

TREATMENT

Once the evaluation is complete, we will develop the best treatment plan for your child. We will discuss both surgical and non-surgical options appropriate for your child's condition. Treatment may involve speech therapy alone, or in addition to surgery or a dental appliance. Ongoing speech therapy may be very important to your child's overall success with treatment. We will work with your community speech pathologist to provide individualized management programs.

The team may make a recommendation for a surgical procedure. The types of surgical procedures we offer lessen the air leakage from the nose to help the speech sound normal and are tailored to your child's anatomy. These operations take about 1½ hours to perform and require one or two nights in the hospital. In a small number of children, speech may not be corrected with a single procedure alone, and a second procedure may be necessary.

Another treatment option that may be recommended is the creation of a dental appliance to fill the gap in the back of the throat. This also prevents excess air leakage from the nose during speech and is a removable device. This appliance would be designed by a speech prosthodontist on our team.

FOLLOW UP CARE

We like to follow our patients closely during treatment to monitor their progress. We may ask your child to return at 3 or 6 monthly intervals.

FOLLOW UP CARE

Please bring any medical and speech/language reports you have been given by your physician, or previous speech pathologists.

For more information, please contact
www.chony.org

DIRECTIONS

Directions to Children's Hospital of NewYork-Presbyterian (CHONY): 3959 Broadway, 5th Floor North
CHONY is located in northern Manhattan between 165th and 168th Streets on Broadway.
Valet parking is available in front of the hospital.

By Public Transportation

Take the A, C, 1 or 9 trains to the 168th Street station. From midtown Manhattan and Brooklyn, the A train provides express service. A number of city buses serve the medical center: M-2, 3, 4, 5, and 100. For additional bus and subway information, call the Transit Authority at 718-330-1324.

By Automobile

The most convenient way to reach the medical center by automobile is to follow directions to the George Washington Bridge. Then exit onto Riverside Drive. From there, proceed south and turn left onto West 165th Street (the first left), and then go 2 blocks left on Broadway. Make a U turn to find Valet parking in front of the hospital.

From upstate New York and New Jersey

After crossing the George Washington Bridge, follow signs to the Henry Hudson parkway (also called the West Side Highway), and then to Riverside Drive.

From Riverdale & Westchester via the Saw Mill River Parkway

Exit left from the Henry Hudson Parkway at the Riverside Drive exit, which is just past the George Washington Bridge.

From Westchester, Connecticut, or the East Side of Manhattan via the Major Deegan, Cross Bronx Expressway, or Harlem River Drive

Approaching the George Washington Bridge, take the Henry Hudson Parkway exit; on the approach to the Henry Hudson Parkway, stay to the left and follow signs to Riverside Drive.

From the West Side of Manhattan

Take the West Side Highway North to exit 15-Riverside Drive South.

