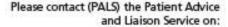
For a translation of this leaflet or for accessing this information in another format:











Frimley Park Hospital

Telephone: 0300 613 6530 Email: fhft.palsfrimleypark@nhs.net

Wexham Park & Heatherwood Hospitals

Telephone: 0300 615 3365 Email: fhft.palswexhampark@nhs.net

Facing the future

Frimley Park Hospital Portsmouth Road Frimley Surrey, GU16 7UJ	Heatherwood London Asc SL5 8	Road ot	Wexham Park Hospital Wexham Slough Berkshire, SL2 4HL
Hospital switchboard: 0300 614 5000		Website: www.fhft.nhs.uk	

Title of	Inducible Laryngeal Obstruction			
Leaflet				
Author	Lydia Hart	Department	Speech and Language	
	Faye Littlewood		Therapy	
Ref. No	Issue Date	June 21	Review Date June 23	

With credit to the Speech and Language Therapy team at Lancashire Teaching Hospitals NHS Foundation Trust in writing this leaflet.

Legal Notice

Committed to excellence

Please remember that this leaflet is intended as general information only. We aim to make the information as up to date and accurate as possible. Please therefore always check specific advice or any concerns you may have with your doctor.



Adult Speech and Language Therapy Service (SaLT)

Frimley Park Hospital and Wexham Park Hospital

Inducible Laryngeal Obstruction

Daily exercises and emergency control techniques

Speech and Language Therapy Voice department contact numbers:

Frimley Park Hospital: 0300 613 4050

Wexham Park Hospital: 0300 615 1111

Information for patients, relatives and carers

Working together

Committed to excellence

Facing the future

What is Inducible Laryngeal Obstruction (ILO)?

ILO (also known as vocal cord dysfunction) means that your vocal cords are closing together when you breathe <u>in</u>. This will make your breathing noisy (known as stridor), and feel difficult. Attacks tend to come on suddenly, with a sensation of blockage or restriction in the throat. It can happen when you exercise – this is known as exercise induced laryngeal obstruction (EILO).

ILO is often confused with asthma, but there are distinct differences. Asthma causes a problem with breathing <u>out</u> (which will be heard as a wheeze), attacks tend to build gradually, and the restriction may be felt in the chest rather than the throat. Asthma will respond to inhalers, whereas ILO will not.

It is possible to have both ILO and asthma, which can make diagnosing the condition more difficult.

This leaflet contains exercises and strategies for managing ILO, both for everyday practise, and emergency strategies to use when you are having an attack.

Daily exercises

- Increase your awareness of tension in the upper body, shoulders, jaw, tongue and throat through the day
- Reduce upper body tension by using neck and shoulder relaxation during the day, such as massage/stretches (as advised by your therapist)
- Yawning exercises: yawn 5 times, 3 times daily. Yawning helps to relax the muscles of the throat, and open the vocal cords
- Complete sets of 20 emergency breaths, 5 times daily

Doing these exercises consistently every day will help to 'retrain' the muscles of your throat, and prevent the onset of attacks.

Emergency control techniques

When you feel an attack coming on, immediately do the following to minimize escalation and reduce the length of the attack:

- Try not to panic. ILO attacks can be scary, but it is important to stay calm. Resist the urge to gasp or fight for air, as this is likely make your symptoms worse
- If possible sit down, relax your shoulders, and remind yourself that this event will pass
- Immediately do your emergency release breathing for as long as you need to (see below)
- Try a yawn, if you find this strategy helpful. Visualize your larynx opening up when you do this to allow good airflow
- Persist with these strategies until the episode resolves.

Remember - you control your larynx not the other way around.

Emergency release breathing

These exercises both help to activate the muscle that opens the vocal cords. Find the one that works best for you.

 Do a long blow out through pursed lips, then sniff in through your nose. Focus on the movement of your breath in your tummy.

OR

2. Blow out through pursed lips in two 'puffs', like blowing out two candles, then sniff in. Feel the movement in your tummy.

OR

3. Do a long blow out through pursed lips, then sniff in twice. Try to count to four as you blow out (out for 4, in for 2)

Focus on breathing OUT, rather than trying to breathe in.