Helios
Specialty Healthcare
SOUND HEALTH SERVICES

Enclosed you will find information about your **Videostroboscopy** exam to review along with forms to complete. Please bring your completed forms with you to your appointment.

If you need to schedule your **Videostroboscopy**, please call **(314) 722-4546**.

_____ Rebecca Adams M.A., CCC-SLP NPI# 1023236700 TIN 43-0835090
_____ Susan Owens M.A., CCC-SLP NPI# 1639495468 TIN 43-0835090

Please arrive 5-10 minutes prior to your appointment with your completed forms.

If you need to call your insurance to check on procedure codes that will be used during this exam, the codes are CPT 31579, 92520, 92524 and possibly 92507. Any of these codes used will be billed under your speech pathologist's name shown above.

If you need to cancel or change your appointment, please call (314) 722-4279.

A $100 fee will be charged to all No-Show appointments or appointments not cancelled within 48 hours of your test.

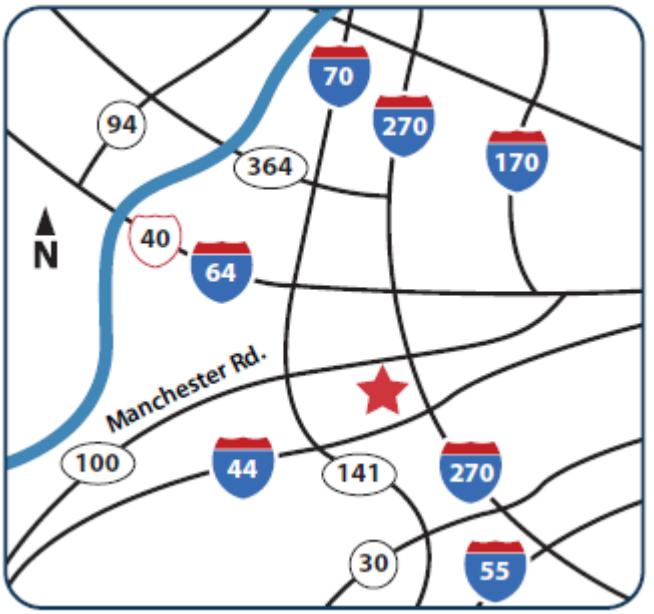
Thank you. We look forward to caring for you.

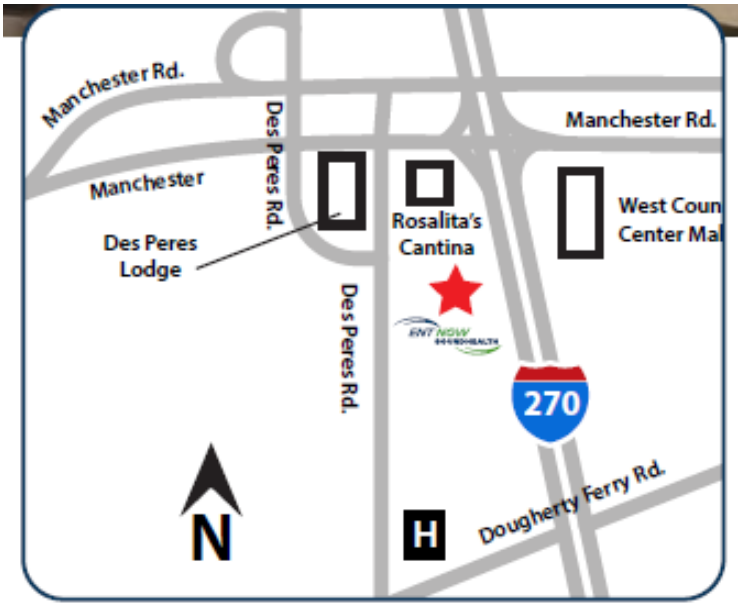
DRIVING DIRECTIONS to Des Peres Office

1010 Old Des Peres Road, St. Louis MO 63131

From North:
Take Highway 270 South to Dougherty Ferry Rd. Exit at Dougherty Ferry and tum right. Continue west on Dougherty Ferry to the 2nd stoplight and turn right onto Old Des Peres Road. Travel 1.2 miles north to the office on your right before you get to Manchester Road.

From South:
Take Highway 270 North to Dougherty Ferry Rd. Make a left on Dougherty Ferry Rd. C ontinue west on Dougherty Ferry to the 2nd stoplight and turn right onto Old Des Peres Road. Travel 1.2 miles north to the office on your right before you get to Manchester Road.





The office is located at 1010 Old Des Peres Road at the southwest corner of Manchester & 270 in the Des Peres Square plaza across from Lodge Des Peres and across the parking lot from Rosalita's restaurant.

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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 of staff member to assist them in sitting still. We treat all our patients with kindness and respect, minimizing any anxiety the patient 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 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 examined 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 and cannot be seen during a typical office exam.

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Frequently Asked Questions about Videostroboscopy *(continued)*

What are the advantages of Videostroboscopy?

As described in the previous question, 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, which 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 after my exam?

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. You may need to be cautious when drinking until you are no longer numb.

We ask you to 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.

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Patient Vocal Health Information

Patient Name: _____ Exam Date: _____

Please answer the following questions as completely as possible.

1. What is your chief complaint today? _____

   When did the issue begin? _____

   Was it ☐ Sudden *or* ☐ Gradual ? ☐ Constant *or* ☐ Intermittent ?

   Have you ever had speech therapy for this or a related problem? ☐ Yes ☐ No

2. Do you currently take acid reflux medication? ☐ Yes – How much?_____ ☐ No

   Please list your other medications (or provide a list). _____

   _____ _____ _____

   _____ _____ _____

   Please list your medical history including surgeries or major illnesses. _____

   _____

3. Do you smoke? ☐ Yes – How much? _____ No If quit, when? _____

4. Do you exercise? ☐ Yes ☐ No

5. Please list how much of the following you drink on a daily basis.

   Water_____ Milk_____ Juice_____ Soda_____

   Coffee_____ Tea_____ Alcohol_____ Flavored drinks_____

6. Please describe how you use your voice daily (ie-talking on the phone, occupational use, managing your family)_____

   _____

7. Do you have any typical heartburn symptoms or regular indigestion? ☐ Yes ☐ No

   If yes, how often?_____

8. On a scale of 1 to 5 with 5 being your best voice and 1 being your worst voice, what would you rate your voice today? 5 4 3 2 1

For Office Use Only Hz___ Db___ MPT___

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Voice Handicap Index (VHI-10)

Name:_____ Date:_____

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

0-4 Rating Scale:

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

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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 using a 5-point scale in which ***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	0	1	2	3	4	5

Belafsky PC, Postma Gn, Koufman JA.

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Cough Severity Index (CSI)

Name:_____ Date:_____

Instructions:

- The statements below have been used by many people 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 experienced 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

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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 had the same experience in the last 4 weeks.

0-4 Rating Scale:

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.	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

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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 along with 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 anesthetics. 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.

_____ _____
Patient Name Date

_____ _____
Patient Signature Date

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