

# 43. Declan Costello

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## SUMMARY KEYWORDS

vocal cords, singers, voice, nodules, people, problem, vocal, injury, larynx, polyp, singing, musicians, ent surgeon, bit, patients, surgery, clinic, question, person, technique

## SPEAKERS

Declan Costello, Rebecca Toal, Hattie Butterworth

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**H** Hattie Butterworth 00:06  
Hello and welcome to Things Musicians Don't Talk About with your hosts Hattie Butterworth

**R** Rebecca Toal 00:12  
And me Rebecca Toal.

**H** Hattie Butterworth 00:14  
Within our vibrant musical world, it can often feel that the struggles and humanity of musicians is lost and restricted.

**R** Rebecca Toal 00:21  
Having both suffered in silence with mental, physical and emotional issues, we are now looking for a way to voice musician stories, discuss them further and to connect with the many others who suffer like we have.

**H** Hattie Butterworth 00:32  
No topic will be out of bounds as we're committed to raising awareness for all varieties of struggle.

**R** Rebecca Toal 00:38  
So join me, Hattie, and guests as we attempt to bring an end to stigma by uncovering the things musicians don't talk about

things musicians don't talk about.

H

Hattie Butterworth 00:48

Hello, we are coming to you with an episode that we've actually recorded back just before our Musicians' Injury Awareness Week in November. We spoke to Declan Costello, who is an ENT surgeon, and also a singer. We spoke to him back then to create an infographic that Rebecca put together and is a really awesome resource for singers. But we also, in order to get that information and to chat, we actually recorded a podcast which we are releasing now and hope will be really helpful to all of our singer friends. But also, it is really, really interesting even if you aren't a singer, like wow, it's fascinating. His life, the whole like parts of surgery and, and just being a surgeon and what that involves and conversations he has with, with patients and how he guides them onto the right path is really, really, really interesting. And I hope that you find it either useful resource or just a good old listen. So thank you so much Declan for sharing your wisdom with us. And we really hope you enjoy this episode with Declan Costello. So, welcome, Declan. It's so lovely to have you on our podcast today to speak about vocal injury. We are just thrilled to be having you kind of as part of our period of raising awareness for musicians' injuries in general. It would be wonderful if you could begin by telling us a bit about who you are and what you do and your specialisms in the vocal injury world.

D

Declan Costello 02:45

Sure, thank you so much for inviting me. It's really nice to talk to you. Yep, my name is Declan Costello. And I am an ear nose and throat surgeon - an ENT surgeon - and I specialise in voice disorders, so I'm a laryngologist, a person who studies the larynx. I've got a particular interest in singers and performers and their vocal problems because I have a background as a musician and singer myself. And I still do quite a lot of singing, so my, my weekly diary is divided up into blocks of either being in clinic, seeing patients or being in the operating theatre operating on patients, and I'm in, sort of half day blocks doing generally either one or the other, with a bit of administration and singing and this and that thrown into the mix as well.

H

Hattie Butterworth 03:31

So in terms of you know, your, your kind of journey into this, what was it about vocal injury that attracted you? Was it that it was something you experienced yourself as a singer or something you've seen anyone you knew personally suffer with? Or what was it about it that kind of attracted you first of all?

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Declan Costello 03:52

Well, I mean, my, my background is in music. I did a three year music degree and was a choral scholar. And so I did that, and finished the music degree and then started from scratch studying medicine. So I did the three years of music and then five years of medicine after that. Having graduated in medicine, I then dipped my toe in various different specialties. I enjoyed surgery so I knew I was going to be a surgeon of some sort, so I dipped my toe in various different surgical specialties including orthopaedic surgery and plastic surgery and A&E and I did some ENT surgery as well and really enjoyed that. ENT surgeons are generally quite a sort

of relaxed bunch. It's a nice, it's a nice specialty to be in. And having decided I was going to be an ENT surgeon, it was fairly self evident early on that I was going to specialise in voice disorders. We've all become very very niche and sub-specialised in what we do: I've got colleagues who do just ear operations, in fact, I have some colleagues who only do two or three particular ear operations and specialise in different operations of the ear and so on. So it ... we become very, very niche and voice disorders - laryngology - is a very small corner of ENT but, you know, it was, it was pretty clear that that was what I was going to do. So I guess in a sense, I mean, I, I wasn't drawn to vocal injuries as a result of a problem I had or a result of a problem I saw other people having, it was actually more within medicine. It was voice in general that appealed to me, and helping rehabilitate people who've got vocal injuries was sort of part and parcel of that.

