the continuous assessment grade (or the higher minimum established by the subject). In the event of not meeting these requirements, and any others that the subject may establish, the maximum grade to be recorded in the academic record will be 4.5 points."

Retake test: only students with a final grade equal to or greater than 3.5 and less than 5.0 can opt for it; who have been previously assessed in activities that represent, at least, two thirds of the final grade.

Not assessable. The student who has submitted evidence of learning with a weight equal to or greater than 40% of the final grade may not be recorded in the course record as 'non-assessable.

Review of the final grade: The review of the final grade by requesting an individual interview with the teacher

Translation of the face-to-face tests. The delivery of the translation of the face-to-face assessment tests will be carried out if the requirements established in article 263 are met and the request is made electronically in week 4 (e-form).

AI: Prohibited use. In this course, the use of artificial intelligence (AI) technologies is not allowed in any of the phases. Any work that includes fragments generated with AI will be considered a lack of academic honesty and may lead to a partial or total penalty in the grade of the activity.

It is not expected that students in their 2nd or subsequent year of enrollment will be assessed through a single, non-retrievable synthesis test

General assessment guidelines for undergraduate degrees:
https://www.uab.cat/web/estudiar/graus/graus/avaluacions-1345722525858.htm

Bibliography

Basic References:

Ramírez C. Manual de Otorrinolaringología, Ed. McGrawHill. Madrid 2007

Bleeckk. Disfagia: Evaluación y reeducación de los trastornos de la deglución. Ed. McGrawHill 2004.

Jaume G, Tomas M. Manejo de la disfagia y aspiración. Ed. Ergon 2007

Casado J. C. Pérez A. Trastornos de la voz: Del diagnostico al tratamiento. Ed. Aljibe. Malaga 200

Practica para la elaboracion de informes logopedicos. Mendizábal, N. - Santiago, R. - Jimeno, N. - García, N. - Díaz-Emparanza, M .Editorial: Medica Panamericana . 2013

Patología de la voz. I Cobeta, F. Nuñez, S Fernández. Ponencia Oficila de la SEORL PCF Ed. Marge Médica Books 2014

Further readings:

1. Courtat P., Peytral C, Elbaz P. Exploraciones funcionales en ORL. Ed. Massón. Barcelona 1994
2. Cobeta, I. - Nuñez, F. - Fernández, S. Patologia de la Voz. Editorial: Marge Books 2014
3. Hirano, H. Clinical examination of voice. Springer. Berlín 1981.
4. Sataloff R.T. Profesional voice. Raven Press. New York 1991.
5. Le Huche F, Allali A. La voz Tomo (1, 2, 3, 4). Ed. Massón. Barcelona 2004
6. Ramírez C. Manual de Otorrinolaringología, Ed. McGrawHill. Madrid 2007
7. Educación de la voz. Anatomía, patologías y tratamiento. Ed Ideaspropias. 2004.
8. Núñez F., Maldonado, Suárez C. Cuidados y rehabilitación del paciente traqueotomizado. Servicio de publicaciones Universidad de Oviedo. 2000
9. Puyuelo M. Casos Clínicos en logopedia. Ed. Massón 1997
10. Novo JJ, Videgain J, Videgain G. et al. Tratamiento conservador en el carcinoma de laringe. Ponencia oficialdel XV Congreso de la Socieda Vasca de ORL. Ed. Universidad del País Vasco. Bilbao 2001.
11. Casado J. C. La evaluación clínica de la voz. Fundamentos médicos y logopédicos. Ed. Aljibe. Málaga 2002.
12. Menaldi J. La Voz Patológica. Ed. Panamericana 2002
13. Suárez A. Martínez J.D., Moreno J.M, García ME. Trastornos de la voz. Estudio de casos. Ed. EOS 2003.
14. Bleeckk. Disfagia: Evaluación y reeducación de los trastornos de la deglución. Ed. McGrawHill 2004.
15. Jaume G, Tomas M. Manejo de la disfagia y aspiración. Ed. Ergon 2007
16. Navarro S., Navarro F., Romero P. Voz: Trastornos y rehabilitación. Ed. CEP 2007
17. Casado J. C. Pérez A. Trastornos de la voz: Del diagnostico al tratamiento. Ed. Aljibe. Malaga 200
18. Calais-Germain, B. - Germain, F. Anatomia para la voz. entender y mejorar la dinamica del aparato vocal. Editorial: La liebre de marxo 2014.
19. PRACTICA PARA LA ELABORACION DE INFORMES LOGOPEDICOS. Mendizábal, N. - Santiago, R. - Jimeno, N. - García, N. - Díaz-Emparanza, M .Editorial: Medica Panamericana . 2013
20. Patología de la voz. I Cobeta, F. Nuñez, S Fernández. Ponencia Oficila de la SEORL PCF Ed. Marge Méica Books 2014

Software

No special software needed

Course groups and languages

The information provided is provisional until November 30. After this date, you will be able to consult the language of each group through this link. To access the information, you will need to enter the course CODE

Type of teaching	Group	Language	Semester	Shift
(TE) Theory	1	Catalan/Spanish	second semester	morning-mixed
(PLAB) Practical	111	Catalan/Spanish	second semester	morning-mixed

laboratories				
(PLAB) Practical laboratories	112	Catalan/Spanish	second semester	morning-mixed