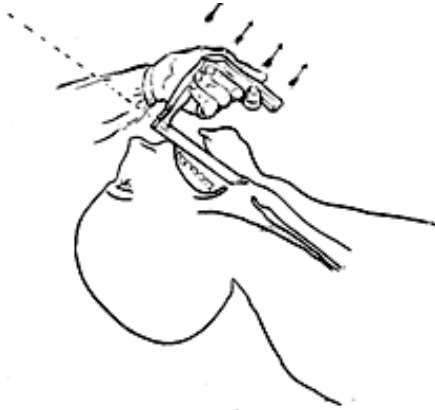


# Laryngoscopy +/- oesophagoscopy



Laryngoscopy is a procedure to look closely at the throat, voice box and upper windpipe. It also allows the surgeon to touch the voice box, throat or upper windpipe using special instruments and remove foreign objects or take samples of any abnormal tissue in the region. In some situations it may be possible to treat conditions or completely removed growths through this technique, using a variety of instruments including a laser.

This may be paired with a different shaped instrument which can be passed into the oesophagus (oesophagoscope) to allow the surgeon to extend the examination into this region. The most common reason for performing this procedure is to look for the cause of voice changes, throat or ear pain, difficulty swallowing or check for narrowings which may block breathing, removed foreign objects, or collect tissue samples or polyps.

## WHAT TESTS ARE HELPFUL?

Most patients who undergo this procedure will already have had a fiberoptic laryngoscopy, which involves a flexible camera placed through the nose. This test allows the surgeon to get a first look at the problem and decide if a formal laryngoscopy +/- oesophagoscopy is required and how the safest way to perform the procedure would be.

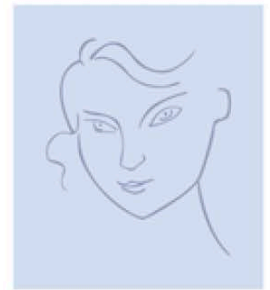
A CT or MRI scan may be used for lesions (tumours) in the throat, voice box or neck to assess their size and location.

## SURGERY AND RISKS

This procedure is done under a general anesthetic with you lying on your back. A hollow rigid metal camera is passed through the mouth and into the throat. Instruments (including laser) can then be passed through this camera to operate on the throat, voice box or upper windpipe. If an oesophagoscopy is also performed a different hollow rigid camera is passed into the oesophagus. Again instruments can be passed through this camera to perform minor procedures on the oesophagus. You will not feel any of the procedure. The procedure length is usually only 15-20min, but can be longer if larger procedures are performed. Removing a lesion with a laser, which may an hour or so.

. Risks of surgery include

- **Damage to teeth or gums.** As the camera is passed across the teeth and gums there is a small risk of chipping teeth or damaging the lining of the mouth. A special guard is used in all procedures to avoid this happening.
- Perforation (tears) of throat or oesophagus. This is very rare (0.1%) but could lead to food passing out of the normal pathway and into the passage of the neck. If this happens, you would get very strong pain after eating and may have a fever >38



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degrees. This would make you very unwell so if an injury of this nature is suspected then you would be prevented from eating or drinking for a few days while the injury heals itself.

- Scarring of the voice box. If lesions or polyps are removed from the voice box the operated area may form scar tissue, which might affect the quality or tone of the voice long term.
- Difficulty breathing. If there is a large lesion or narrowing (stricture) blocking the breathing, a small amount of swelling caused by the procedure may make it feel like it's hard to breath. This generally occurs in the few hours after the procedure so the nursing staff will watch you closely for the first few hours after surgery. Your surgeon or anesthetist can support your breathing with medications or a tube placed in your windpipe if this occurs.
- Bleeding. It is quite common to spit or cough out a small amount of blood in the few days after surgery. This is usually from sites where tissue samples have been taking, If it is a large volume contact your surgeon for advice.

#### PREPARING FOR SURGERY

- Stop smoking (ideally 2 weeks before surgery)
- Do not eat or drink anything after midnight before surgery
- Take your normal medications with a sip of water on the morning of surgery
- Avoid aspirin or ibuprofen (painkillers other than paracetamol) for 10 days before surgery as they may increase your risk of bleeding

#### AFTER SURGERY

- It will be normal to have a mildly discomfort for 5-7 days after surgery. Take prescribed pain medication as required. You may use paracetamol (Panadol<sup>®</sup>, panadeine) for discomfort. Do not take aspirin or nonsteroidals such as ibuprofen, naproxen etc.
- You may shower immediately
- You may resume normal diet and activities as tolerated on the day of surgery after a short period of post-operative observation. Most people would go home the same day. If a procedure is performed, you may be observed overnight.
- If you have a procedure on your vocal cords, you should NOT speak at all for 48 hours and then only speak in “confidential tones” (ie speak softly without whispering) for 2 weeks after the surgery. No yelling or whispering (whispering is more straining on the voice than normal speech). This gives the best chance for the vocal cords to heal without a scar.
- If you have surgery on your vocal cords, Dr Iseli may recommend a course of antacid treatment (eg pariet 20mg tablet once at night) to allow the vocal cords to heal without any acid to irritate them. Again, this may speed healing.
- Make an appointment to see Dr Iseli 1-2 weeks after surgery.

#### SEEK MEDICAL CARE IF:

- You have increased bleeding from the mouth or coughing up large volume of blood..
- You feel that it's hard to breath or you are making a noise while breathing.
- You develop an unexplained temperature over 38.5° C
- You develop lightheadedness or feel faint.
- You develop a rash or reaction to any medication (if prescribed).



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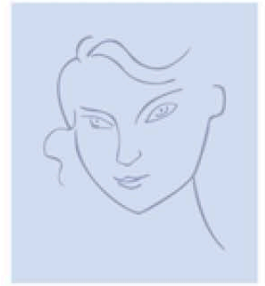
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