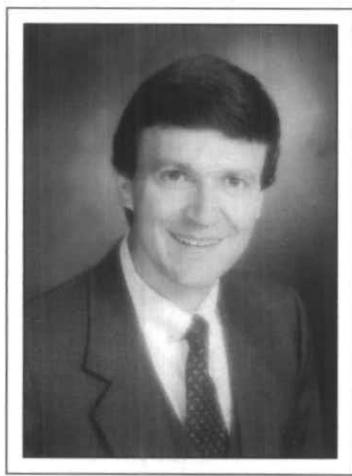


How Can Voice Teachers Help Students Who are Considering Vocal Fold Surgery?



Thomas F. Cleveland

The threat of losing professional contracts, singing engagements, recording agreements, and, for the university student, delaying graduation, inability to sing in a group, and so forth, can make a quick-fix surgery seem very desirable. Though surgical techniques have improved greatly in recent years, and though the prognosis for a positive outcome is usually high, every singer facing surgery must realize that the voice may be no better or even worse following the procedure.

Elective surgery is normally the decision of the patient in consultation with the doctor, but because voice teachers work so closely with their students, they are often asked for advice.

There are primary guidelines that should be considered as singers face surgery, and they can help the voice teacher put the potential intervention into perspective. However,

singing teachers must recognize their limitations and should generally talk to the student's laryngologist before attempting to counsel. The teacher may want to consult an internationally-known expert laryngologist for guidance as well.

First, if the voice problem is not related to a life-threatening disease, surgery may not be required. Other noninvasive means of ridding the vocal folds of the problem should be explored. Another possibility is that the singer can learn to sing despite the voice problem. For instance, our clinic examined a rock singer with a cyst on the medial edge of the right fold. He has continued to sing since the discovery of the cyst several years ago. I spoke with him recently, and he reports that his voice is doing well. So far, his singing goals are being met without invasive surgery. This doesn't mean that every singer will have the same outcome, but it is possible for some patients. This particular patient stays in close contact with the voice center and has periodic checkups to ensure that no further damage is being done. Simply because a problem is found on the vocal folds does not necessarily mean it must be eliminated surgically.

A guiding principle is that if the singer can accomplish his or her singing goals without surgery, it is probably wise to postpone the invasive intervention indefinitely until the desired singing objectives can no longer be achieved. After all nonin-

vasive methods have been attempted and the singer cannot restore the voice to its previous prowess, then surgery may be the answer. Like the rock singer mentioned previously, however, the singer may be able to develop techniques that allow him or her to avoid further damage and to continue singing. However, if a classical singer—and many a pop singer—tries to compensate for a vocal problem by changing from good technique to bad (e.g., tongue retraction and “throaty” singing to overcome mass-induced breathiness), and shows no recognition that his or her technique is harmful, he or she is probably not a good surgical candidate. Poor vocal technique must be changed, and if the patient is unwilling to change, the voice problem is likely to return after the surgery. Decisions must be individualized and require expert medical output.

Second, the singer must remember that even a technically perfect surgery can scar. Though the surgeon does everything possible to minimize postsurgery scarring, the healing process depends on the body's natural healing and the cooperation of the singer in following the guidelines established by a voice team made up of the surgeon, a speech-language pathologist, and a singing voice specialist. Though the opinions of different physicians will vary with regard to postsurgery protocol—for example, voice rest, reintroduction of the speaking voice, resumption of singing, etc.—the singer

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needs to follow instructions explicitly. The voice teacher can be a great encouragement to the singer in these difficult stages, especially when the performer's career is on hold or the degree program is being slowed because the singer cannot perform.

Third, the singer should ascertain that the best possible surgeon has been selected, one who is very experienced in the type of surgery being performed. The singer should feel comfortable receiving more than one opinion, and the voice teacher can accompany the singer to the medical consultations. The patient's questions should be written down, and then answered completely.

Fourth, if the outcome is less than hoped for, the singer must remember that if the finest surgeon available was selected, no one could have performed the surgery better. Postsurgery is not the time to wish a different surgeon had been chosen.

A good surgery is only the beginning of rehabilitation. The surgeon can do only so much. By repairing the abnormality of the vocal fold, the surgeon gives the singer a "cleaner piece of paper to write on." If the patient continues to write on that piece of paper—i.e., speak or sing the same as before the operation—there is a high likelihood the problem will recur. The singing teacher can be especially helpful to prevent such an outcome by assuring the patient a controlled, technically optimal recovery regimen. The student and teacher must concentrate on safe technique in the weeks following surgery, rather than allowing attempts to optimize vocal quality which may require abusive compensatory hyperfunction that is dangerous during the healing period.

Surgery is a risk, and even though the likely outcome is very

positive for most elective vocal fold conditions, there are no guarantees. The approach to every surgery is a serious decision that requires careful and mature deliberation. An informed teacher can be an invaluable asset in that process.

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Dr. Cleveland has lectured and given master classes in Europe, England, France, Sweden, Portugal, Australia, and the United States. He contributes a regular column to the Journal of Singing and is the author of voice research that has been published in the Journal of the Acoustical Society of America and the Journal of Voice. He is a member of the Editorial Board of the Journal of Voice, as well as a member of the National Association of Teachers of Singing.

Dr. Cleveland holds the B.M. degree from the University of Mississippi, and the M.M. and Ph.D. from the University of Southern California, where he studied with William Vennard, Gwendolyn Koldofsky, and William Eddy. He conducted graduate and postgraduate research with Dr. Johan Sundberg at the Royal Institute of Technology, Stockholm, Sweden, as a Fulbright Scholar, and as the recipient of a grant from the Voice Foundation of America.



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