R

Rebecca Toal 05:24

And is there a ... just jumping in straight to the injury side, is there like a most common injury that people get? I suppose you get asked this all the time, but is there like one that you just see day in day out that you have to treat?

D

Declan Costello 05:38

So I guess the first thing that's worth saying is that vocal injury in singers is pretty uncommon. I mean, I think singers or performance are really worried that they're going to do themselves and injury, whether it's repetitive strain injury and violinists or neck problems for violinists for that matter, or anything else. And singers are particularly worried about causing vocal injury, but it, of all of the singers I see in clinic, the likelihood of somebody actually having a visible, definable injury is pretty small. So I think that that's, that's one of the more important things to say. Of the group of people who have an injury, I guess the most common thing would be a polyp on the vocal cord, vocal fold, which is a little, it's an area where there's been a swelling on the surface of the vocal cord that usually comes up quite suddenly, often in the context of a big yell or cough, or, or some sort of 'phono-trauma', if you like, where the vocal cords have been bashed together quite hard, and you end up with a sort of blood blister on the surface of the vocal cord. And that then sort of solidifies and becomes a more, a more permanent feature. So a vocal cord polyp would be the most common thing.

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Hattie Butterworth 06:49

And what does that look like in terms of how someone's singing might be impacted, if they had a vocal polyp? You know, what does it sound like? Or what does it feel like?

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Declan Costello 06:59

Yeah, so you don't feel anything at all, you're not aware of having a feeling of a lump in the throat or anything like that it has an impact on the voice ... giving the voice a slightly rough edge, both the speaking voice and the singing voice. If the polyp is fairly sizable, then the person will audibly have a rough quality to the voice even as you're chatting to them. If it's a more subtle thing, if it's a tiny polyp, and sometimes I see patients with polyps that are literally

a millimetre or so in size, and then the vocal problems are much more subtle, then you're talking about problems just in their sort of uppermost registers or trying to shift through register transitions. So it's, it depends a little bit on the size of the polyp. But one of the things that, for me, that is one of the key questions when I'm talking to a patient before I've had a look at their larynx, one of the key questions is, is this a consistent problem or is it coming and going? Because if a problem is coming and going, then it's unlikely there is going to be a fixed lump on the vocal cord. If it's a coming and going kind of situation, then it's much more likely that it's postural or technical or to do with breath support, or something that's changing from one moment to the next, but if the singer in front of me is saying, "actually, d'you know what? Every time I go up through my passaggio and into my upper registers, it never works, and it just hasn't worked for the last six weeks," then the alarm bells are just ringing a little bit that there might be something sitting on the vocal cord.

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Hattie Butterworth 08:26

So can you clarify kind of the difference between someone having a vocal injury and someone having what they might think will be an injury or what might be just, as you say, a strain or something technical that could be resolved through hygiene methods or whatever?

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Declan Costello 08:42

Yeah, as you say, it's a really, it's an interesting one, I mean, I guess I would define a vocal injury as being something I as the laryngologist can see, you know, I look at people's vocal cords day in day out, and we've got little cameras that go through the nose to look at the vocal cords and if I can see a thing on the vocal cords that has been caused by, usually a sort of an acute event, a single event, then I would call that a vocal injury. If somebody is saying, "actually, you know, over the last couple of months, I've had some vocal fatigue, and it feels a bit tight and strained," I wouldn't necessarily call that an injury as such, I would think of that as being more of a technical thing. There are quite often people will come to me in that situation, to have a look at the vocal cords to exclude there being any pathology. And it's great. That situation is great, because I can look at the larynx and say "you haven't done yourself any damage, you're not going to need an operation, and this is really just a sort of technical thing about how you're using the voice." And that's obviously a great relief to everyone. And ... but I wouldn't necessarily call that an injury. I think for for me an injury is something where you're maybe suggesting the person is going to have to rest their voice or maybe going to need surgery or need some sort of rehabilitative process to get them back on track.

