

ENT14Laryngoscopy

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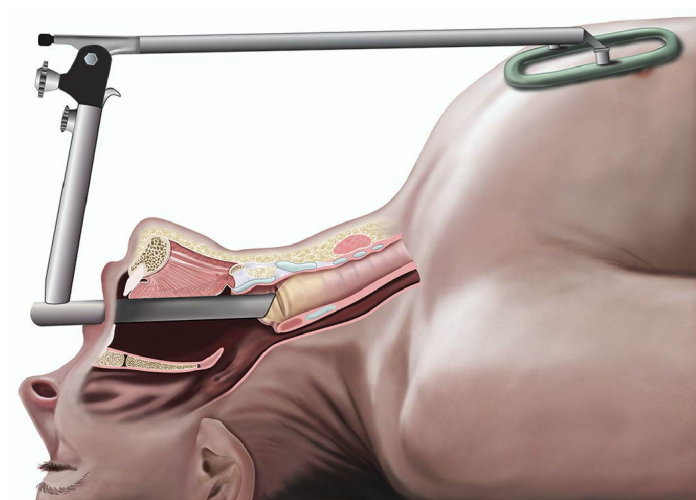
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What is a laryngoscopy?

A laryngoscopy is a procedure to look at your voice box (larynx) using a rigid telescope. Sometimes your doctor may use a microscope if they need to examine your larynx more closely.

Your larynx prevents food and drink from going down your windpipe to your lungs. It has two vocal cords that vibrate when air passes over them to give you your voice.



A laryngoscopy

Your doctor has suggested a laryngoscopy. However, it is your decision to go ahead with the procedure or not.

This document will give you information about the benefits and risks to help you to make an informed decision. If you have any questions that this document does not answer, it is important that you ask your surgeon or the healthcare team. Once all your questions have been answered and you feel ready to go ahead with the procedure, you will be asked to sign the informed consent form. This is the final step in the decision-making process. However, you can still change your mind at any point.

What are the benefits of a laryngoscopy?

Your doctor is concerned that you may have a problem in your larynx. A laryngoscopy is a good way of finding out if there is a problem.

If your surgeon finds a problem, they can perform biopsies (removing small pieces of tissue) to help

make the diagnosis. For some people, the treatment can be performed at the same time.

If the biopsy is normal, the healthcare team will reassure you.

Are there any alternatives to a laryngoscopy?

Your doctor has recommended a laryngoscopy as it is the best way of diagnosing most problems with your larynx.

Your doctor will usually have looked at your larynx using a flexible telescope (endoscope) or a smaller rigid telescope.

What will happen if I decide not to have a laryngoscopy?

Your doctor may not be able to confirm what the problem is.

If your doctor is concerned that you have a growth on your larynx, it is important to find out what has caused it as you may need further treatment.

If you decide not to have a laryngoscopy you should discuss this carefully with your doctor to see if any alternatives, such as a biopsy using a flexible telescope, are available.

What does the procedure involve?

Before the procedure

If you take warfarin, clopidogrel or other blood-thinning medication, let your surgeon know at least 7 days before the procedure. It is likely you will need to stop this medication and may need alternative medication.

Do not eat in the 6 hours before the procedure. You may drink small sips of water up to 2 hours before. If you have diabetes, let the healthcare team know as soon as possible. You will need special advice depending on the treatment you receive for your diabetes.

The healthcare team will carry out a number of checks to make sure you have the procedure you came in for. You can help by confirming to your doctor and the healthcare team your name and the procedure you are having.

The healthcare team will ask you to sign the consent form once you have read this document and they have answered your questions.

In theatre

A laryngoscopy is performed under a general anaesthetic and usually takes about 30 minutes.

Your surgeon will place a rigid telescope (laryngoscope) into the back of your mouth to examine your larynx. Sometimes they will use a microscope or flexible telescope if they need to examine your larynx more closely.

Your surgeon may be able to remove small problems from your larynx using surgical instruments or a laser. If you have a lump, they will be able to perform biopsies and take photographs to help make the diagnosis.

What complications can happen?

The healthcare team will try to reduce the risk of complications.

Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

Some complications can be serious.

You should ask your doctor if there is anything you do not understand.

