

Procedure Information

Micro-Laryngoscopy

Introduction

A laryngoscope is inserted into the mouth to examine vocal cords and surrounding tissue of larynx with microscope. In some cases, the doctor will suggest to the patient to use a laser treatment through the telescope (depends on patient's conditions).

Indications

1. Detect lesions, strictures or foreign bodies in the larynx.
2. Remove benign lesions or foreign bodies from the larynx.
3. Help diagnosis of larynx cancer or impaired vocal cord.
4. Evaluate laryngeal signs and symptoms on stridor, hemoptysis or dysphagia etc.

Outcomes

The expected outcome of this procedure is determined on different indications. The procedure should result in removal of benign lesions or foreign bodies and also helps for making diagnosis and inspection.

Procedures

1. The procedure is performed under general anaesthesia.
2. The laryngoscope is inserted through the mouth.
3. The back of throat, vocal cords, larynx and surrounding tissue are examined.
4. Specimens may be collected for further study.

Possible Risks and Complications

1. Infection
2. Injury to tongue, lips or teeth
3. Ulcers in the lining of mouth or throat
4. Breathing problems caused by vocal cords spasm

** The risks listed above are in general terms and the possibility of complications is not exhaustive. Please understand that even though all procedures are carried out with utmost professionalism and care this does not rule out the possibility of complications arising. Further operation may be required to deal with the complications.

Pre-procedure Preparations

1. The procedure and possible complications will be explained by the doctor and a consent form must be signed prior to the procedure.
2. Please inform the doctor and nurse all your past medical history, previous surgical operations, current medication and any complication with drug or anaesthesia.
3. No food or drink six hours before the procedure.
4. Please change into a surgical gown after removing all belongings including undergarments, dentures, jewelry and contact lenses.
5. Please empty your bladder before the procedure.

Post-procedure Instructions

General

1. After general anesthesia, you may:
 - experience discomfort in the throat after tracheal intubation.
 - experience side effects of anesthesia including feel tired, drowsy, nausea or vomiting. Inform the nurse if symptoms persist or worsen.
2. Lie on one side with the head slightly elevated to prevent aspiration after examination.
3. Observe sputum for blood and inform the nurse(s) if excessive bleeding or respiratory compromise occurs.

Diet

Food and fluid intake is restricted until the gag reflex returns (usually around 2 hours after the examination).

Activities

According to the condition, patient can get out of bed on the same day of examination. Early ambulation can promote rapid recovery.

Advices on Discharge

1. Depending on the circumstances, patient can be discharged on the same day of examination.
2. Immediately consult your doctor or return to hospital for professional attention in the event of severe throat pain, excessive bleeding, shivering, high fever over 38°C or 100°F, or any other unusual symptoms etc.
3. Any follow-up consultations should be attended as scheduled.

Should there be any enquiries or concerns, please consult the attending doctor.

Under the professional care of the doctor, you will gradually recover. We wish you all the best during your treatment and recovery.

If you have any questions after reading the entire leaflet, please write them down in the spaces provided in order for the doctor to further follow-up.

Compiled by Union Hospital Operating Theatre (OT) Governance Committee

The above information is for reference only, please enquire your physician for details
Our Hospital reserves the RIGHT to amend any information in this leaflet without prior notification