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Hattie Butterworth 09:52

Can you maybe speak about a few of the other common voice disorders that you see? Um, just so we can ... yeah, get them covered and if someone is listening with who has a specific issue or has been diagnosed or knows someone with it, you can basically just tell us a, an overview of the most common vocal disorders that singers suffer with specifically.

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Declan Costello 10:13

Of course yeah I guess the thing that people that singers are most paranoid about is nodules

Of course, yeah. I guess the thing that people, that singers are most paranoid about is nodules. And the singers will come through the door, and very often will say, "Look, I just want you to have a look at my vocal cords. I'm paranoid that I've got nodules, I'm really worried," and the sort of tears of relief from singers when you show them their larynx and tell them they haven't got nodules is extraordinary. And I think nodules, in a sense, nodules have got a bad name. Nodules are not the problem that I think a lot of singers perceive them to be. Nodules are basically thickenings on the vocal cords that happen when you're bringing the vocal cords together with a lot of energy over a prolonged period of time. And they're a bit like a callus on a foot. If you've got a shoe that rubs, you end up with a thickened area on your ... on the skin of your foot. Now the solution for the skin on your foot is to wear a softer shoe, and then the thing goes away, and the solution for the for the calluses on the vocal cords is to actually use your voice in a different way so that you're not bringing them together with quite so much energy, and then the things melt away. And that is almost universally the way it works. So nodules are really not the thing to be feared. I think maybe the reason singers have been so worried historically about nodules is because they were treated very badly in years gone by by surgeons and surgeons would end up operating on them inappropriately and maybe not operating on them in quite as refined and finessed a way as they could do. And you end up with vocal cord scarring, and then that vocal cord scarring really is a problem. Nodules are really not a major concern from my point of view. They're not all that common, particularly in classical singers actually, but they're really not all that common. And even if somebody does have nodules, they're pretty easily remediable. And if you, if you do need an operation - we'll probably talk about operations in a little bit - but even if you do need an operation, the likelihood is as long as the operation is done properly, the likelihood of you getting back to singing properly is, is pretty much 100%. One of the other pathologies we do come across is vocal cord cysts. A cyst is a pocket of fluid that sits within the vocal cord and is usually filled with mucus, sometimes happens as a result, again, of vocal trauma phonotrauma. They often will sort of go away of their own accord. Again, we can talk about the surgery for those maybe in a bit, but the surgery for vocal cord cysts is ... results in quite a prolonged sort of recovery period for reasons we can maybe chat about. So vocal cord cysts happen. I mean, I'm talking really about the injuries that singers have. There's a whole load of other things that I see in my general voice clinics, so I see paralysis of vocal cords, I see papillomas of vocal cords, which are clumps of warts on the vocal cords. I see ... all sorts of other sort of weird and wonderful things. Cancers obviously come through the door intermittently as well, but not not in young singers. Yeah in singers, I guess the most common things that I see are a) nothing at all, which is by far and away the most common thing when I see a singer, again, be reassured about that. The most common pathology I guess would be polyps and then maybe cysts and nodules as well.

R

Rebecca Toal 13:32

And would you say that the majority of people that come through the door to you ... you said that a lot of them are caused just by like a vocal trauma, is that usually like a one off occurrence or is it generally because they've developed a technique that maybe isn't serving them very well? Or is it just a one off usually?

