



Dear \_\_\_\_\_,

Enclosed you will find information about your Videostroboscopy Exam. Please review the material and complete the forms. If you have any questions, contact our office at (314)722-2964.

**Speech Pathologist:**

- Christine McDermott, M.A., C.C.C.-S.L.P.
- Rebecca Adams, M.A., C.C.C.-S.L.P
- Sue Owens, M.A., C.C.C.-S.L.P.

**Date:**\_\_\_\_\_ **Time:**\_\_\_\_\_ **Location:**\_\_\_\_\_

Please arrive 5-10 minutes prior to your appointment and have your forms completed. Thank you.

Please read all materials in the packet and fill out the questionnaires **PRIOR** to your appointment. Possible procedure codes that will be used during this exam are CPT 31579, 92520, and/or 92524. Another code that may be used during your visit is CPT 92507.

**If you need to cancel or change your appointment, please call (314) 722-2964. A \$100 fee will be charged to all no show appointments or appointments not cancelled within 48 hours of your test.**

**DRIVING DIRECTIONS:**

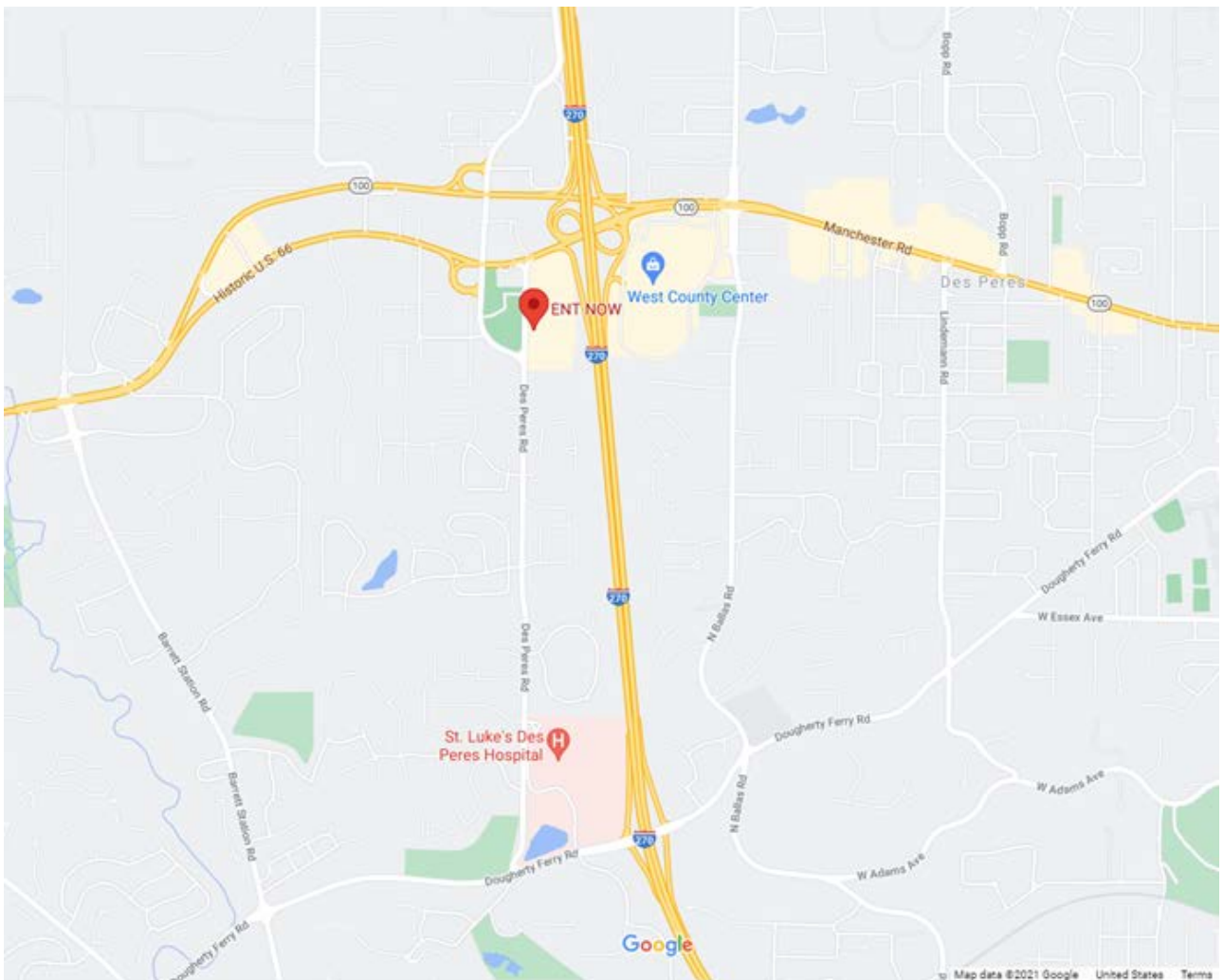
Address: 1010 Old Des Peres Rd. Des Peres, MO 63131  
Phone: 314-722-2964 Fax: 314-722-2536

