

Patient Education Literature

We recommend that you read this handout carefully in order to prepare yourself or family members for the proposed procedure. In doing so, you will benefit both the outcome and safety of the procedure. ***If you still have any questions or concerns, we strongly encourage you to contact our office prior to your procedure so that we may clarify any pertinent issues. "An educated patient is the best patient."***

Direct Laryngoscopy or Suspension Microlaryngoscopy

Definition

Laryngo = having to do with the larynx.

-scopy = an action involving the use of an instrument for viewing

This procedure involves placing an instrument between the upper and lower teeth and over the tongue to allow visualization of the voice box and surrounding tissues. Direct laryngoscopy allows the surgeon to examine the pharynx and larynx thoroughly and to take a biopsy from suspicious-looking tissue. The surgeon holds the laryngoscope with one hand and works with the other. In suspension microlaryngoscopy, the laryngoscope is suspended to allow the surgeon to work with both hands. A surgical microscope is used to provide magnification, better visualization, and to deliver a laser beam.

Purpose of Procedure

There are several reasons why this procedure is done: to remove nodules, cysts, polyps, or other benign growths from the vocal cords or other parts of the voice box or throat. This procedure can also be used to remove foreign bodies from the throat or voice box. Biopsies can also be taken during this procedure to determine if there is any cancer present and to help determine the extent of further treatment if cancer is found

Preparation

As with any procedure in which anesthesia is administered, you will be asked not to eat or drink anything after midnight on the evening prior to your surgery. You may brush your teeth in the morning but not swallow the water. If you are on medications that must be taken, you will have discussed this with us and/or the anesthesiologist and instructions will have been given to you. The procedure will not be performed if you are currently taking, or have recently taken any medication that may interfere with your ability to clot your blood ("blood thinners, aspirin, anti-inflammatory medicines, etc..."). The most common of these medications are aspirin and all related pain relievers or anti-inflammatory compounds (whether prescription or over-the-counter). ***Please refer to the attached list and tell us if you took any of these within the past 10 days.*** If your medication is not on the list, alert us immediately so that we may ensure optimal procedure safety. We will have reviewed all of your current medications with you during the pre-operative / pre-procedure consultation. You are obligated to inform us if anything has changed (medication or otherwise) since your previous visit.

Procedure

This procedure involves placing a laryngoscope, which is an illuminated hollow metal tube, between the upper and lower teeth and over the tongue into the back of the throat. During the procedure a guard is placed over the teeth to prevent injury. The back of the tongue, the sides of the throat, and the area behind the voice box are examined. The scope is then placed into the voice box to look for abnormalities. If abnormal growths are noted, they are carefully removed either with surgical instruments or a laser depending on the preference of your surgeon. Sometimes a microscope is used to enhance visualization during removal. If cancer is suspected, biopsies are taken of the growth and surrounding tissue to determine the extent of the cancer.

Post Procedure

Following this procedure, pain medication may be prescribed to manage discomfort. Post-operative pain medications may include a codeine type medication that may cause drowsiness. Operation of motor vehicles or machinery is not allowed while using this medication. If the abnormalities were removed from the vocal cords, strict voice rest will be advised. A follow-up visit will be scheduled in approximately one week.

Do not smoke and observe relative voice rest for at least 7 days following the procedure. This gives the raw tissue a chance to begin to heal. Occasionally, absolute voice rest is indicated. Hoarseness may last up to 2 or 3 weeks. During this time, tissue swelling will gradually decrease and the lining of the vocal cords will regenerate. Avoid excessive coughing or throat clearing. These are two of the most damaging things you can do to the vocal cords, especially during the healing process. Returning to work or school can occur as soon as pain medication is no longer needed during the day.

Expectations of Outcome

This procedure should result in complete removal of benign growths. There is a slight chance that some growths may reoccur and require further removal. If the procedure was done to aid in the diagnosis of cancer, then further surgery or treatment will be necessary. The extent of the treatment will depend on the type and location of the cancer.

Possible Complications of the Procedure

This procedure is safe, however, there are uncommon risks that may be associated with it. While we have discussed these and possibly others in your consultation, we would like you to have a list so that you may ask questions if you are still concerned. It is important that every patient be made aware of possible outcomes that may include, but are not limited to:

- Anesthesia complications: There is always a small risk with general anesthesia. This risk is increased if there is any family history of trouble with anesthesia. The risks can range from nausea and vomiting to very rare life threatening problems. You can discuss any questions with your anesthesiologist.
- Bleeding
- Infection
- Injury to the teeth
- A change in voice quality

We provide this literature for patients and family members. It is intended to be an educational supplement that highlights some of the important points of what we have previously discussed in the office. Alternative treatments, the purpose of the procedure/surgery, and the points in this handout have been covered in our face-to-face consultation(s).

I/We have been given an opportunity to ask questions about my condition, alternative forms of treatment, risks of non-treatment, the procedure to be used, and I/we have sufficient information to give this informed consent.

I/We certify this form has been fully explained to me/us, and I/we understand its contents.

I/We understand every effort will be made to provide a positive outcome, but there are no guarantees.

Physician

Date

Witness

Date

Patient/Guardian

Date

The information contained in this Medical Informed Consent form ("Consent Form") is intended solely to inform and educate and should not be used as a substitute for medical evaluation, advice, diagnosis or treatment by a physician or other healthcare professional. While Oakstone endeavors to ensure the reliability of information contained in its Consent Forms, such information is subject to change as new health information becomes available. Oakstone cannot and does not guaranty the accuracy or completeness of the information contained in this Consent Form, and assumes no liability for its content or for any errors or omissions. Laws vary from state to state regarding the information that must be given to a patient for informed consent. Please be sure to check the laws regarding legal informed consent as they apply within your state. Please call your doctor or other healthcare provider if you have any questions.