



**Mr Glenn Watson**

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*Ear, Nose and Throat – Head and Neck Surgeon*

## LARYNGEAL SURGERY OESOPHAGOSCOPY

### A guide for Mr Watson's patients

During your consultation with Mr Watson, the contents of this pamphlet will be discussed. Reading this pamphlet in your own time will allow you to further understand your condition and the option of Laryngeal and Oesophagoscopy surgery, as well as the risks and benefits of this procedure. If, after reading this pamphlet (also obtainable from Mr Watson's website), you do not understand all the risks of your impending operation, please make another appointment with Mr Watson so your questions may be further discussed and clarified prior to proceeding.

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#### **MICROLARYNGOSCOPY**

Micro-laryngoscopy is the inspection of the voice using a microscope

2

#### **MICROLARYNGOSCOPY WITH BIOPSY**

Inspection of voice box using a microscope and removal of tissue for pathology

3

#### **OESOPHAGOSCOPY**

Examination of the Oesophagus (Gullet)

4

#### **BRONCHOSCOPY**

Examination of Trachea

When it is necessary to examine the pharynx (throat), larynx (voice box), or Oesophagus (gullet connecting pharynx to the stomach), these procedures are carried out under general anaesthetic (patient asleep). These procedures are usually carried out when there is a change in voice or problems with swallowing or a sticking sensation in the back of the throat or concern of cancer. It is also required when in removing a foreign body such as a swallowed fish bone or a coin swallowed by a child.

## **The Surgery**

The surgery is performed via the mouth and therefore there is no external cuts made. A rigid tube similar to piping is inserted via the mouth into the pharynx and larynx. Should an Oesophagoscopy be done, a pipe is then inserted into the Oesophagus. Should the airway need to be inspected, then a pipe can be inserted through the vocal cords and the main trachea and bronchus inspected. In this way, the tissues can be directly inspected and also inspected with the use of an operating microscope. Tissue biopsies can be removed during this time.

## **Possible Complications of this Surgery**

All surgical procedures have possible complications. General problems of surgery include pain and discomfort, nausea and vomiting and possible reaction to the anaesthetic medications provided. Other potential problems are associated with healing and infection, particularly in patients with other problems such as Diabetes.

## **Specific Risks of this Operation**

The procedure in general is done as a day case, meaning the patient can return home the same day. It is always done under a general anaesthetic, which means the patient is asleep during the procedure. The Anaesthetist on the day will give you further information about the anaesthetic complications.

Specific risks include the damage or chipping of teeth, tooth crowns or dental bridges.

When the instrument is inserted to and past the level of the vocal cords to inspect the vocal cords, trachea and the bronchus, there is always the possibility of damage to these areas. This may require further surgical treatment, for example a Thoracotomy (opening the chest cavity). This however is rare.

When a biopsy is taken, in the healing phase there will also be some degree of scar tissue. This can change the quality of the voice. In some cases, this could even be a permanent change to the quality of voice production. In many cases, voice therapy is required after and sometimes before Microlaryngoscopy is performed. This is done with a Voice Therapist (Speech Pathologist). Web formation can occur, which is scar tissue, which occurs between the vocal cords, this may need further procedures to divide the web.

Breathing difficulties can occur if blood is trapped within the airway and clots. This although rare, can be life threatening, and to occur usually happens in the recovery area immediately after the operation. If at home and difficulties in breathing occur or bleeding from the throat, then call an Ambulance immediately.

The main risk of Oesophagoscopy is the possible perforation of the Oesophagus. This is rare but may require further emergency surgical procedures, such as a Thoracotomy (opening the chest cavity). Perforation of the Oesophagus can be a life threatening.

Please notify Mr Watson of medications being taken particularly Aspirin, anti-inflammatory drugs, Warfarin or any blood thinning agents.

### **Post Operative Care**

- 1 A sore throat is normal after the operation, if however pain increases dramatically or becomes chest pain, contact either Mr Watson or the hospital at which you had the operation or alternatively attend the Emergency Department of your local hospital. If any bleeding occurs from the throat also please attend the Emergency Department.
- 2 Total voice rest is essential after vocal cord surgery for 48 hours. This means no talking at all. No whispering or vocalisation of sounds.
- 3 Avoid any Aspirin, Aspirin based medications or medications that can cause bleeding, anti-coagulation medication such as Warfarin or non-steroidal medications or Vitamin E, Garlic tablets, Ginko Biloba, Ginseng or Horseradish) for one week after the operation.
- 4 After 48 hours talk in a normal voice, do not whisper or shout. Your voice may not be normal for up to a month after the operation. After 48 hours it is preferable to have relative voice rest for seven days, this means only talk when necessary.
- 5 Avoid excessive coughing or throat clearing.
- 6 Avoid excessive exercise for two weeks after the operation.
- 7 Maintain good hydration, drink plenty of water or fluids.
- 8 If examination of the gullet has also been performed then a soft food diet will be required for about five days after the operation. If just an examination of the vocal cords has occurred, then there are no specific dietary restrictions.
- 9 Please make another appointment to see Mr Watson to ensure that the results of any biopsies taken have been discussed with you.
- 10 Avoid smoking for at least two weeks after the following operation. Make this a time to give up smoking if you are a smoker.
- 11 Please arrange for someone to take you home after the operation. You will not be able to drive.

Please read this entire document carefully and if there is anything which is not understood, then Mr Watson would like you to reschedule another appointment with him to discuss your concerns or questions.

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