

# Postoperative correction of rhinolalia.

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## ABSTRACT

This article discusses the corrective actions that need to be taken after surgery for rhinorrhea speech defect. In particular, the role of speech therapy massage in the correction of rhinolalia speech defects and the use of speech therapy games in the correction of speech defects, the importance of systematization in the conduct of corrective exercises were revealed.

## Keywords:

rhinolaryngology, surgery, pronunciation defects, speech therapy  
massage, play, correction, soft palate, hard palate

Children with speech disorders are unable to integrate into society, are speechless, and this, in turn, limits the child's intellectual development. In particular, children with rhinolalia speech disorder are unable to integrate into society due to embarrassment about their speech and appearance, and as a result, they experience depressed mood and nervousness.

Rhinolalia, that is, speaking with a mouth, a mouth, is a violation of the pronunciation of sounds and the timbre of the voice as a result of anatomical and physiological defects and changes in the speech apparatus. Rhinolalia occurs due to the absence of a barrier between the oral and nasal cavities or the blockage of these cavities. Rhinolalia is a severe speech disorder, and corrective work is carried out in two stages: before surgery and after surgery. In

this article, we will focus on the corrective processes carried out after surgery.

The main goal of post-operative corrective work in rhinolalia is to increase the mobility of the soft palate and to make the scar formed as a result of the operation unrecognizable. The child's speech disorder is the result of this low mobility of the soft palate. This can also be checked. In this case, a spatula or the back of a spoon is pressed against the back of the child's tongue and the child is asked to make a sound. This can be seen that the soft palate, which is located along the hard palate, is not raised normally.

In this case, the main work is started by performing massages in the first turn. The speech therapist mainly works on the scars on the soft palate.

The speech therapist performs the following massages with a glove in his hand:

- a) the scar on the soft palate is pressed and rubbed from right to left
- b) the scar on the soft palate is rubbed from front to back.
- c) the scar is pressed and pressed
- d) the speech therapist's thumb moves in a zigzag pattern over the scar.

The main massage consists of this, and depending on the changes in the child, additional massages are performed, and sometimes this is not necessary. This often depends on the age of the child and how long after the speech therapy was performed on the child.

It is not recommended to perform the massage immediately after the child has finished eating, and before starting the massage, the speech therapist should pay attention to the child's mental and physical readiness for speech therapy. It is very important that the speech therapist observes sanitary and hygienic rules before and during the massage. Nails should not have grown. Overgrown nails can damage the mucous epithelial layer of the child's soft palate and cause various unpleasant pains in the child during the massage. In addition, the speech therapist's hands should be clean and disinfected with alcohol. During the massage, the speech therapist may use medical gloves or bandages. The duration of the massage should start from a short time on the first day and gradually increase the time each day.

In addition, natural massage methods can be used to increase the mobility of the soft palate of a child with rhinolalia. These are:

- a) the child gargles with warm water in his mouth. The same exercise is performed first with water and then without water;
- b) whispering. In the process of whispering, the child's soft palate actively participates and the mobility of the soft palate increases.

Among the last tasks after surgery in children with rhinolalia, establishing proper breathing is also important. The reason is that in rhinolalia, there are deficiencies in the breathing process. In this case, the breath does not come out of the mouth and nose equally during speech, but most of the air comes out of the nose. This is also the reason for the difficulty

in pronunciation. Therefore, it is necessary to form the skill of proper breathing in the child. The recommended exercises for this are:

- a) Take a deep breath through the mouth and exhale through the nose;
- b) Take a deep breath through the nose and exhale through the mouth;
- c) take a deep breath through the mouth and exhale deeply through the mouth;
- d) take a deep breath through the nose and exhale deeply through the nose;
- e) the speech therapist holds a piece of cotton in his hand and asks the child to take a deep breath through the nose and blow the cotton out with the air exhaled through the mouth;
- f) the same exercise is replaced by taking a deep breath through the mouth and blowing the cotton out with the air exhaled from the nose;
- g) water is poured into a glass and an exercise in boiling water in one go using a tube. In this, the child is first instructed to boil the water evenly for a long time. Then these actions are replaced by another: taking a deep breath and boiling the water in portions;
- h) an exercise in inflating a balloon. The beneficial aspect of this for the child is that the vital capacity of the child's lungs increases, and as a result, the child does not suffer from shortness of breath and improper distribution during speech.

When conducting these exercises, it is preferable to use objects that are as interesting to the child as possible. This will arouse interest and internal motivation in the child and prevent them from getting tired quickly. For example, when conducting breathing exercises aimed at developing proper breathing skills in a child, you can use the "Butterflies" visual aid. How will this work?

Long strings are tied to a base made in the shape of a "P" and butterflies made of colored paper are glued to these strings. During the training, a "Butterfly" demonstration is placed on the table in front of the child. In this case, the child is asked, "How many butterflies can you release?" and the child tries to release the butterflies by blowing. The child's exhalation strength can be determined by how many butterflies have flown. After breathing

exercises, tongue and lip exercises are performed.

In conclusion, it can be said that play has a specific effect on the formation of speech in the mental development of children with rhinolalia speech disorder. In the postoperative period of correction of rhinolalia speech disorder, increasing the need for speech in children and eliminating deficiencies in pronunciation can be achieved only through the systematic organization of corrective exercises. This helps the child to develop self-confidence, initiative, and active speech skills, improve oral speech, and develop proper voice and speech breathing.

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