*From North:*

Take Highway 270 South to Dougherty Ferry Rd. Exit at Dougherty Ferry and turn Right. After you turn Right, continue to the 2nd stoplight and turn Right onto Old Des Peres Rd. You will travel about 1.2 miles and the office will be on your Right.

*From South:*

Take Highway 270 North to Dougherty Ferry Rd. Make a Left on Dougherty Ferry Rd. After you turn Left, continue to the 2nd stoplight and turn Right onto Old Des Peres Rd. You will travel about 1.2 miles and the office will be on your Right.





## **Frequently asked questions about Videostroboscopy**

### ***Does it hurt?***

Whether you are 9 or 89, the most common question asked about this exam that your doctor has recommended is, "Does it hurt?" The answer is "no." Depending on the patient, you may experience a gagging sensation or urge to swallow. A light spray of topical anesthetic or numbing medicine usually alleviates this problem. The majority of our patients tolerate this procedure without any complaints. Children sometimes require a parent or staff member to assist them in sitting still. We treat all our patients with kindness and respect, minimizing any anxiety the pt may have in any way we can.

### ***You're going to put "what" down my throat?***

Many patients get the impression that our instruments are going down their throat. When we perform a videostroboscopy, an endoscope is placed in the mouth. This scope goes just beyond where you brush your back teeth, and does not go "down your throat." If more pictures are required, a flexible endoscope about the size of a cooked spaghetti noodle may be placed in the patient's nose and gently advanced down the back of the throat. This is necessary in about 30% of adult patients we see. The negative aspects of this exam can be minimized with topical anesthetic (numbing medicine) and it is generally well tolerated.

In children under the age of 12, this smaller flexible scope is almost always necessary to view the vocal folds.

### ***Can I eat before the procedure?***

Absolutely. There are no restrictions to activity before or after this procedure unless otherwise instructed by your physician. If you have a sensitive gag (you gag regularly when you brush your teeth), you may want to refrain from eating a heavy meal before your appointment for your comfort.

### ***Why did the doctor order this test?***

Your doctor has ordered that this test be performed. A licensed, certified speech language pathologist will perform this exam and your doctor will review the results later. In most cases, this test is ordered to visualize (look at) the vocal folds and surrounding structures. This may be necessary due to symptoms you are having or complaints that you have voiced, or because your doctor is trying to rule out specific problems. This study is digitally recorded and a permanent record is made. The doctor may have looked at your voice box in his/her office with a mirror or endoscope; however, the images were not recorded. This exam provides the opportunity for a detailed look, magnification, slow motion and recording. The movement of your vocal folds is so fast; it cannot be seen during a typical office exam.



### ***What are the advantages of Videostroboscopy?***

As described above, the results of this study are a permanent record of the way your voice box looks and works on the day of the exam. There is not another practical way to observe the function of the vocal cords. Stroboscopy uses brief pulses of light to illuminate the vocal folds and provide a better understanding of the function of the patient's vocal cords as well as an indication of what changes need to be made in order to treat the problem.

### ***How long does this take?***

The voice specialist is going to take a detailed medical history. This is the most time consuming part of your visit. The exam itself takes less than 5 minutes to perform. Following the exam, several measures may be taken to further describe your voice in medical terms. Your exam will be reviewed with you by the speech pathologist. She will be able to describe the results and give you recommendations to begin making improvements. She will not be able to give you a medical diagnosis. Please plan on spending about one hour in the office.

### ***What do I do afterwards?***

Unless instructed otherwise, you may continue your regular activity immediately following your appointment. If numbing medicine is applied during the exam, it takes about 20 minutes to wear off, and you may need to be cautious when drinking.

