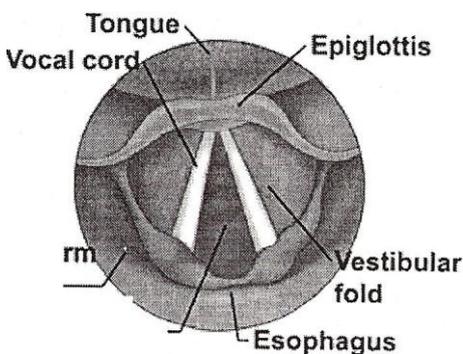


Direct Laryngoscopy

Direct laryngoscopy is a procedure in which the upper airway, including the vocal cords, is examined in the operating room under general anesthesia. This procedure is done for a variety of reasons, including to insure that there are no lesions of the upper aerodigestive tract, to follow a previous known or treated lesion, or to biopsy a lesions which has recently been discovered. Often times examination may be performed with a microscope. This is known as microlaryngoscopy. The procedure may also be performed along with other related procedures, such as esophagoscopy, or examining the esophagus or food pipe, or bronchoscopy examining the airways within the lungs. Each patient may need any combination of procedures or different procedures.

Direct laryngoscopy is generally a well tolerated, outpatient procedure. Most patients come home the same day of surgery. In some cases, you may have to stay in the hospital after surgery. Most surgeries take less than an hour, although this may not be the case for any given operation. Like any operation, there are risks and benefits, although generally the benefits of the surgery far outweigh the risks.



The surgery is done under general anesthesia. Anesthesia is typically very safe, however, there is a small risk of complications, including damage to the teeth, infection, bleeding, and death. These risks are higher in patients with associated medical problems such as heart or lung disease, diabetes, or neurologic diseases. Some patients need to see their primary care doctors before surgery to get checked medically.

Sore throats are frequent problems after surgery and typically resolve a week or so afterward. Because of a cross over of certain nerves this pain will often be felt in the ear as well. If regular Tylenol does not control the pain a prescription for a narcotic can be given. As we are working in the mouth, chipping a tooth or a small cut on the lips or inside the mouth is another risk. The risk of damage to the teeth is higher in patients who have poor dentition and many cavities or broken teeth. Since this surgery is usually done for hoarseness, there is a risk of failure to improve the voice or worsening of the voice after surgery.

A small number of patients may be at risk for airway obstruction during the surgery. This may necessitate placing a breathing tube back in the mouth afterward, or a tracheostomy in the neck in order to save the patient's life. Obviously, we do everything to avoid these emergency situations but they do occur, especially in patients with large tumors in their throats.

Finally, there is what is called the risk of diagnosis. Sometimes the biopsies we take indicate that there is cancer present. If this is the case you may need additional surgery or other kinds of treatment such as chemotherapy or radiation therapy.

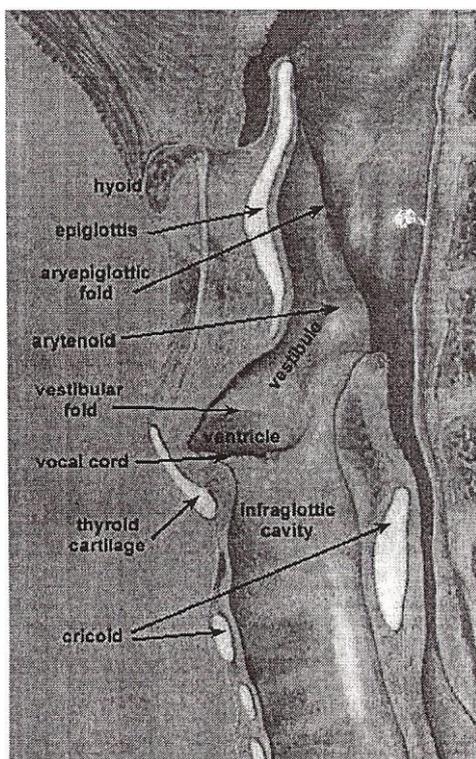
Typically, if we think you may have cancer before the surgery we discuss that possibility with you, but understand that these things are sometimes not easy to predict preoperatively. **It is important to not let the fear of potentially being diagnosed with cancer keep you from having the biopsy.** If you have cancer, it is better to know about it early when it is small and can be treated more easily than if it is bigger.

Postoperatively, most patients can resume normal activities several days after surgery. Most patients go back to work after a day or two. Some patients will have to rest their voices after surgery, especially if you have had micro laryngoscopy on the vocal cords themselves. Typically, I recommend one week of total voice rest (meaning no talking at all). Then I recommend two additional weeks of minimal voice use (meaning no shouting, singing, clearing throat, or using the voice for extended periods). I always recommend that you don't smoke. In fact, after laryngeal surgery the vocal cords may never heal if you smoke.

We may prescribe antacid medication after surgery. This is to prevent acid refluxing up from your stomach impeding healing. If these are given to you it is important to take them as directed.

Occasionally you may cough up blood after surgery. This often happens and will resolve in a few days. Call the office for large amounts of blood being coughed up.

Remember to call the office for any questions and concerns.



As a Christian I strongly believe in prayer, and pray for all of my patients, especially during surgery. If you would like me to pray with you and your family before any surgical procedure please ask.

DO NOT hesitate to contact our office for any emergency at 580-421-6470. If a problem should arise when the office is closed, you may contact us through Valley View hospital at (580) 332-2323; or go directly to the nearest Emergency Room.

More information can be found at www.LandrumENT.com.