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The Royal Liverpool  
and Broadgreen  
University Hospitals  
NHS Trust

## Patient information

### **Microlaryngoscopy including Possible Biopsy and Cordotomy**

#### Ear Nose and Throat Speciality

Your Consultant / Doctor has advised you to have a Microlaryngoscopy including a possible biopsy and cordotomy.

#### **What is a Microlaryngoscopy?**

- Microlaryngoscopy is done to find and treat problems of the voice box, such as hoarseness. Your surgeon will put a short metal tube (laryngoscope) through your mouth into your voice box. A microscope is then used to look into the voice box to find the problem. If needed, surgery on your voice box can also be done through the laryngoscope with very fine instruments. (\*)
- If there are any problem areas, a small part of the lining of the voice box is taken away for laboratory examination. This is called a biopsy. Depending on the type of problem a laser might be used. Microlaryngoscopy is quite a short operation and usually takes less than 30 minutes. (\*)
- A cordotomy is a procedure to free the vocal cord so as to improve your speech

This operation is usually performed as a day case.

Admission for day case procedure requires you to have an escort home, access to a telephone and a responsible adult with you overnight.

#### **What are the benefits of a Microlaryngoscopy?**

It allows the doctor to diagnose and treat the cause of your symptoms.

#### **What are the risks of having a Microlaryngoscopy?**

- **Injury to teeth/lips**  
This is due to the scope being passed into your mouth to view your throat
- **Sore throat**  
This will settle over a few days.
- **Reduced airway**  
If you have any pre-operative breathing difficulties then there is a risk you may have a reduced airway, if this happens a tracheostomy may have to be performed. Your surgeon will discuss this with you if relevant.

- **Voice Loss/Hoarseness**

Your voice will be much worse after surgery at first. You should try not to speak at all for 48 hours and then only when necessary during the next week. Do not whisper as this puts strain on the voice box.

You may change your mind about the operation at any time, and signing a consent form does not mean that you have to have the operation. If you would like to have a second opinion about the treatment, you can ask your specialist. He or she will not mind arranging this for you. You may wish to ask your own family doctor (GP) to arrange a second opinion with another specialist.

### **Are there alternatives available?**

There are no alternatives.

### **What will happen if I decide not to have treatment?**

Diagnosis of your symptoms cannot be made and will continue or become worse with the potential for abnormal cells to develop.

### **What sort of anaesthetic will be given to me?**

You will be given a general anaesthetic. General anaesthesia is drug-induced unconsciousness: an anaesthetist, who is a doctor with specialist training, always provides it.

Unfortunately, general anaesthesia can cause side effects and complications. Side effects are common, but are usually short-lived: they include nausea, confusion and pain. Complications are very rare, but can cause lasting injury: they include awareness, paralysis and death.

There is a risk of damage to teeth, particularly caps or crowns and veneers. Your anaesthetist will take every care, but occasionally damage can occur.

The risks of anaesthesia and surgery are lower for those who are undergoing minor surgery, and who are young, fit, active and well.

For more information, please ask for a copy of the leaflet "You and Your Anaesthetic" **(PIF 344)**.

You will be given an opportunity to discuss anaesthetic options and risks with your anaesthetist before your surgery.

If you are worried about any of these risks, please speak to your Consultant or a member of their team.

### **Getting ready for your operation**

- You will be seen in the pre-operative clinic before you are admitted to hospital. Here you may have blood tests and sometimes a heart trace as required. You will be assessed to see if you are fit for the anaesthetic.
- The nurse practitioner will ask routine questions about your general health, any medicines you take at the moment and any allergies you may have.
- You will be able to discuss the operation with a nurse practitioner. You will be asked to sign a consent form to say that you understand the procedure, and what the operation involves.

