HELENA EAR, NOSE & THROAT CLINIC

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DIRECT LARYNGOSCOPY With or Without Biopsy

MICROSCOPIC SUSPENSION LARYNGOSCOPY With or Without Biopsy

General: The larynx is the medical term used for the voice box. The voice box contains numerous structures including the vocal folds (cords), which are the muscles and mucus membranes that vibrate to produce sound of a particular frequency. This sound is then shaped and altered by all of the remaining structures of our throat and nose, to give each of us a unique resonance to our voices.

Laryngoscopy is the name of the surgical procedure in which your surgeon will closely inspect the larynx, and possibly biopsy (remove pieces of the tissue for testing). This is typically performed under general anesthesia, so that you don't feel discomfort when the procedure is being performed, and also so you don't cough or gag during the procedure, which allows for much more precision during the inspection and tissue removal. Usually, the surgery is done as an outpatient, meaning you can go home a few hours after the surgery is completed.

Always during surgical laryngoscopy, we are inspecting your larynx through a lighted metal tube, called a laryngoscope. If we only use the laryngoscope to visualize your larynx, this is called *Direct Laryngoscopy*. Depending on your particular condition, we may also use a surgical microscope to inspect your larynx. This is called *Microscopic Suspension Direct Laryngoscopy*. In addition, sometimes we combine the laryngoscopy with other "-scopies" – Bronchoscopy (inspecting your trachea (windpipe)), and Esophagoscopy (inspecting your esophagus).

Before Surgery:

- Nothing to eat or drink, including water, after midnight the night before surgery.
- All forms of aspirin should be stopped two weeks before surgery. This includes Bufferin, Anacin, Excedrin, and Alka-Seltzer.
- All Ibuprofen (Motrin, Advil) and Naproxen (Alieve) products should be stopped one week prior to the surgery.
- Anticoagulants (blood thinners) usually need to be stopped several days before surgery. Oral medications may need to be replaced with injected or intravenous (IV) medications. It is extremely important that both your surgeon and your physician (who has ordered the anticoagulants) discuss the optimum timing for stopping these medicines. Please be aware that many drugs and herbal products may be anticoagulants (blood thinners) although they are not used for that purpose.
- Tylenol (acetaminophen) can be used.
- The Hospital or Ambulatory Surgery Center will contact you about any prescription medication you might be taking. They will also inform you of what time they would like you to arrive for your surgery.

POST-OPERATIVE CARE: As requested pre-op, please refrain from aspirin and all NSAID's for 1 week post-op. We ask that you limit your activity to casual activities for 1 week afterwards. We ask that you do not perform activities that involve lifting more than 15 pounds, excessive bending, stooping, straining, or exercising during this time. We do encourage casual activities such as walking, etc. We encourage taking extra deep breaths every

couple hours during the waking hours for a few days after surgery to decrease your risk of post- operative lung infection. Narcotic or semi-synthetic narcotic pain medicine is usually prescribed to be taken on an as needed basis. Sometimes antibiotics and/or antacids medicines are prescribed also.

DIET: It is typical that we allow you to eat food as tolerated. There are typically no specific limitations on the type of food that you can eat.

SURGICAL RISKS / COMPLICATIONS: Serious complications are rare, but it is very important that we are aware if any of the following problems occur.

BLEEDING – It is not uncommon to cough or spit out streaks or a few small clots of blood after laryngoscopy. Let us know if there is persistent or heavy bleeding.

INFECTION – Infections after laryngoscopy are exceedingly rare. If you have fever >101 please notify us immediately. This is especially important if Esophagoscopy and/or Bronchoscopy were performed simultaneous with the Laryngoscopy. Please also notify us if you are having any trouble breathing after surgery.

SWELLING / EDEMA – If too much swelling occurs in the region of the larynx, this might cause difficulty breathing. Also very rare, but if you experience shortness of breath, or difficulty with inhaling or exhaling air, notify us immediately.

HOARSENESS – Often, the reason for suggesting laryngoscopy is because we have identified an abnormality on your larynx – which often causes hoarseness as the symptom. Again rarely, after surgery your voice might be hoarser. Hoarseness after laryngoscopy with biopsy or removal of a lesion can be caused by several problems. Poor scarring of the vocal folds can cause loss of the normal rhythmic vibrations of your vocal folds, or a web like scar may develop at the front of your larynx. Laryngeal webs are difficult to correct, often requiring multiple surgeries. Depending on your condition, we might also limit the amount and volume of speaking for a period of time after surgery.

NON-RESOLUTION OF THE PROBLEM / NEED FOR FURTHER THERAPY – Depending on your particular condition, sometimes the problem can recur. Sometimes we identify a condition that needs more treatment. The recommended treatments vary widely. Voice therapy may be all that is indicated if you have a benign vocal abuse problem. On the other end of the spectrum, major surgery might be the recommended therapy. Your particular condition will be discussed at length withyou.

CHIPPING OF TEETH – On rare occasion, despite the use of tooth protectors during the surgery, one of more of your teeth might get chipped. If so, you would need to see your dentist after the procedure for dental restoration.

NUMBNESS OF YOUR TONGUE / LIPS – If this occurs, we expect this to be temporary. This comes from the laryngoscope pressing against the side or top or your tongue or lips. This can occur despite the gentlest approach during the procedure.

WEAKNESS OF YOUR TONGUE – Like numbness, pressure of the laryngoscope against the side of your tongue could rarely cause a temporary weakness of the tongue

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