

# Microlaryngoscopy

## Introduction

This booklet aims to give you an idea of what will happen to you and how long you can expect to stay in hospital.

## What is a Microlaryngoscopy?

A microlaryngoscopy is the name of the procedure used to investigate problems in and around the larynx (voice box) using a special technique and microscope under a general anaesthetic. It allows the surgeon a much better view of the area, and if anything abnormal is seen, a biopsy (tissue sample) can be taken to help determine a cause, or treatment can be carried out.

## Why do I need an operation?

A microlaryngoscopy may be used to investigate the cause of discomfort, and treat hoarseness or a change in the voice. This procedure will help to establish the cause and aid a diagnosis. It can also help to exclude more sinister problems.

## What will happen?

Prior to your admission you will be asked to attend a pre-assessment clinic. You will see a nurse and/or a doctor. The nurse will check your details, any previous medical history and explain what will happen during your hospital stay. Any investigations such as blood tests, heart tracings and X-rays will be performed during this visit. A medical examination will be performed. If you do not have a pre-assessment, this will take place on the day of admission. Sometimes a telephone assessment may be performed instead of a face to face appointment.

## The risks of a general anaesthetic

General anaesthetics have some risks, which may be increased if you have chronic medical conditions, but in general they are as follows:

- **Common temporary side effects** (risk of 1 in 10 to 1 in 100) include bruising or pain in the area of injections, blurred vision and sickness, these can usually be treated and pass off quickly.
- **Infrequent complications** (risk of 1 in 100 to 1 in 10,000) include temporary breathing difficulties, muscle pains, headaches, damage to teeth, lip or tongue, sore throat and temporary problems with speaking.
- **Extremely rare and serious complications** (risk of less than 1 in 10,000). These include severe allergic reactions and death, brain damage, kidney and liver failure, lung damage, permanent nerve or blood vessel damage, eye injury, and damage to the voice box. These are very rare and may depend on whether you have other serious medical conditions.

## BEFORE THE OPERATION

### What happens before the operation?

It is important to have an empty stomach before we can proceed with general and some local anaesthetics. You will be asked to stop eating food (including sweets and chewing gum) six hours before your operation. Please drink non-fizzy water, plain squash, black tea or coffee (no milk) until two hours before your surgery.

If you have not signed a consent form prior to admission this will be done on the day you come into hospital. The surgeon or ward doctor will come and talk to you and ensure that you are happy to proceed with your operation.

The anaesthetist who will be putting you off to sleep will come and see you, ensure your fitness for the anaesthetic and explain what he is going to do.

You should have a bath or shower before coming in to hospital. Before going for your operation you will need to remove any make-up, jewellery, (except wedding rings which will be taped) contact lenses and false teeth.

You will only wear a theatre gown for your operation. However, you may keep your underpants on if they are made of cotton.

You may wear a dressing gown and slippers to the anaesthetic room, the nurse will return these to your bed for you.

If you wear glasses or a hearing aid, you may wear them to the anaesthetic room so that you can see or hear what is happening before you go to sleep.

A check list will be completed by the nurse before you leave the ward. A nurse will accompany you to the anaesthetic room. Most people walk to theatre but if you are unable to do so, we will take you on a wheelchair or trolley. You may wear a dressing gown and slippers to the anaesthetic room, nursing staff will return these to your bed for you.

**NB: It should be noted that apart from your bedside locker, the hospital's facilities for storing personal belongings and valuables are very limited and we cannot accept responsibility for anything lost or stolen whilst you are a patient.**

## What about the anaesthetic?

A general anaesthetic is medication given by injection into a vein in the back of your hand or arm to put you to sleep for your surgery. The anaesthetic is one of the main concerns for all patients, stemming from the fact that many feel they are handing over their life to another person. This worry is understandable, but

modern anaesthetics are very safe and serious complications are uncommon.

## THE OPERATION ITSELF

### What happens during the operation?

Whilst you are asleep in theatre, the surgeon will carefully insert a special telescope into your mouth and down your throat into the larynx (voice box). This will allow a good view of the surrounding area and enable inspection of the tissues more closely, or to take a biopsy (tissue sample) for histology.

## AFTER THE OPERATION

### What happens after the operation?

- Immediately after the operation, you will wake up in the recovery room with a nurse looking after you. The nurse will make sure you are comfortable and not in any pain. A slight sore throat is not uncommon after this procedure.
- When you are awake enough, a ward nurse will accompany you back to your bed. Usually you will feel like sleeping or resting quietly for a few hours after your operation.
- If you feel sick, ring the to let nursing staff know. Medication can be administered to help you.
- The surgeon may have sprayed a local anaesthetic into your throat whilst you were asleep. If so, you may be told not to drink or eat anything for 2-3 hours immediately after your surgery. However, later you may eat and drink as you feel able.
- If you have any pain, please inform the nurse looking after you and you will be given a painkiller to make you more comfortable.
- **NB: Following a general anaesthetic, it is advised that you refrain from smoking during the post-operative period.**

## When can I go home?

- Following your surgery, it may be possible to go home later the same day. However, if you do not feel well enough to go home, you will stay in hospital over night.
- You will be seen by a doctor either later that day or on the ward round the morning after your operation. This is when you can discuss your surgery and progress.
- The result of any biopsies taken usually takes 1-2 weeks before we have any results, therefore you will be sent an appointment to be seen in the Outpatients Department to discuss the findings.
- You will normally be advised to rest your voice for 48 hours after surgery.
- You may be given medication to take home with you. Please follow the instructions on the packet.
- On discharge from the ward, you will be advised to take things easy for a few days. You may need to take a week off work.
- A medical certificate can be given to you by the ward staff. Please ask before you are discharged from the ward.
- If you experience any problems with regard to your surgery, you can telephone Otter Ward on **01392 402807** for advice, or contact your own GP.

We expect you to make a speedy recovery after your operation/investigation and to experience no serious problems. However, it is important that you should know about minor problems which are common after this operation, and also the more serious problems which can just occasionally occur after the operation. We would particularly ask you to read the following section.

## What problems can occur after the operation?

- A sore throat is not uncommon after the operation.
- There is a risk of chipping the teeth due to the telescope insertion. However, great care is taken to minimise this.
- Hoarseness or voice change can be present post-operatively.
- Breathing problems due to oedema (swelling) post-operatively can occur, but this is very rare.
- Surgical perforation of the lining of the gullet (food pipe) is a rare complication.

## Alternatives

Speech and language therapy may be all that is necessary.

## Benefits

May be used as a diagnostic aid to help determine the cause or to exclude more sinister pathology. This may be the only treatment required.

The Trust cannot accept any responsibility for the accuracy of the information given if the leaflet is not used by Royal Devon staff undertaking procedures at the Royal Devon hospitals.

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