## **The day of your operation**

- You will come into hospital the day of your operation. This will be indicated in your letter.
- Before your general anaesthetic, you must not eat for a minimum of six hours or drink for a minimum of three hours. You will be told when this is to start.
- Please leave all cash and valuables at home. If you need to bring valuables into hospital, these can be sent to General Office for safekeeping. General Office is open between 8.30 and 4.30 Monday to Friday. Therefore, if you are discharged outside these times we will not be able to return your property until General Office is open. The Trust does not accept responsibility for items not handed in for safekeeping.
- You will be asked to remove jewellery - plain rings can be worn but they will be taped.
- Please do not wear makeup.
- Please leave body piercings at home. Nail polish and false nails will also need to be removed.
- If you are on regular medication, you will be told to take this if necessary.
- You will be asked to put on a gown and disposable underwear. You may bring in with you a dressing gown and slippers.
- A bracelet with your personal details will be attached to your wrist.
- A porter will take you to the operating theatre.
- If you have dentures, glasses or a hearing aid they can stay with you on your journey to the operating theatre. They will be removed whilst you are in the anaesthetic room and kept with you until you arrive in the recovery area. Once you are awake they can then be put back in place.
- When you arrive in the theatre waiting area, a nurse will check your details with you. You will then be asked to put on a disposable hat.
- You will then be taken to the anaesthetic room.

## **What should I expect after my operation?**

- After your operation you will be kept in the theatre recovery room before being transferred to the ward.
- A nurse will check your pulse, blood pressure, and breathing and wound regularly.
- The nursing staff will also advise you when you can start taking sips of water. Anaesthetics can make some people sick. If you feel sick we advise you not to drink until this feeling has passed. The nursing staff may offer an injection to help this sick feeling go away.
- The first time you get out of bed, please make sure you ask a nurse to be with you. This is in case you feel dizzy.

## Going Home

Your doctor/nurse practitioner will normally discharge you on the day of your operation.

You have had a general anaesthetic, for the next 24 hours **you must not**

- Travel alone.
- Drive any vehicle e.g. car or ride a bicycle.
- Operate machinery (including domestic appliances such as a kettle).
- Climb ladders.
- Make important decisions; sign any business or legal documents.
- Drink alcohol.

You **should**

- Take it easy for the rest of the day, avoid strenuous activity.
- Take your medications as usual.
- Let someone else care for anyone you usually look after, such as children or elderly or sick relatives.

## Discharge Information

### Pain relief and medication

The nursing staff will advise you about painkillers before you leave the hospital. Please tell the nurses what painkilling tablets you have at home.

### Getting back to normal

- Remember that you have just had an operation, and you will take a few days to recover.
- Do not smoke for two weeks after your operation, if at all. This is because smoke will irritate your larynx and cause inflammation and swelling.
- You must avoid smoky and crowded areas for at least two weeks after your operation to avoid possible infection from droplets from sneezing or coughing.
- You may find that your throat hurts. This is because of the metal tubes that are passed through your throat to examine the voice box. Any discomfort settles quickly with simple painkillers and usually only lasts a day or two. (\*)
- Some patients feel their neck is slightly stiff after the operation. (\*)
- After microlaryngoscopy, you should be able to use your voice as normal after the procedure. If the surgeon has taken a biopsy from your voice box, he may advise you to rest your voice for a short period. Your voice may sound worse, especially if any biopsies have been taken. This should be temporary until the lining of the voice box heals. (\*)

## **Returning to work**

You can self-certify for the first seven days of sickness. Before you are discharged, a medical certificate (sick note) may be issued by your hospital doctor to cover the expected time off you will need.

## **Further Appointments**

This will be given to you on discharge. An outpatient appointment will be sent to you any results of the examination will be given to you then.

## **Feedback**

Your feedback is important to us and helps us influence care in the future

Following your discharge from hospital or attendance at your Outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated

## **Patient Notes:**

## **Further information**

**If you have any queries or concerns, please contact the ward where you had your surgery or the Nurse Practitioners.**

**ENT Nurse Practitioners**

**Helene Bryant / Sue Bragan / Christine Burton**

**Tel: 0151 706 2290**

**Textphone Number: 18001 0151 706 2290**

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[www.entuk.org](http://www.entuk.org)**

All Trust approved information is available on request in alternative formats, including other languages, easy read, large print, audio, Braille, moon and electronically.

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