We ask that you make an appointment to follow-up with the doctor who referred you. Your doctor will review the exam and is the only person who can make a medical diagnosis. He/she will discuss any prescriptions you may need or other medical procedures recommended.



## Patient Vocal Health Information

Patient Name: \_\_\_\_\_ Exam Date: \_\_\_\_\_

**Please answer the following questions as completely as possible**

1. List all your current medications including supplements and over-the-counter medications

\_\_\_\_\_  
\_\_\_\_\_

2. What is your chief complaint today? \_\_\_\_\_

When did this begin? \_\_\_\_\_

Was the onset sudden or gradual? \_\_\_\_\_

Is this constant or intermittent? \_\_\_\_\_

3. Have you ever had speech therapy for this or a related problem? \_\_\_\_\_

4. Please list your medical history including surgeries or major illnesses \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

5. Do you smoke? Yes/no      How much \_\_\_\_\_      When did you quit? \_\_\_\_\_

6. Do you exercise? Yes/no      How often \_\_\_\_\_      What type of exercise \_\_\_\_\_

7. How much plain water do you drink on a daily basis? \_\_\_\_\_

8. What else do you like to drink? Please indicate how much on an average day.

Milk \_\_\_\_\_      Juice \_\_\_\_\_      Soda \_\_\_\_\_      Tea \_\_\_\_\_

Alcohol \_\_\_\_\_      Sports drinks \_\_\_\_\_      Coffee \_\_\_\_\_

9. What is your occupation? \_\_\_\_\_. Please describe how you use your voice on a daily basis, i.e. talking on the phone, speaking to a classroom, managing your family, etc...

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Do you have any typical heartburn symptoms or regular indigestion? Yes/no

How often? \_\_\_\_\_

11. On a scale of 1-10 with 10 being your best voice, where would you rate your voice TODAY? \_\_\_\_\_



## Reflux Symptom Index (RSI)

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Instructions: Within the last MONTH, how did the following problems affect you? Circle the response that best describes your symptoms with **0 = No Problem** and **5 = Severe Problem**.

- |  |   |   |   |   |   |   |
|--|---|---|---|---|---|---|
| 1. Hoarseness or a problem with your voice.                                  | 0 | 1 | 2 | 3 | 4 | 5 |
| 2. Clearing your throat.   | 0 | 1 | 2 | 3 | 4 | 5 |
| 3. Excess throat mucous or postnasal drip.                                   | 0 | 1 | 2 | 3 | 4 | 5 |
| 4. Difficulty swallowing food, liquid, and/or pills.                         | 0 | 1 | 2 | 3 | 4 | 5 |
| 5. Coughing after you ate or after lying down.                               | 0 | 1 | 2 | 3 | 4 | 5 |
| 6. Breathing difficulties or choking episodes.                               | 0 | 1 | 2 | 3 | 4 | 5 |
| 7. Troublesome or annoying cough.  | 0 | 1 | 2 | 3 | 4 | 5 |
| 8. Sensations of something sticking in your throat or a lump in your throat. | 0 | 1 | 2 | 3 | 4 | 5 |
| 9. Heartburn, chest pain, indigestion, or stomach acid coming up.            | 0 | 1 | 2 | 3 | 4 | 5 |

Belafsky PC, Postma Gn, Koufman JA.



## The Singing Voice Handicap Index 10

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Instructions: These are statements that many people have used to describe their singing and the effects of their singing on their lives. Circle the response that indicates how frequently you have the same experience in the last 4 weeks.

0 = never    1 = almost never    2 = sometimes    3 = almost always    4 = always

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| 1. It takes a lot of effort to sing.                                       | 0 | 1 | 2 | 3 | 4 |
| 2. I am unsure of what will come out when I sing.                          | 0 | 1 | 2 | 3 | 4 |
| 3. My voice “gives out” on me while I am singing.                          | 0 | 1 | 2 | 3 | 4 |
| 4. My singing voice upsets me.   | 0 | 1 | 2 | 3 | 4 |
| 5. I have no confidence in my singing voice.                               | 0 | 1 | 2 | 3 | 4 |
| 6. I have trouble making my voice do what I want it to.                    | 0 | 1 | 2 | 3 | 4 |
| 7. I have to “push it” to produce my voice when singing.                   | 0 | 1 | 2 | 3 | 4 |
| 8. My singing voice tires easily.  | 0 | 1 | 2 | 3 | 4 |
| 9. I feel something is missing in my life because of my inability to sing. | 0 | 1 | 2 | 3 | 4 |
| 10. I am unable to use my “high voice.”                                    | 0 | 1 | 2 | 3 | 4 |



## Voice Handicap Index (VHI-10)

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Instructions: These are statements that many people have used to describe their voices and effects of their voices on their lives. Circle the response that indicates how frequently you have the same experience.

