



Changes to the voice after intubation

This leaflet explains how intubation can affect your voice and what you can do to keep your voice box healthy and improve symptoms.

How is the voice produced?

When we breathe, air from the lungs passes up the trachea (windpipe) and into the larynx (voice box), where the vocal folds are found.

To produce a voice, the vocal folds come together so that the breath passing through them causes vibration.

In order to produce a good voice quality, it is important to:

- Have a healthy mucosal lining of the vocal folds
- Have efficient breath support
- Minimise excess muscle tension in your throat, neck and shoulders

How does intubation affect the voice?

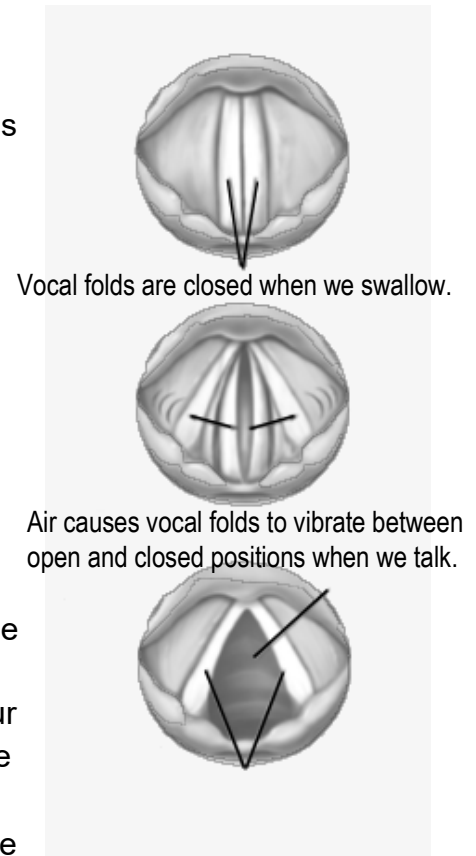
If you are very unwell, you may need help with breathing, so the healthcare team looking after you may consider endotracheal intubation. This is where a tube is fed from your mouth into your windpipe to help you breathe. The tube has to pass through the voice box, which sits at the top of the windpipe.

Changes to your voice may occur after intubation, trauma of the vocal folds, inflammation of the upper airway, and/or changes to your breathing support. The extent of your symptoms may vary, depending on many factors, such as how easy it was to insert the endotracheal tube, and the length of time you have been intubated.

What are the symptoms?

You may experience some of the following:

- Sore throat.
- Throat clearing.
- Hoarseness.
- Weak voice.
- Vocal fatigue.
- Shortness of breath.
- A 'lump in the throat' sensation.



Things you can do to improve your voice

- Aim to drink 1½-2 litres of water per day, to help keep your vocal folds hydrated (unless advised against by your doctor).
- Try steam inhalation to further reduce dryness.
- Avoid smoking, drinking caffeinated drinks and alcohol.
- Ensure any underlying acid reflux (stomach acid coming up into the throat) is well managed. Regular stomach acid in the throat can lead to irritation and swelling of the vocal folds.
- Reduce background noise to ensure you are well heard and don't have to shout.
- Avoid dusty or smoky atmospheres.
- Encourage whoever you are talking with to come closer (as long as it is safe to do so, and people are wearing face coverings if needed).
- Avoid straining your voice, shouting and whispering.
- If your voice box feels sore, rest it for a little while by not talking.
- Regulate your breathing when you speak, ensuring to stop for frequent breaths.
- Try to avoid clearing your throat. Instead sip water, swallow your saliva hard, chew gum or suck a sweet.
- Be aware of stress and tension, particularly in your shoulders, neck and face. Try to relax. If muscles are held in constant tension, a strained voice quality may result.

Monitoring for improvement

You should start to note improvements in your voice as you start to feel stronger, your breathing improves and the inflammation of your upper airway reduces.

Contact your GP/doctor if there is no improvement in your voice after two weeks, or your voice is improving but has not returned to normal within two months. In these cases, you may benefit from a referral to the Ear, Nose and Throat (ENT) team, who can investigate your voice box and its overall functioning.

Depending on the outcome of the ENT team assessment, a speech and language therapist may be asked to support you with specific exercises, aiming to improve your voice quality.

Contact us

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To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

R Harris, RBFT Specialist Speech & Language Therapist, August 2025. Next review due: August 2027.