D

Declan Costello 13:54

So, in the case of a polyp, it is almost always a one-off thing. And the singer will say, you know, I was in the middle of Tosca three weeks ago and actually just went, and suddenly I lost the top end, no pain, no feeling of a lump in the throat, nothing else, just lost the top end. And since

then it's been husky so that a polyp is a very sudden thing. A cyst is often a reasonably sudden thing as well. Nodules, on the other hand, come up over a prolonged period of time. So the more common situation that, you know, where you might see nodules, for example, would be somebody who might be in a West End Show say, and they've got eight shows eight shows a week, very, very vocally demanding, and those guys are using their voices incredibly intensely and the demands on the West End singers are really pretty extraordinary and over a period of time, over sort of weeks and months. That's when the nodules would, would come in.

H

Hattie Butterworth 14:51

So would you say that you actually see a lot more musical theatre for musicians than you do classical singers for these sorts of problems?

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Declan Costello 15:01

It's difficult to say because actually, I, the way because of my background in choral music and classical music, and because of my connections with a lot of the classical scene, I see a lot of singers of, from classical background. I mean, I see a lot of musical theatre as well, but probably proportionately I see more classical than musical theatre, whereas some of my other colleagues might see more musical theatre than classical. Now, I don't know whether I'm seeing the whole population, and actually, the, it's skewed towards the classical end, rather than the musical theatre... do you see what I mean? It might just be that actually, in totality, actually, there are more musical theatre people being seen, but it just happens to be my colleagues that are seeing them. See what I mean?

H

Hattie Butterworth 15:43

Yeah, interesting. I'm also really, really curious about ... I mean, we talk a lot about in instrumental injury, about this whole stigma of 'if you get injured, it's because you're not a very good musician'. And it's because, you know, your technique is off, or it's because, yeah, there seems [to be] this whole thing, you don't want to admit to it because people are going to start thinking, "you mustn't be very good then if you can't perform in the way that means that you are in the healthiest body." But what would you say about that with singers, you know, how important is a good technique? Or does it really not matter all that much about the technique? Is it that some people are just predisposed to these kind of problems?

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Declan Costello 16:24

Yeah, well, I mean, I think the truth is that you can have the best technique in the world and you can still be injured. I've seen, you know, incredibly experienced singers and incredibly experienced teachers of singers who have run into vocal injuries. So I think the idea that you can blame the person for the injury that's happened to them is really unfair. I mean, we don't blame our sportsmen, when ... we don't blame Andy Murray when he runs into problems with his hips, do we? And I think it's unfair, unless somebody is manifestly abusing their voice by yelling five nights a week, then then I think it's not really very fair to blame singers, because you could, as I say, you can have the best technique in the world and still run into these

problems. And I think that's part of the sort of stigma of the whole thing is that it is perceived that this is the fault of the person to whom it's happened and I think we just need to push back against that actually. It's not, it's not the case, it can happen. And it's just, it's just jolly bad luck and you get through it and, and you come out the other side.

R

Rebecca Toal 17:29

I was wondering, because playing trumpet this is often, for me, it's, you were saying that you, you get a lot of people that are very paranoid about nodules in particular, I, you know, people that play trumpet and brass instruments also get paranoid about things because they can't see it. And I mean, I'm not saying it's exclusive to instruments that you can't see the workings of it, but do you feel that a lot of people are coming to you with more mental anguish because they physically can't see what's going on and they just need someone to look inside and be like, "No, it's fine. Just keep going, keep doing what you're doing"?

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Declan Costello 18:03

Absolutely. I think that's absolutely right, yeah, and I make a point, when I see a singer in clinic, I make a point of showing them the video of their vocal cords afterwards, we look at the playability and suppleness, we look at the fact that they're nice and straight. And that reassurance, I would say, eight or nine times out of 10, that is all that's required in clinic for me, and then they can go back to their singing teacher, and, and carry on. So yeah, that ... it's the mental side of, of this is really important as well. And I think people quite often will sit on an anxiety and a stress about their voice. And that then starts to feed in on itself, you know, the more stressed you are about it, the more tense you become, that then starts to cause problems of its own. And then you ruminate on that and it gets worse and worse and worse, and actually, you can often short circuit the whole thing just within a few weeks and see somebody, have a look at the vocal cords, it all looks fine and crack on. But in a sense, the longer you leave it that the more tension and stress can creep in.

