

# Microlaryngoscopy

Department of Otolaryngology

## What is Microlaryngoscopy?

Microlaryngoscopy is the examination of your larynx (voice box), using a microscope, while you are under general anaesthetic. You will therefore be asleep for the procedure. This operation is used to find out, and treat, any problems of the larynx and to help improve your voice.

## Why do I need this operation?

Your surgeon has recommended you undergo this operation so that the problem with your voice box can be assessed and if possible, treated. Microlaryngoscopy gives a very detailed view of the voice box.

## What can I expect before the operation?

Before your operation you will be seen at pre-assessment clinic where you will also be screened for MRSA with swabs from your throat, nose, armpit or groin. If you have other medical problems, you might also have an appointment arranged for you to see an anaesthetist (the doctor that puts you to sleep for the operation).

### Some useful tips:

- Avoid irritants of the voice box eg. Smoking, alcohol, caffeine.
- Make family and friends aware that you will not be able to speak for 2 days – bring a pen and pad of paper with you to the hospital.

- If you have been prescribed reflux medication, make sure you take it regularly.
- Arrange time off work (up to two weeks).

## What happens on the day of my operation?

On the day of your operation, you will arrive on the ward where nursing staff will go through some paperwork with you, check your vital signs (blood pressure etc.) and give you a gown and stockings to wear (to prevent blood clots).

Before your operation, you will see your surgeon who will go through the operation and the consent form with you.

You will also see your anaesthetist who will go through how you are put to sleep and answer any questions you may have about this.

## What does the operation involve?

The operation involves putting an instrument (laryngoscope) into your mouth to get a good view of the voice box. A microscope is then used to magnify this view.

At this point, several things can be done (which varies for each patient). If there is anything suspicious, then samples can be taken and sent to the laboratory. Laser can be used to remove lumps and growths. As the operation is done through your mouth you will not have any scars from the procedure.

It is generally quite a short operation and usually takes about 30 minutes. It is likely to be done as a day case, so you should be able to go home the same day.

## What are the risks?

Microlaryngoscopy is generally a very safe procedure. However, you should be aware of the following risks:

- **Pain** - you may have a sore throat afterwards but this will settle in a few days and is helped by simple painkillers such as paracetamol.
- **Voice change** - this could be temporary or permanent and will be discussed with you before the operation.
- **Infection** - this is very uncommon but is treated with antibiotics if required.
- **Difficulty swallowing** - while rare, this may be temporary or permanent.
- **Bleeding** - this is typically minimal and controlled during the operation.
- **Difficulty breathing** - this can occur due to swelling after surgery. When severe, it requires immediate attention.
- **Damage to your lips/teeth/gums from the instruments used** (a gum guard is used to prevent this).

## What can I expect after the operation?

### 0-2 days:

- Do not talk, whisper, cough or clear your throat for 48 hours. Use a pen and pad of paper to communicate.
- Use steam inhalation 4-5 times a day for 10 minutes – put boiling water into a large bowl, place your head over the bowl with a towel on top, and breathe in the steam through your mouth.
- Keep well hydrated, drinking lots of water everyday. Otherwise, you can eat and drink normally.
- Avoid smoking.

### 3-14 days:

After the first two days of complete voice rest, you may start using the voice gently and sparingly over the next 10 days. After 2 weeks you can use the voice as normal.

### You should also:

- Avoid shouting or straining your voice
- Rest your voice between speaking
- Use the steam inhalation twice a day

The voice box will take 3 to 4 weeks to fully heal after microlaryngoscopy.

## What about follow up?

Your surgeon will arrange to see you in clinic after the microlaryngoscopy. Here, you will find out the results of any samples sent to the laboratory and discuss further treatment options.

### Useful Link:

[https://entuk.org/ent\\_patients/throat\\_conditions/microlaryngoscopy](https://entuk.org/ent_patients/throat_conditions/microlaryngoscopy)

## Contacting us

### The Princess Royal Hospital

**Ansty Ward: 01444 441 881 Ext. 8240**

**Hickstead Pre-assessment Clinic: Ext. 5963**

### The Royal Sussex County Hospital

**8AW Ward: 01273 696 955 Ext. 4357**

**ENT Secretaries: 01273 696 955 Ext. 4802**

**Mr. Harries' Secretary: 01273 696 955 Ext. 4802**

If you have any special requirements (eg. related to religion) or any access issues (eg. related to loss of vision or disability) then please do not hesitate to contact the Hickstead pre-assessment clinic for further advice / information.

**If you require this document in a language other than English please inform your interpreter or a member of staff.**

إذا كنت تريد هذه الوثيقة بلغة أخرى غير اللغة الإنجليزية، فيرجى إخطار المترجم الفوري المخصص لك أو أحد أفراد طاقم العمل.

**ইংরেজি ছাড়া অন্য কোন ভাষায় এই নথি আপনার প্রয়োজন হলে অনুগ্রহ করে আপনার অনুবাদক বা কোন স্টাফকে জানান।**

如果貴方要求提供本文檔之英文版本以外之任意語言版本，則請告知貴方的口譯員或任意職員。

در صورتیکه این سند را به زبان دیگری غیر از انگلیسی می خواهید، لطفاً به مترجم خود و یا یکی از کارکنان اطلاع دهید.

如果□方要求提供本文件之英文版本以外之任意□言版本，□□告知□方的□□□或任意□□。

Jeżeli chcieliby Państwo otrzymać niniejszy dokument w innej wersji językowej, prosimy poinformować o tym tłumacza ustnego lub członka personelu.

Se precisa deste documento noutra língua por favor informe o seu interprete ou um membro do pessoal.

© Brighton and Sussex University Hospitals NHS Trust

#### Disclaimer

The information in this leaflet is for guidance purposes only and is in no way intended to replace professional clinical advice by a qualified practitioner.

Ref number: 687

Publication Date: April 2015

Review Date: April 2017

