Passy Muir Valve Modifications

Original Question:
 Are any SLPs trialing using modified (drilling 1-2 holes, cutting part of valve, etc) Passy Muir Valves for assessment with their trach patients? We have some questions about techniques for modification (and who does the modification), assessment protocols, etc. Thanks!!

ORG A: This is not a practice that we regularly do as it is not recommended by PMV. In the past, when trialed with a very specific patient population, the modifications are done by our ENTs. Most of the time there is an anatomical reason that these patients are not tolerating the valve that needs to be established prior to making modifications to the valve.

ORG B: We do not modify our Passy Muir Valves. Instead we have another speaking valve we can try, Tracoe Speaking valve. I haven't used one in a long time, but depending on how much you turn it depends if it is completely a one way valve or completely open. So you could turn the top just a little and have a little bit of a leak. We use it if the PMV isn't tolerated due to anxiety or something similar and we can slowly turn it to make it not have a leak. Hopefully, this is helpful.

ORG C: We have chosen not to modify Passy Muir valves by drilling holes, instead, we use a variety of one-way valve brands including Passy Muir, Shiley Phonate, and Tracoe. We have found that each brand varies in the resistance range and make a determination on which valve to trial based on several indicators including, but not limited to, transtracheal pressure testing, upper airway status, secretion management, ventilator status, and oxygen requirement. In terms of transtracheal pressure testing we follow an evidenced based guideline to determine airway patency and valve candidacy.

ORG D, ORG #: We do not modify PMVs due to risk and potential legal concerns. We focus modifications on the patient (e.g. cannula size, positioning, behavioral/environmental influences, time/length of application, oxygenation), but we do not modify the valve itself.