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Hattie Butterworth 19:08

Kind of when someone comes and they're reassured, and it turns out, they haven't got to a terrifying thing that needs surgery, what is kind of the next road for their, say, recovery, if it is a problem that's really getting to them and even though you've reassured them, they might still be thinking "yes, but what about my voice? You know, I still have this..." I mean, I don't I feel like I don't know enough, really, but maybe a hoarseness or whatever...what is the next stage then in terms of improving their technique, or would you recommend you know what, what to do next?

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Declan Costello 19:41

Yeah, no, I mean, I think that's a really good question and in a way, my role in the clinic is almost as a gatekeeper. Having decided that somebody doesn't have an injury, you're right, I then need to try to help with this person to understand "well, is this a technical thing about how they're using their voice at a singing level?" In which case I would say "go back and have some

vocal rehabilitation with a good singing coach." Is this about how they're using their speaking voice? Because some people are clearly using their speaking voices in such a way as to be damaging to the voice and that's causing problems with their singing. So if they're having problems with their speaking voice, I might send them to a speech and language therapist. Is this an issue of muscular tension in the neck, in which case I might send them for laryngeal massage, laryngeal manipulation. There are some people who specialise in, you know, getting stuck in with the neck and really releasing the muscles there and there's a whole field of that. Is this primarily a psychological thing? Is this something that's going to need some Cognitive Behavioural Therapy to actually help people to unlock these, these different problems? Or is it going to be a little bit of all of those? So yeah, you're right, I mean, it's not for me, I'm not a singing teacher. And it's not for me to say whether somebody's using their voice in the appropriate way or not and I certainly can't do that in the space of half an hour in a clinic room. But we just need to unpick some of those sort of issues and and try and work out which of them is the major problem, and then I would try and steer people in the right direction from there.

R

Rebecca Toal 21:13

It's always such a hard call, I imagine to, as you say, be that gate gatekeeper, and make sure to refer them to the right person that doesn't then sort of prolong their suffering, or I don't know, it feels like quite a lot of responsibility on your part, which must be quite hard.

D

Declan Costello 21:30

There are organisations, I mean, there's, there's a new organisation called The Voice Care Centre, which is ... runs a sort of multidisciplinary model, and they talk about cases in in groups, which is great, but that, you know, that's not necessarily readily accessible to everybody. So, it's yeah, as you say, that the sort of gatekeeper thing, and, you know, it relies to an extent on my contacts as well and my being able to pick the right sort of manual therapist for this person or the right sort of psychological therapist for this person or whatever else. And there are organisations that can help with this as well. You know, the British Association of Performing Arts Medicine, BAPAM, are great. They've got whole reams of registers for for physiotherapists, and occupational therapists, and psychological therapists, and ENT surgeons, and goodness knows what, so that sort of, those sorts of contacts can be very useful.

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Rebecca Toal 22:22

That was going to be my next question is, for the most part, do people come to you through BAPAM or something where they're potentially getting funding for it? Or is it mostly off their own backs financially? Do you know?

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Declan Costello 22:35

It's a bit of both. I think there are probably more people self-funding than coming through BAPAM. Of course, you know, there's... BAPAM are an organisation that have lots of medical contacts. In terms of funding, there's obviously Help Musicians UK and the Royal Society of Musicians, and there's lots of different groups that can help to provide support, and, and I think



that the, the scene is much better for providing that support than perhaps it was. Help Musicians UK through the pandemic actually has done a fantastic job of fundraising and distributing funds to, to, to performers and musicians. They really have done, done a fabulous job as far as I can see. But yes, I mean, a lot of a lot of people will come through with that funding. And of course, it goes without saying, we're talking primarily about the patients I see in private practice. And a lot of singers, in fact, most singers will want to come and see me as a private patient simply because then you can get seen quickly and get it dealt with. Don't rule out the option of being seen on the NHS, and that's perfectly, perfectly reasonable way of doing it. It's just that you'll have to wait longer and you have less option about the sort of timing of things. But if your GP is happy to refer you to a voice clinic, then that's absolutely fine. It's, I think, sometimes GPs will...or there's a tendency occasionally for GPs to push back when somebody says they've got a subtle problem with their singing voice, because the GP says, "Well, yeah, so what? Just don't, don't sing." But, but, so I think from a performer's point of view, it's really important to be clear that actually, this is your profession. You could ... if you, if you'd lost a finger, you'd be going for some help, and actually it's ... that needs to be pressed home I think when you're seeing your GP for a referral to a voice clinic

