

CENTRAL OHIO EAR, NOSE AND THROAT, INC.

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INSTRUCTION SHEET FOR DIRECT LARYNGOSCOPY/PANENDOSCOPY

Panendoscopy, which includes laryngoscopy, esophagoscopy, and nasopharyngoscopy, is used to evaluate a variety of common problems in the throat and neck area. The laryngoscopy is used to inspect the larynx or voice box, with this procedure we can inspect the vocal cords for complaints such as hoarseness, chronic cough and difficulty swallowing. The esophagoscopy is used to inspect the esophagus or food tube. The nasopharyngoscopy is used to inspect the area behind the nose above the soft palate or uvula (punching bag in the back of your throat).

Your doctor has probably already examined your nose, throat and vocal cords in the office. This has most likely shown an abnormality, which needs further evaluation. Also patients with unexplained neck masses need further evaluation to make sure that they have not spread from the throat area.

On the day of surgery you will come to the hospital and meet your anesthesia team. You will eventually be put to sleep and a small breathing tube will be inserted into your airway so your surgeon can get a good look. The laryngoscope will then be passed through your mouth down to the level of your vocal cords. The scope will then be secured and a microscope will then be used to closely examine the entire area. Any abnormality will be biopsied for evaluation by the pathologist. If you have masses or polyps on both vocal cords, then it may not be possible to completely treat the problem secondary to scar formation called "webbing". To prevent this the surgery is usually done in two stages at least four to six weeks apart.

Depending on your complaints the esophagus may need to be inspected. This requires passing a rigid scope carefully down the food tube to look for ulcerations, strictures or scars and tumors. If necessary, biopsies may be taken.

Your nasopharynx has already been inspected in the office with the flexible scope. Occasionally we see an abnormality, which needs biopsied. Also patients with unilateral ear disease may have a tumor or growth blocking its drainage which will need a closer look with the endoscope.

When your surgery is done, you will go to recovery and most likely go home one to two hours later with pain medicine and at home there are several things we would like you to do.

DIRECT LARYNGOSCOPY/PANENDOSCOPY INSTRUCTIONS CONT.

1. Rest at home. Remember you just had surgery and your body may take a day or two to feel normal again.
2. Voice rest. No yelling or whispering for 2-3 days. Basically talk when you need to.
3. No smoking. This will delay healing in the area and prolong your sore throat and hoarseness.
4. Drink plenty of liquids and eat a soft diet for 1-2 days.
5. Avoid hot and spicy foods 1-2 days.
6. Avoid steaming hot foods for 1-2 days.
7. Remember that your throat will be sore for 2-5 days. Be patient and it will resolve.

Possible complications of the surgery can include:

1. Hoarseness – This is especially true if we worked on your vocal cords or took any biopsies in the area. If you are a smoker, you will be more hoarse for a longer period of time because your airway is irritable.
2. Chipped/cracked/loose teeth – This is especially true for patients with dental cavities or gum disease. Patients with large overbites or capped teeth are also at risk because of the protrusion of their teeth.
3. Bleeding – The head and neck are very vascular. When biopsies are taken the area is cauterized if necessary. You will probably cough up a small amount of blood for 1-2 days after your surgery. If it continues beyond that then call your surgeon.
4. Respiratory distress or difficulty breathing can result in people with asthma or other lung problems. Occasionally this can be due to swelling in the biopsy area. Very rarely a tracheotomy, or bypass breathing in the neck, is needed.
5. Nosebleeds can sometimes develop if your nasopharynx is biopsied. They are rarely persistent and usually resolve after the first night of surgery.
6. Difficulty swallowing or painful swallowing may last for 2-3 days if your esophagus is biopsied. Rarely an esophageal perforation can occur which can cause a bad infection. This is usually seen in people with bad ulcer disease or tumors of the esophagus.
7. Risk of anesthesia is a complication for older patients with bad hearts and lungs. Also any patient with other medical problems may take longer to awaken after surgery. Your anesthesiologist will discuss these issues with you as indicated.

This information is not 100% inclusive and occasionally your surgeon will need to change their approach based on your complaints. We hope that this will give you some information on your surgery. If you have any questions, do not hesitate to contact us at 614-797-3277.