0 = never    1 = almost never    2 = sometimes    3 = almost always    4 = always

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| 1. My voice makes it difficult for people to hear me.                         | 0 | 1 | 2 | 3 | 4 |
| 2. I run out of air when I talk.  | 0 | 1 | 2 | 3 | 4 |
| 3. People have difficulty understanding me in a noisy room.                   | 0 | 1 | 2 | 3 | 4 |
| 4. The sound of my voice varies throughout the day.                           | 0 | 1 | 2 | 3 | 4 |
| 5. My family has difficulty hearing me when I call them throughout the house. | 0 | 1 | 2 | 3 | 4 |
| 6. I use the phone less often than I would like to.                           | 0 | 1 | 2 | 3 | 4 |
| 7. I'm tense when talking to others because of my voice.                      | 0 | 1 | 2 | 3 | 4 |
| 8. I tend to avoid groups of people because of my voice.                      | 0 | 1 | 2 | 3 | 4 |
| 9. People seem irritated with my voice.                                       | 0 | 1 | 2 | 3 | 4 |
| 10. People ask, "What's wrong with your voice?"                               | 0 | 1 | 2 | 3 | 4 |

Rosen, C, Lee, A, Osborne, J, Zullo, T, and Murry, T (2004). Development and Validation of the Voice Handicap Index-10. Laryngoscope: 114(9): 1549-1556





## Cough Severity Index (CSI)

Name: \_\_\_\_\_

Date: \_\_\_\_\_

### How to complete this Questionnaire:

- These are statements many people have use to describe their cough and the effects of their cough on their lives.
- In the last 1 month, how did the following problems affect you?
- Please circle the response that indicates how frequently you experience the same symptoms
- If you do not have a problem with coughing, please circle zero (0) in response to these statements

### 0-4 Rating Scale:

0 = Never      1 = Almost never      2 = Sometimes      3 = Almost always      4 = Always

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| 1. My cough is worse when I lie down.                                     | 0 | 1 | 2 | 3 | 4 |
| 2. My coughing problem causes me to restrict my personal and social life. | 0 | 1 | 2 | 3 | 4 |
| 3. I tend to avoid places because of my cough problem.                    | 0 | 1 | 2 | 3 | 4 |
| 4. I feel embarrassed because of my coughing problem.                     | 0 | 1 | 2 | 3 | 4 |
| 5. People ask, "What's wrong?" Because I cough a lot.                     | 0 | 1 | 2 | 3 | 4 |
| 6. I run out of air when I cough.   | 0 | 1 | 2 | 3 | 4 |
| 7. My coughing problem affects my voice.                                  | 0 | 1 | 2 | 3 | 4 |
| 8. My coughing problem limits my physical activity.                       | 0 | 1 | 2 | 3 | 4 |
| 9. My coughing problem upsets me.   | 0 | 1 | 2 | 3 | 4 |
| 10. People ask me if I am sick because I cough a lot.                     | 0 | 1 | 2 | 3 | 4 |

*Shembel, A.C., Rosen C.A, Zullo T.G. (2013). "Development and validation of the cough severity index: a severity index for chronic cough related to the upper airway."*



## **Procedure Consent**

**This common office procedure takes only a few minutes and involves the insertion of a rigid scope in the mouth. Unless medically constrained, topical anesthetic may be sprayed into the oral cavity before the examination. This may make the throat feel numb for 20 to 30 minutes and difficulty swallowing or the illusion of swelling is possible. This procedure is quite safe, however some minor risks do exist. These include discomfort, gagging, and reaction to anesthetic. An additional procedure that may be utilized involves the passage of a thin telescope through the nose and into the throat.**

**I, the undersigned, have read the information above and give my informed consent to proceed with the videostroboscopy procedure. I understand that I may refuse this procedure.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**Date**