



## Operation Information

### Removal of Vocal Cord Polyp

#### Introduction

Vocal polyp can take a number of forms which may be caused by long-term vocal abuse, long-term cigarette smoking, hypothyroidism, tense muscles, talking loudly, etc. Vocal polyp can make the voice harsh, voice disorder, even breathing difficulty.

#### Outcomes

The operation helps surgical removal of vocal polyp(s). You will have voice therapy to correct the underlying cause after the operation.

#### Procedures

1. The operation is performed under general anaesthesia.
2. A laryngoscope is inserted to the throat.
3. Microscissors are threaded through the laryngoscope to clip off the polyp(s).

#### Possible Risks and Complications

1. Unanticipated injury to the vocal cords, lips, tongue and soft palate
2. Wound infection
3. A tooth may be chipped

\*\* The risks listed above are in general terms and the possibility of complications is not exhaustive. Please understand that even though all operations are carried out with utmost professionalism and care, this does not rule out the possibility of complications arising. In the event of peripheral organ damage or post-operative haemorrhage or leakage, further operations may be required.



Source:

<https://my.clevelandclinic.org/-/scassets/f80dcefec8bc43b7861e3e45b8284d1d.ashx>

## **Pre-operative Preparations**

1. The procedure and possible complications will be explained by the doctor and a consent form must be signed prior to the operation.
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. Routine tests may be performed if necessary.
4. No food or drink six hours before the operation.
5. Please change into a surgical gown after removing all belongings including undergarments, dentures, jewellery and contact lenses.
6. Please empty your bladder before the operation.

## **Post-operative Instructions**

### **General**

1. After general anaesthesia, you may:
  - experience discomfort in the throat after tracheal intubation.
  - experience side effects of anaesthesia including feel tired, drowsy, nausea or vomiting. Inform the nurse if symptoms persist or worsen.
2. Please inform the nurse of wound pain. Proper pain relief treatment by injection or oral medication may be prescribed by the doctor.
3. The nursing staff will regularly monitor the pulse, blood pressure, breathing and wounds of you.
4. The voice should rest for the first 48 hours.

### **Activity**

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

### **Diet**

A normal diet may be resumed as instructed after recovery from general anaesthesia.

## **Advice on Discharge**

1. Prescribed pain medication may be taken as needed.
2. You should avoid smoky, crowded areas and contact with sick people.
3. Immediately consult your doctor or return to hospital for professional attention in the event of severe wound pain associated with redness and swelling, massive bleeding, shivering, high fever over 38°C or 100.4°F, or any other unusual symptoms etc.
4. 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.

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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