 **Children's Hospital of New York**
NewYork-Presbyterian
The University Hospitals of Columbia and Cornell

 **Children's Hospital of New York**

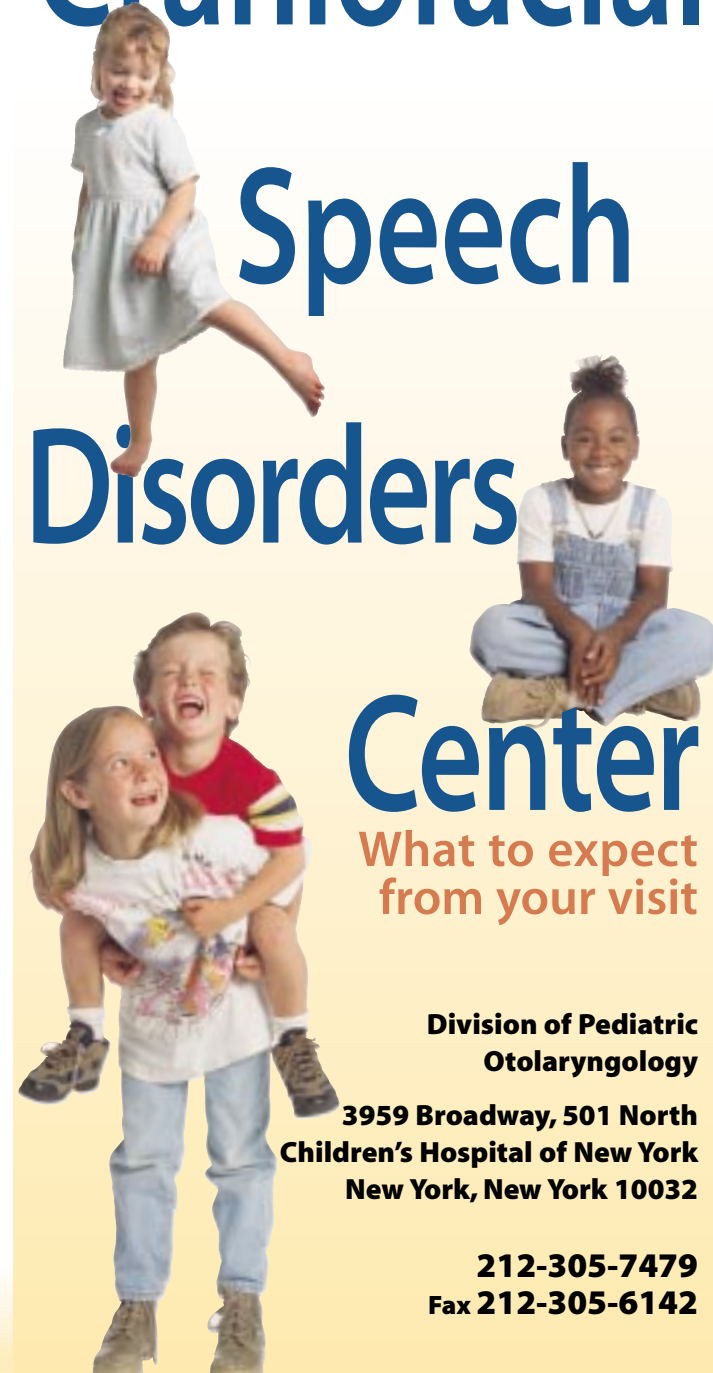
Craniofacial Speech Disorders Center

What to expect
from your visit

**Division of Pediatric
Otolaryngology**

**3959 Broadway, 501 North
Children's Hospital of New York
New York, New York 10032**

**212-305-7479
Fax 212-305-6142**



Children's Hospital of New York Craniofacial Speech Disorders Center

WHY YOU'RE HERE

Your child has been recommended to the Craniofacial Speech Disorders Center in the Division of Pediatric Otolaryngology at Children's Hospital of New York for evaluation of his or her speech. The problem we most commonly evaluate is *hypernasality* which is a disorder of resonance caused by too much air leakage from the nose during speech. This problem is seen in children after cleft palate surgery, in certain craniofacial syndromes, in children with neurologic problems, rarely after adenoidectomy surgery and sometimes in otherwise healthy kids. Hypernasality can make it difficult for your child's speech to be understood by strangers, friends, and sometimes even family members. Your child is being evaluated to make sure the best possible treatment of this speech problem is being offered.



YOUR VISIT

Your child's visit will involve a team of healthcare providers who have a special interest in this speech disorder and expertise in its treatment. You will meet a pediatric otolaryngologist, Lianne M. de Serres, MD,

a craniofacial speech physiologist, and Étoile M. LeBlanc, and speech pathologists. Having a team of experts involved ensures that your child gets the most comprehensive, state-of-the-art care. In addition, we specialize in working with children and we appreciate the feelings of anxiety that often accompany a new medical experience. We will do everything possible to make your child feel at ease during his or her visit.



THE EXAMINATION

During the visit your child will have several types of evaluations in one setting. A medical history of your child's general and speech health will be taken. A complete head and neck examination will be performed. A speech evaluation will be performed to further define your child's speech problem. Hearing testing will be performed if there are any concerns about ear or hearing health.

One of the most important parts of the evaluation is a *nasopharyngoscopic exam*. This examination will be done if surgical treatment of your child's speech problem may be necessary. It involves looking at the back of your child's throat while they are speaking to see how the muscles of the throat work during speech. This exam helps us determine what is the best

type of treatment for the speech problem.

We do need the cooperation of your child to do this exam so we try to make it as pleasant as possible. We will talk about making a "movie of the throat" and you and your child will be able to watch the exam on our monitor screen.

To prevent discomfort during the nasopharyngoscopic exam, we place anesthetic drops in one side of the nose. A very small, flexible telescope is gently placed in the nose so that we may see the back of the throat. Your child will be asked to say a few words or sentences with the telescope in place. This takes just a minute or two to complete.

If more information is needed to help plan treatment, we may ask your child to have a *videofluoroscopic exam*. This is an x-ray study performed by a radiologist and a speech pathologist. A few drops of dye are placed in the nose, and with your child speaking, a 1-2 minute x-ray film is taken. This exam would be scheduled after your first visit to the center, if necessary.