H

Hattie Butterworth 24:29

That is such a good point, because the one thing I've heard over and over from people we've interviewed about their injury is "don't go to the doctor. They told me not to play," or you know, they... or that "they don't understand that this is my life, you know, I can't just not play." And I think that's my next question is how much ... was, was all of you kind of knowledge of the sort of psychology and empathy of singers and of musicians through your own experience, or was there any kind of training for ENT surgeons about "this is a singing voice. This is what singers need, this is the care they need," kind of thing.

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Declan Costello 25:07

I'm afraid to say that there isn't any specific training for ENT surgeons in this area. I mean, it's it's quite, it's quite a niche little field and my, my communication with patients and my communication style with patients has largely come about through personal experience and chatting to people. I haven't had a vocal injury myself, but I do, you know, I understand the issues around performance anxiety and stress. And you know, I've been in those horrid situations on stage where the voice isn't working and you just want the the ground to swallow up sort of thing. So I sort of get that and, and I think part of the reason singers will come to see me specifically is because I do have that background and I kind of understand a bit what it's like to be on the other side of the stage, on the other side of the desk as it were and and, you know, I understand about performing schedules and rehearsals and travelling and and all the stresses that go with that. But in answer to your question, no, there isn't any specific, sort of psychological training for ENT surgeons.

H

Hattie Butterworth 26:16

A lot of my kind of singer friends have mentioned, especially in their late teens, that there's a kind of delayed onset of development for singers and that it's, I don't know, it's better to take more time or take time out and come back when you're older because your voice is more

mature, and maybe it'll be stronger or it'll be more healthy or whatever. I mean, what's your kind of experience? Is there a specific age or period of development that vocal injury can occur more likely, or...?

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Declan Costello 26:48

I don't, I'm not sure that there is a specific time that people are more likely to develop injuries. I think you ...singers understand that there is a need to accept the fact that the voice changes as the years go by, you know, clearly for boys at the age of 13, 14, the voice changes very dramatically and very rapidly, but girls go through changes as well. And as you go through teens into 20s, and then late 20s into 30s, the voice matures, changes the sort of overtones and the harmonics can shift subtly. So I think there isn't necessary ... I mean, other than the obvious sort of puberty changes, I don't think there is a specific time I would say when voices change more rapidly than at other times. And I also don't think necessarily that there is a particular time in people's lives when when they're more prone to injuries. I mean, the thing that I often am asked is about, "is it okay to sing if I've got a sore throat?" You know, "am I going to do myself an injury if I'm singing when I've got a cold or if I'm unwell?" And that's a really difficult one ... you know, I saw a singer yesterday who said he had raging tonsillitis about two or three weeks ago, sang and he said his voice was absolutely fine. And that's because the tonsillitis was isolated purely to the sort of upper part of his throat, to his pharynx, and his vocal cords weren't affected at all. So he didn't have laryngitis. Equally, you know, if you're a bit husky and you've got a sore throat, then that implies that the vocal cords themselves are probably a little bit swollen, so you might need to sort of step back but the idea of trying to decide when ... of giving somebody a formula for saying "when is it okay to sing and when is it okay ... and when is it not okay to sing?", it's just not that straightforward.

R

Rebecca Toal 28:39

Your advice for rehabilitation afterwards, is that influenced by your experience as a musician and as a singer? Or is it purely just ENT... is it is it customised to it being a singer that's been undergoing surgery?

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Declan Costello 29:00

Very, yeah, very much, I mean, well, the surgery thing is ... we haven't even talked about that yet, and that's, that's a whole nother area of discussion. But the question about to what extent are my decisions based on me as a musician or me as an ENT surgeon, well, to a very large extent, it's me as a musician, and the sort of referral network I've got of people I send singers to is pretty big, and I will sort of judge who is going to be the best person to see that that that singer in any particular situation, but I think if you don't, particularly with the psychological stuff, if you don't specifically ask about psychological problems, then you often don't get an answer. People come to see a surgeon because they think there is a physical problem with their larynx. And, you know, as you go through the consultation, and chat to people, they will ... you establish that there's no think physically wrong, but then you just start to explore you were this ... you know, "this must have been very stressful for you." And actually, then the floodgates

open and you realise that there are some really pretty substantial psychological things going on. And that side of things may be much more of a problem than anything physical that might have been there.

R

Rebecca Toal 30:17

And would you be able to go into bit more detail about the surgery? Because yeah, I just, I would have no idea what does it entail? Like do they go under anaesthetic? I mean, presumably, yes. But could you just ... sorry, that was a really stupid question.

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Declan Costello 30:30

No, no, it's not a stupid question at all. Because I do do, I do do procedures under local anaesthetic, on people's vocal cords, with with needles through the neck and with cameras in the nose and all the rest of it. Not for singers necessarily, but for certain other conditions. So we do do that. So it's not that daft a question. Yeah, so I mean, if a singer does need an operation, then yes, it's under general anaesthetic, and we're usually talking about removing tiny little swellings from the edges of the vocal cords, and it's done through the mouth, we've got a metal tube called a laryngoscope, that holds the mouth open. And we kind of prop it onto the table so that I've got two hands free and then I look down the laryngoscope directly at the patient's mouth, through the patient's mouth and down at the vocal cords using a microscope, and I've got long instruments about a foot long that reach into the mouth and down at the vocal cords, and I'm operating through the microscope down with these, with these long instruments to remove these little kind of millimetre or two millimetre sized things on the vocal cords. It sounds fiddly, and it is fiddly, and it just takes a bit of sort of practice, I guess. And it, the operations typically take about sort of 45 minutes or so to do depending on what you're doing. And you know, as I said earlier on, the most common operation, I guess, for me, if I'm having to operate on a singer would be to remove a vocal cord polyp and the ... you know, it's under general anaesthetic, 45 minutes or so asleep, they would then go home the same day. And there's a period of rehabilitation afterwards. We all, ENT surgeons, laryngologists will all advocate voice rest so complete silence. I advocate complete voice rest for two days. Other people advocate for longer than that. But you know, there's that's a discussion between us lot really. And then we all have a sort of programme of how we would get the patient to build their voice back up. And typically, I would say to somebody, if they're having an operation on the vocal cords, the earliest they're going to be back to performing is about six weeks, which is, in the grand scheme of things, is not too bad. I saw a patient a few years ago who I operated on his larynx and unbeknownst to me, he had actually scheduled a Radio Three recital live on the radio six weeks to the day after his operation. I had absolutely no idea he was going to do that. I'm glad he didn't tell me at the time. But, so yeah, six weeks. Yeah, I mean, I would normally say six weeks until you're back into sort of rehearsing properly, I wouldn't necessarily advocate a live broadcast on the day you go back but, but for other things, it can be longer. You know, I was talking earlier on about vocal cords cysts. A cyst is a little pocket of fluid within the vocal cord, and the way you get that out is by making a cut on the upper surface of the vocal cord and then shelling it out from within. Now that means that you're digging quite deep into the vocal cord, and so the healing process for that is quite a lot longer. So often, that would take two or three months before somebody's back to, to singing rather than just nipping a little thing

off the edge of the vocal cord, if you're if you're deep within the vocal cord, it takes longer to heal. So the recovery period, the kind of "how long will it be before I'm back to singing" period varies according to what the pathology is. But it's generally at least six weeks.

R

Rebecca Toal 33:47

And do you usually find that people come to you when it's pretty far down the line? I mean, I guess it depends on how paranoid they were about it, so you might find that people you ... spot things straightaway, because they're so paranoid. But do you often find that people are resistant to come until it's a bit too late or not too late? But ...

