PATIENT ADVICE SHEET ON LARYNGOSCOPY
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This is looking (scopy) at your voice box (larynx). You are asleep (under general anaesthesia). Your head and neck are carefully positioned. A hollow tube is passed through your mouth and behind your tongue. This tube is known as a laryngoscope. Your voice box can be seen directly. This is called direct laryngoscopy. In microlaryngoscopy a microscope is used to see your voice box.

Usually you come in, have your operation & go home the same day. A laryngoscopy may just be an examination. Or we may operate on your larynx. Your surgeon will tell you of any possible problems not mentioned below. Your anaesthetist will tell you about your anaesthetic.

Problems from the surgery are not common. They are usually minor. Serious problems are very rare.

The following problems may happen from the examination alone.

- *Damage to the teeth from the laryngoscope. This is more likely if you have gum disease or tooth decay. Crowns and caps are in more danger. It is impossible to tell what pressure they can take.*
- *Damage to the gum from the laryngoscope if you have no upper teeth.*
- *Cuts, bruising or swelling from the laryngoscope. These may be on the lips, tongue, roof of the mouth or throat.*
- *Bruising underneath the tongue from pushing it onto the lower teeth.*
- *Temporary change in taste.*
- *Temporary changes in tongue movement and feeling.*
- *Your neck and throat may be sore after the operation. It should last only a few days. Any discomfort should respond to mild painkillers such as paracetamol.*

The following problems may occur but only with certain operations on the voice-box. Your surgeon will tell you if you are having such an operation.

- *We may take tissue for examination. We don't always get the right piece first time. The operation may need doing again.*
- *Swelling caused by the operation may block your airway. This almost never happens unless:*
  - *the operation is to narrow your airway;*
  - *or your airway is already partly blocked.*
- *We narrow the airway by injecting fat, permacol or teflon paste. Even so airway obstruction is very uncommon.*
- *Blood or blood clots can be breathed in. This is very uncommon. And almost always only with major surgery on the voice box. We may need to operate to stop bleeding.*
- *Tracheostomy may be needed if you have serious difficulty breathing. A tracheostomy is a hole in your neck into the windpipe. It lets you breathe easily.*
- *We may remove a benign lump from the voice box. This is to improve the voice. Very occasionally scars form that worsen the voice. This can happen with the best surgery. It may be possible to put it right. It may not. It is more likely with vocal fold papillomas, sulcus and cysts.*
- *Benign papillomas and granulomas often come back.*

You do not have to have this operation. It is your choice. Your surgeon will explain the consequences. We may not be able to help you further with your problem.

How long will I be in hospital? How long will I be off work?

You are in just for the day or a day and a night usually. Stay off work for 24 hours after you wake up.

Can I drive home after the operation?
No. Someone must pick you up and be with you for 24 hours. You must not drive, cook or operate dangerous machinery for 24 hours. If you had an accident, you might not be covered.

What will I feel like afterwards?
Normal soon after the procedure.

What do I need to avoid afterwards?
Nothing. You may do anything that is normal for you. Except using dangerous things.

May I ask a question?
At any time. You can also refuse to have the operation at any time. If you ask a question please ask someone suitable. A junior doctor or nurse may not know what you want to know. Please do not ask several doctors the same question and compare answers.