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The Royal Liverpool
and Broadgreen
University Hospitals
NHS Trust

Patient information

Panendoscopy/Rigid Oesphagoscopy/Microlaryngoscopy (with and without laser)

Ear Nose and Throat Speciality

Your consultant has advised that you have an Endoscopy (Panendoscopy/ Oesphagoscopy/ Microlaryngoscopy).

What is Endoscopy?

An operation to examine the upper food passage, voice box and/or back of the nose and throat, under general anaesthetic using an endoscope to examine and remove any tissue required for analysis and diagnosis.

What are the benefits of having Endoscopy?

To allow the doctor to examine and diagnose your presenting problem thoroughly.

This procedure will be done as a day-case procedure.

Day case admission requires you to have an escort home, access to a telephone and someone with you overnight.

What are the risks of having Endoscopy?

- **Injury to teeth** - every precaution will be taken to prevent this.
- **Temporary sore throat/loss of voice** - this usually settles after a few days.
- **Reduced airway** - if you have any previous breathing difficulties there is a risk you may have a reduced airway, if this happened a tracheostomy would be performed (external opening and tube into your trachea). Your surgeon will discuss this with you if it is relevant.
- **Voice loss** - if a biopsy has been taken from your voice box your voice will be worse initially after surgery. You should not speak at all for 48hrs and then only when necessary for the next week. Do not whisper as it puts strain on the voice box.
- **Perforation (a small tear in the food passage)** - this rarely occurs after oesophagoscopy. You will be observed closely after the procedure for signs of this.
- **Persistent hoarseness** - this would be due to scarring and thickening of the tissue.
- **Laser** - a risk of burn/scar/stiffening of the larynx.

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 any alternatives available?

The doctor may organise scans of your neck, but this does not allow a proper diagnosis, or he may watch and wait.

What will happen if I decide not to have treatment?

No treatment would mean a diagnosis cannot be made and your symptoms may progress further.

What sort of anaesthetic will be given to me?

You will be given a general anaesthetic. General anaesthesia is drug-induced unconsciousness: an anaesthetist, 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.

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-assessment clinic before you are admitted to hospital. Here you may have blood tests, or heart trace if necessary. You will be assessed to see if you are fit for an anaesthetic.
- The nurse practitioner will ask routine questions about your health, the medicine 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.
- 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 band rings will be taped.
- Please leave body piercing at home. False nails and nail polish will need to be removed.
- Please do not wear makeup.
- If you are on regular medication you will be advised as to whether you should take it.
- 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 recovery room before being transferred to the ward.
- A nurse will check your pulse blood pressure and breathing regularly.
- The nursing staff will also advise you when you can start taking sips of water. Anaesthetics can make some people feel sick. It is advised not to drink until this feeling has passed. The nursing staff may offer an injection to take the sick feeling away.
- Please inform the nursing staff if you have any pain, they will give you painkillers to help.
- Please inform the nursing staff when you first get out of bed 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 inform the nurse of any painkillers you have at home.

Getting back to normal

- After oesophagoscopy, you may find that your throat hurts. This is because of the metal tubes that are passed through your throat to examine the gullet. 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 (*)
- 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 must rest your voice for one week. Resting your voice will help to rest your larynx (voice box).**
- It is normal to feel more tired than usual for a few days following a general anaesthetic.

- It is important that you eat and drink normally.
- If you experience chest or back pain in the next twenty-four hours you should telephone the ward or go to an Emergency Department (A&E).

Returning to work

You can self-certify for the first seven days of sickness. After this a medical certificate (fit note) can be obtained from your GP.

Further Appointments

A follow up appointment will be arranged before you go home.

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 further questions, or require further information, please contact:

ENT Nurse Practitioners

Helene Bryant / Sue Bragan / Christine Burton

Tel: 0151 706 2290

Textphone Number: 18001 0151 706 2290

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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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