11-Year experience in Type 1 Thyroplasty for unilateral vocal fold paralysis

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Abstract (300 word limit)

Unilateral vocal fold paresis can have a significant impact on quality of life due to glottic insufficiency which can result in dysphonia, aphonia, dyspnoea, decreased cough strength, and dysphagia. Our institution runs a dedicated voice clinic in close partnership with specialist speech pathology which allows a multidisciplinary approach to patient care. For those that fail diet modification and conservative measures, various medialisation procedures are available including filler injection and type 1 thyroplasty with or without arytenoidopexy. We performed a retrospective review of all patients who underwent type 1 thyroplasty at our institution over the last 11 years. We present our experience and outcomes with type 1 thyroplasty performed at our institution over the past 11 years.

Image



Figure 1: Typical silicone implant mounted on insertion device

Recent Publications (minimum 5)

1. Crolley, V., & Gibbins, N. (2017). One hundred years of external approach medialisation thyroplasty. The Journal of Laryngology & Otology, 131(3), 202-208.
2. Harris G, O'Meara C, Pemberton C, Rough J, Darveniza P, Tisch S, Cole I. Vocal fold paresis - a debilitating and underdiagnosed condition. J Laryngol Otol. 2017 Jul;131(S2):S48-S52.
3. Kartha, S., K. Young, S. Mohan and P. Murthy. "Complications of Medialization Laryngoplasty (Thyroplasty Type-I)." International journal of phonosurgery and laryngology 1 (2011): 1-3.
4. Daniero JJ, Garrett CG, Francis DO. Framework Surgery for Treatment of Unilateral Vocal Fold Paralysis. Curr Otorhinolaryngol Rep. 2014;2(2):119-130.
5. Ryu IS, Nam SY, Han MW, Choi S, Kim SY, Roh J. Long-term Voice Outcomes After Thyroplasty for Unilateral Vocal Fold Paralysis. Arch Otolaryngol Head Neck Surg. 2012;138(4):347–351.



Biography

Arthur Jones pursued his Doctor of Medicine and Doctor of Surgery from the Australian National University (ACT), Australia (2014). He has an interest in general Otorhinolaryngology conditions and is focused on patient centered outcomes. He is currently the ENT Registrar at St George and Sutherland Hospitals, Sydney, NSW, Australia.

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Notes/Comments: