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**Anaesthetic and respiratory
equipment — Voice prostheses**

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Foreword

ISO (the International Organization for Standardization) is a worldwide federation of national standards bodies (ISO member bodies). The work of preparing International Standards is normally carried out through ISO technical committees. Each member body interested in a subject for which a technical committee has been established has the right to be represented on that committee. International organizations, governmental and non-governmental, in liaison with ISO, also take part in the work. ISO collaborates closely with the International Electrotechnical Commission (IEC) on all matters of electrotechnical standardization.

The procedures used to develop this document and those intended for its further maintenance are described in the ISO/IEC Directives, Part 1. In particular, the different approval criteria needed for the different types of ISO documents should be noted. This document was drafted in accordance with the editorial rules of the ISO/IEC Directives, Part 2 (see www.iso.org/directives).

Attention is drawn to the possibility that some of the elements of this document may be the subject of patent rights. ISO shall not be held responsible for identifying any or all such patent rights. Details of any patent rights identified during the development of the document will be in the Introduction and/or on the ISO list of patent declarations received (see www.iso.org/patents).

Any trade name used in this document is information given for the convenience of users and does not constitute an endorsement.

For an explanation of the voluntary nature of standards, the meaning of ISO specific terms and expressions related to conformity assessment, as well as information about ISO's adherence to the World Trade Organization (WTO) principles in the Technical Barriers to Trade (TBT) see www.iso.org/iso/foreword.html.

This document was prepared by Technical Committee ISO/TC 121, *Anaesthetic and respiratory equipment*, Subcommittee SC 2, *Airways and related equipment* and is written following the format of ISO 18190 *General standard for airways and related equipment*. The requirements in this device-specific standard take precedence over any conflicting requirements in the general standard.

Any feedback or questions on this document should be directed to the user's national standards body. A complete listing of these bodies can be found at www.iso.org/members.html.

Introduction

Voice prostheses are used to restore voice in patients after total laryngectomy. They are placed into a surgically created tracheoesophageal puncture (TEP). The placement can be performed during the laryngectomy (primary placement), later after healing as an endoscopic procedure (secondary placement) or in order to replace a *voice prosthesis* (replacement procedure). There exist different prosthesis specific placement tools to insert a *voice prosthesis* into the TEP. Placement of the *voice prosthesis* can be performed via the tracheostoma (anterograde), via the mouth (retrograde) and via the surgical wound (intraoperative).

Voice prostheses have three essential functions:

- they prevent spontaneous closure of the TEP;
- they allow airflow into the pharynx for the creation of speech;
- they seal the TEP during swallowing.

Safe retention of the *voice prosthesis* is achieved by the oesophageal and tracheal flanges. The oesophageal flange is placed into the oesophagus, the tracheal flange is placed in the trachea. In order to prevent leakage of food and saliva into the trachea *voice prostheses* have a one-way valve that opens in the direction of the oesophagus.

Voice prostheses have a limited service life and have to be replaced if they start leaking or if they are overgrown with a biofilm.

There are two groups of *voice prostheses*:

- indwelling *voice prostheses* and
- non-indwelling *voice prostheses*.

Indwelling *voice prostheses* are placed by a professional (e.g., speech-language pathologist, physician) and left in the TEP until they fail. They are then replaced.

Non-indwelling *voice prostheses* are replaced by the patient himself after a certain training period.

The following three most common test methods have been included to determine:

- a) *Leakage*, which provides information about the basic one-way function of the *voice prosthesis* valve.
- b) the valve *opening pressure*, which evaluates the ability of the valve to withstand phenomena that can cause leaking/aspiration during swallowing and inspiration.
- c) *characteristic curve*, which allows an assessment of the air flow resistance of the *voice prosthesis* during speech.

[Annex A](#) contains rationale statements for some of the requirements of this document and recommendations that have been incorporated into this document. It is considered that knowledge of the reasons for the requirements and recommendations will not only facilitate the proper application of this document but will expedite any subsequent revisions.

Throughout this document the following print types are used:

- Requirements and definitions: roman type;
- Informative material appearing outside of tables, such as notes, examples and references: smaller type;
- *Terms defined in [clause 3](#): italic type.*

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Anaesthetic and respiratory equipment — Voice prostheses

1 Scope

This document specifies performance requirements for *voice prostheses* including requirements for marking, packaging and information to be provided by the manufacturer as well as test methods for the evaluation of physical characteristics of *voice prostheses*.

NOTE There is guidance or rationale for this list item contained in [A.2](#).

2 Normative references

The following documents are referred to in the text in such a way that some or all of their content constitutes requirements of this document. For dated references, only the edition cited applies. For undated references, the latest edition of the referenced document (including any amendments) applies.

ISO 11607-1, *Packaging for terminally sterilized medical devices — Part 1: Requirements for materials, sterile barrier systems and packaging systems*

ISO 18190:2016, *Anaesthetic and respiratory equipment — General requirements for airways and related equipment*

ISO 18562-1, *Biocompatibility evaluation of breathing gas pathways in healthcare applications — Part 1: Evaluation and testing within a risk management process*

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3 Terms and definitions

For the purposes of this document, the terms and definitions given in ISO 18190 and the following apply.

ISO and IEC maintain terminological databases for use in standardization at the following addresses:

- ISO Online browsing platform: available at <https://www.iso.org/obp>
- IEC Electropedia: available at <https://www.electropedia.org/>

3.1 characteristic curve

curve that defines the relationship between pressure and flow across the voice prosthesis

3.2 flange dimension

main dimensions of the tracheal and oesophageal flanges

EXAMPLE For a round flange, the outside diameter; for an oval flange, the major and minor dimensions.

3.3 in-situ service life

time between insertion and removal of a voice prosthesis

3.4 leakage

the rate at which the test media leaks from the oesophageal side to the tracheal side of the voice prosthesis

3.5

opening pressure

minimal pressure that opens the valve

3.6

outer shaft diameter

largest outer diameter of the voice prosthesis shaft between the flanges

3.7

shaft length

distance between the oesophageal and the tracheal flanges of the voice prosthesis

3.8

type test

test on a representative sample of the *voice prosthesis* with the objective of determining if the voice prosthesis as designed and manufactured can meet specified requirements

[SOURCE: IEC 60601-1:2005, 3.135, modified by replacing "equipment" by "voice prosthesis" and making more generic]

3.9

voice prosthesis

medical device, introduced into a tracheoesophageal puncture, that allows expiratory airflow into the oesophagus for tracheoesophageal speech but prevents the leakage of fluids into the airway

Note 1 to entry: See the rationale for Scope contained in [A.2](#).

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4 General requirements

The requirements of ISO 18190:2016, Clause 4 shall apply.

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5 Materials

5.1 General

The requirements of ISO 18190:2016, Clause 5 shall apply.

5.2 Biological safety of gas pathways

Voice prostheses shall be evaluated in accordance with ISO 18562-1.

Check compliance by inspection of the technical file.

6 Design requirements

6.1 General requirements

The applicable requirements of ISO 18190:2016, Clause 6 shall apply.

6.2 Valve leakage

The *leakage* through the *voice prosthesis* valve, shall be < 100 ml/min.

Check compliance by the test method given in [B.3](#).

NOTE There is guidance or rationale for this list item contained in [A.3](#)

6.3 Valve opening pressure

The average valve *opening pressure*, determined using the test method given in B.4, shall be declared by the manufacturer in the instructions for use, [see 9.2 g)].

Check compliance by inspection of the instructions for use and the technical file.

NOTE There is guidance or rationale for this list item contained in A.4.

6.4 Characteristic curves

Characteristic curves of voice prostheses, generated by the test method given in B.5, shall be declared by the manufacturer in the instructions for use, [see 9.2 h)].

Check compliance by inspection of the instructions for use and the technical file.

NOTE There is guidance or rationale for this list item contained in A.5.

7 Requirements for voice prostheses supplied sterile

The requirements of ISO 18190:2016, Clause 7 shall apply.

See also [Clause 8](#).

8 Packaging of voice prostheses supplied sterile

Packaging of *voice prostheses* supplied sterile shall conform with ISO 11607-1.

9 Information supplied by the manufacturer

9.1 General requirements

The applicable requirements of ISO 18190:2016, Clause 9 shall apply.

9.2 Marking

9.2.1 *Voice prostheses* shall be marked with the following:

- a) *shaft length* in mm;
- b) *outer shaft diameter* in mm or circumference in Charrière/French gauge (CH/Fr).

9.2.2 Individual packs shall be marked with the following:

- a) *shaft length* in mm;
- b) *outer shaft diameter* in mm or circumference in Charrière/French gauge (CH/Fr);
- c) type and model of *voice prosthesis*;
- d) *tracheal flange dimension(s)* in mm;
- e) *oesophageal flange dimension(s)* in mm, if different from d).

9.3 Instructions for use

The manufacturer shall provide instructions for use that shall contain, in addition to the information specified in 9.2.1, the following:

- a) instructions for the safe removal of the *voice prosthesis* including instructions for cleaning;
- b) the maximum *in-situ lifetime* expressed in days;
- c) information about radiographic identity (see ISO 18190:2016, 6.1.3);
- d) information about the type of valve mechanism;
e.g. flap valve, duck bill valve, ball valve.
- e) if applicable, a warning to the effect that the *voice prosthesis* is non-sterile and for replacement procedure only;
- f) the valve *leakage* rate in ml/min and the media used for the test;
- g) valve *opening pressure* in hPa;
- h) the *characteristic curve*.

Flows should be indicated in l/min. Static pressure differences should be indicated in hPa.

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Annex A (informative)

Rationale

A.1 Introduction

This annex provides a concise rationale for the important requirements of this document and is intended for use by those who are familiar with the subject of this document but who have not participated in its development. An understanding of the reasons for the main requirements is considered essential for its proper application. Furthermore, as clinical practices and technologies change, it is believed that rationales for the present requirements will facilitate any revisions of this document necessitated by those developments.

The subclauses in this annex have been so numbered to correspond to the subclauses in this document to which they refer. The numbering is, therefore, not consecutive.

A.2 Rationale for [Clause 1](#) — Scope

A *voice prosthesis* is a device that is placed in the wall that separates the trachea and the oesophagus to enable a patient with a total laryngectomy to speak.

Voice prostheses use a one-way valve to let air pushed up from the lungs pass through from the trachea and enter the oesophagus causing the walls of the oesophagus to vibrate as a new voice, but without letting food or liquids pass through the other way, from the oesophagus to the trachea.

Voice prostheses have three essential functions:

- a) to prevent spontaneous closure of the TEP;
- b) to allow airflow into the pharynx so that the patient can speak; and
- c) to seal the TEP during swallowing.

A.3 Rationale for [subclause 6.2](#) — Valve leakage

One of the most important design aspects of the *voice prosthesis* is *leakage* past the valve to prevent food or liquids passing through from the oesophagus to the trachea. It is recognized that there is no such thing as zero *leakage* so a very small *leakage* that should not cause any discomfort to the patient was chosen.

A.4 Rationale for [subclause 6.3](#) — Valve opening pressure

The *opening pressure* of the valve gives an indication of the stability of the valve against unintended openings e.g. due to pressure in the oesophagus during inspiration being lower than that in the trachea.

A.5 Rationale for [subclause 6.4](#) — Characteristic curves

The *characteristic curve* gives an indication of the resistance of the *voice prosthesis* during speech. The resistance of the *voice prosthesis* is caused by the valve and the shaft (inner diameter).