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Declan Costello 34:10

Yeah, the thing is that it's there's, in a sense, there isn't a "too late" because if you've got ... if you've developed a problem with the larynx, if you've got pathology of the vocal cords, it's probably not going to get worse and worse and worse, the more you use your voice generally. If it's there, it's there. The problem is that if you're singing on a pathology, if you've got a vocal cord polyp for example, the natural instinct is to kind of hold the larynx and hold yourself in a slightly different way just to try to get the voice out and then, then you end up in slightly sort of entrenched positions of holding the larynx and holding your neck in funny ways and I can remove the polyp, but actually if those muscle memory things get too deeply entrenched, then, then it can be quite difficult to unpick those. So in a sense, the earlier I treat somebody the better but it's not necessarily making the pathology worse in the long term. I think in answer to your question about whether people leave things too long, I think singers are getting better at not leaving it for ages. I think there was a time, perhaps historically, when people would have left it for months or years before seeing a laryngologist. I think the process of seeing an ENT surgeon has got a bit easier and a bit less agonising than before, and I think with the kind of things that you guys are doing about just raising awareness of illness and injury and rehabilitation and getting back on track, I think people are much more open to the idea of seeing somebody relatively early in the process.

H

Hattie Butterworth 35:35

If you had a kind of piece of advice for singers, in general, about maybe just vocal hygiene or something that you see people do again and again, and you're like, "No, why do you do that?" You know, "I've seen that go south so quickly," you know, is there something like that, some advice that you wish you could tell, kind of most singers?

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Declan Costello 35:58

Well, I think particularly for the young singers, I would say, think about the totality of your vocal loading, by which I mean, how you're using your voice in all of the different situations of your life, because you can have the best singing technique in the world, but if you're out nightclubbing three nights a week, and if you work in a bar for the other four nights a week, then you can have the best singing technique in the world you like, but you're bellowing for a lot of the time. So that's the problem. The speaking bit is the problem, not the singing. So just

think about that totality. You know, I've got people who are full-time teachers during the week and then doing professional consort gigs at the weekends. And you think "that's, that's just, that's just too too much. You just can't ... that's not sustainable." So yeah, that that sort of thing, I think is really important. For pop singers, particularly for up-and-coming pop singers, they will give their all in a performance for an hour and a half, but then actually what what the promoters want them to do is to go backstage and chat to the press for three hours over noisy music, and kind of do the promo stuff and the promo stuff is often more of a problem and something that needs to be managed better than the actual singing itself. So just, as I say, think about the totality of your vocal loading.

H

Hattie Butterworth 37:15

I've known a lot of cellists actually who have injured themselves through carrying their instrument rather than through playing. It kind of reminds me of that.

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Declan Costello 37:16

Yeah, absolutely.

H

Hattie Butterworth 37:16

Yeah, it's really, really interesting, actually,

D

Declan Costello 37:26

Although singers are worried about whether they have a vocal injury and there is, historically, there has been a stigma about it, I think it's getting better and people are talking about injury and rehabilitation, and whatever the problem is with your voice, it will always be remediable. I have never seen a singer where I have said, "this is the end of your career, and you'll never sing again." That just doesn't happen. And I think fundamentally, that's the morbid fear of a lot of singers is that ... that this might be it for the rest of their lives. And that just doesn't happen. There are always ways of getting back on track. Dealing with things earlier is better psychologically and physically. Singers ... a number of singers I see carry videos of their larynx with them, you know, they're in New York last week and then Berlin the week before that and they might see a laryngologist in different places. And that's very helpful for me because it means I can compare what their vocal cords look like today versus what it looked like last week or the week before. Get, you know get to know an ENT surgeon you trust, you know, in the same way that you would work with a cello teacher or a trumpet teacher you know and trust, get to... if you have had problems with your voice in the past and if you want the reassurance of knowing that your larynx is okay, get to know an ENT surgeon and you know, build up a relationship with them and if you go and see them every few years for the reassurance that everything's fine then, then so be it but just the stigma is, is going which I think is very, very helpful. And as I say, it will always be possible to get you back on track.