

The PAPOV Study: Pre- and Post-Operative Voice Therapy for Benign Vocal Fold Lesions

This summary explains **why the study was done, what happened, what we found, and what this means for the future**, in clear, non-technical language.

Why was this study carried out?

People who have **benign (non-cancerous) vocal fold lesions** often have surgery to remove them. Voice therapy is usually offered either before or after surgery, but **there has been little research to guide exactly how and when voice therapy should be delivered**.

The PAPOV study was designed to:

- Develop a **structured voice therapy programme** before and after surgery
- Check whether this programme could be delivered successfully in NHS clinics
- Find out whether patients and clinicians felt the programme was **acceptable and helpful**
- Test whether it would be possible to run a **larger study** in the future

This type of study is called a **feasibility study** — it focuses on whether something *can* be done well, rather than proving effectiveness.

What was the PAPOV programme?

The PAPOV programme included:

- **Voice therapy before surgery**, focusing on understanding your voice problem, protecting your voice, and learning healthy voice techniques
- **Voice therapy after surgery**, supporting healing and helping your voice recover strength, quality, and stamina
- A set of **core therapy elements** that everyone received
- Additional elements that therapists could tailor to individual needs

Most participants attended:

- Around **two sessions before surgery**
- Between **one and four sessions after surgery**

Sessions were delivered **face-to-face or by video call**, depending on preference and clinical need.

Who took part?

- **41 people** took part across **two NHS hospitals**
 - Participants ranged in age from their **mid-20s to mid-70s**
 - Around **three-quarters of participants were women**
 - Participants had a range of benign vocal fold conditions
 - **Four specialist NHS speech and language therapists** delivered the therapy
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What did taking part involve?

Participants:

- Attended voice therapy sessions as part of usual care
- Completed questionnaires about their voice, throat symptoms, quality of life, and costs related to their voice problem
- Provided voice recordings at different time points
- Some participants took part in an interview to share their experiences

Importantly:

- **All information was kept confidential**
 - Participation did **not affect normal NHS care**
 - Participants could withdraw at any time
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What did the study find?

1. Most eligible people chose to take part

- Nearly **3 out of every 4 people who were eligible (73%)** agreed to take part in the study

- This is considered a **high recruitment rate** for this type of research and shows that people were willing to be involved

2. Most participants stayed in the study

- **85% of participants** who joined the study stayed involved until the end
- Only **15% were lost to follow-up**, which is much lower than is often seen in voice therapy studies

This shows that:

- The study was manageable for participants
- Follow-up appointments and questionnaires were generally acceptable

3. The voice therapy programme could be delivered as planned

- **93% of participants** received all the key parts of the PAPOV voice therapy programme
- Almost everyone received the recommended **two sessions of voice therapy before surgery**
- All participants who went on to have surgery also received **post-operative voice therapy**

This means the programme worked well in real NHS clinics.

4. Many participants reported clear improvements in their voice

- Participants reported **large improvements in how their voice affected daily life**
- Improvements were already clear by **3 months** and were still present at **6 months**
- On average, improvements were **well above the level considered meaningful by patients**

Although this study was not designed to prove effectiveness, the results were **very encouraging**.

5. Some people no longer needed surgery

- Around **1 in 6 participants (17%)** improved so much with voice therapy alone that surgery was no longer needed
- This decision was always made jointly between the patient and their clinical team

6. Participants found the programme acceptable and supportive

From interviews and feedback:

- Participants valued the **knowledge, reassurance, and encouragement** of their voice therapist
- Many said the therapist relationship helped them **stay motivated and confident**
- Support from **family, friends, and employers** played an important role in recovery
- Having the **same therapist before and after surgery** was especially appreciated

7. Clinicians also found the programme acceptable

Therapists reported that:

- Training and ongoing support helped them deliver the programme confidently
- The structure supported consistent care while allowing flexibility
- The programme felt **patient-centred and clinically appropriate**

What does this mean for the future?

Because the PAPOV programme:

- Successfully recruited participants
- Had high completion rates
- Could be delivered as planned
- Was acceptable to both patients and clinicians
- Showed promising improvements in voice outcomes

It is now appropriate to plan a **larger study** to properly test whether PAPOV is more effective and cost-effective than usual care.

Thank you again

Those who took part:

- Helped shape future voice therapy services
- Contributed to improving care for people with voice problems
- Played a vital role in research that could influence NHS practice nationally