The possible complications of a laryngoscopy are listed below.

- Sore throat. This gets better within a few days. You may need to take simple painkillers such as paracetamol.
- Breathing difficulties or heart irregularities, as a result of your vocal cords going into spasm or inhaling secretions such as saliva. To help prevent this, your oxygen levels will be monitored and a suction device will be used to clear any secretions from your mouth.
- Allergic reaction to the equipment, materials or medication. The healthcare team is trained to detect and treat any reactions that might happen. Let your doctor know if you have any allergies or if you have reacted to any medication or tests in the past.
- Heart attack (where part of the heart muscle dies) or stroke (loss of brain function resulting from

an interruption of the blood supply to your brain) can happen if you have serious medical problems. This is rare.

- Making a hole in your tongue or the lining of your throat (risk: 1 in 2,000). You will need to be admitted to hospital for further treatment which may include surgery. You may need treatment with antibiotics. Let your doctor know if you get a high temperature, backache or feel unwell.
- Damage to teeth or bridgework, or bruised gums (risk: less than 2 in 100). Your surgeon will place a plastic mouthpiece in your mouth to help protect your teeth and gums. Let your surgeon know if you have any loose teeth.
- Bleeding from a biopsy site or from minor damage caused by the laryngoscope. This usually stops on its own.
- Change in taste, as your tongue may have pressure put on it during the procedure. This usually settles within 1 to 2 days.
- Developing a hoarse voice, if your surgeon needed to perform a biopsy. You may need to rest your voice for the first few days.
- Airway fire, if oxygen in your airways catches fire during laser surgery. This is serious but very rare.
- Chest infection. If you have the operation within 6 weeks of catching Covid-19 (coronavirus), your risk of a chest infection is increased (see the 'Covid-19' section for more information).

Covid-19

A recent Covid-19 infection increases your risk of lung complications or death if you have an operation under general anaesthetic. This risk reduces the longer it is since the infection. After 7 weeks the risk is no higher than someone who has not had Covid-19. However, if you still have symptoms the risk remains high. The risk also depends on your age, overall health and the type of surgery you are having.

You must follow instructions to self-isolate and take a Covid-19 test before your operation. If you have had Covid-19 up to 7 weeks before the operation you should discuss the risks and benefits of delaying it with your surgeon.

How soon will I recover?

You will be transferred to the recovery area where you can rest. You will usually recover in about 2 hours. Once you are able to swallow properly, you will be given a drink.

If your doctor performed a biopsy, you may need to stay overnight and wait until the next morning before being given a drink. You may need to rest your voice for the first few days.

If you had sedation or a general anaesthetic and you do go home the same day:

- a responsible adult should take you home in a car or taxi and stay with you for at least 24 hours;
- you should be near a telephone in case of an emergency;
- do not drive, operate machinery or do any potentially dangerous activities (this includes cooking) for at least 24 hours and not until you have fully recovered feeling, movement and co-ordination; and
- do not sign legal documents or drink alcohol for at least 24 hours.

You should be able to return to work after a few days.

The healthcare team will tell you what was found during the laryngoscopy and discuss with you any treatment or follow-up you need. Results from biopsies will not be available for a few days so the healthcare team may arrange for you to come back to the clinic for these results.

Once at home, if you get chest or back pain, difficulty breathing, pain in your throat or a high temperature, contact the hospital unit. In an emergency, call an ambulance or go immediately to your nearest Emergency department. If you get a sore throat or have other concerns, contact your GP.

Ask your healthcare team if you need to do a Covid-19 test when you get home.

Lifestyle changes

If you smoke, stop smoking now. Smoking is one of the main reasons why many people have problems with their larynx. If you carry on smoking, you will damage your larynx even more and risk developing laryngeal cancer or needing another

operation. Stopping now will reduce your risk of developing complications and will improve your long-term health.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight.

Regular exercise should improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

Summary

A laryngoscopy is usually a safe and effective way of finding out if there is a problem with your larynx. However, complications can happen. You need to know about them to help you to make an informed decision about the procedure. Knowing about them will also help to detect and treat any problems early.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you, and they may be able to tell you about any other suitable treatments options.

This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.

Acknowledgements

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