



Laryngoscopy

Information for patients from the Head and Neck Department

You have been referred to the hospital for a laryngoscopy. This leaflet explains:

- what a laryngoscopy is
- the types of laryngoscopy available
- what the risks are, and
- how you may feel afterwards.

If you have any further questions, please contact the Rotary Ward

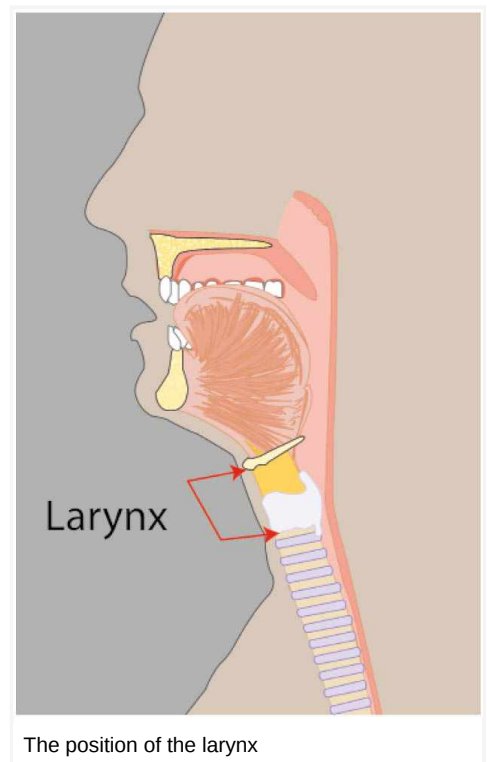
What is a laryngoscopy?

The main purpose of a laryngoscopy is to examine the larynx (voice box) and vocal cords. A laryngoscopy can check for movement and diagnose / exclude (rule-out) disease.

A laryngoscopy can also be used for treatment, such as removing nodules or foreign bodies (objects accidentally inhaled).

What types of laryngoscopy are available?

- **Indirect laryngoscopy** is usually performed by a doctor in an outpatient or emergency clinic with a mirror. The doctor will use this procedure to examine how your voice box and vocal cords move. The doctor may spray your nose with a local anaesthetic to numb the area. There are no side effects and the treatment does not hurt.
- **Fibreoptic laryngoscopy** is performed in an outpatient or emergency clinic by a doctor or experienced nurse. The doctor may spray your nose with a local anaesthetic to numb the area. A flexible scope is then passed through your nose into



your throat. The doctor or nurse will check the movement of your voice box and examine your vocal cords.

You may feel slight discomfort during this procedure. The local anaesthetic will make the back of your throat feel numb and swollen for approximately 30 minutes. Do not eat or drink anything for 30 minutes after your procedure.

- **Direct laryngoscopy** is carried out under a general anaesthetic (you will be asleep) in an operating theatre. The doctor uses a rigid scope and biopsies any suspicious areas. A biopsy is where the doctor removes a small piece of tissue during the procedure. The tissue is then sent to a laboratory for further examination.

Microsurgical procedures can also be performed using this method, such as removing vocal cord polyps.

You may have a sore throat for a short time after your procedure. Simple painkillers will be prescribed to help with any discomfort.

Your doctor will discuss with you the type of laryngoscopy you will need for your condition. Please use this time to ask them any questions.

Are there alternatives?

Steam inhalations or lozenges may help, if your hoarseness is due to acute laryngitis or upper respiratory infection. If your symptoms continue, your doctor will need to do a closer examination.

Are there any risks?

All general anaesthetics have some risk. If you have a general anaesthetic, an anaesthetist will discuss these risks with you. More information is available in the **You and your anaesthetic** leaflet. (/you-and-your-anaesthetic)

Before your procedure, you must tell your surgeon if you have any loose or chipped teeth. The instruments placed through your mouth during a laryngoscopy, can easily dislodge or chip teeth further.

How will I feel after my procedure?

- If you had a biopsy during your procedure, the area around it may be sore for a short while after your surgery.
- You may have a small amount of bleeding after your procedure.

Will I have to stay in hospital after my procedure?

Your surgeon may advise you to stay in hospital overnight. This is in case you develop a problem with your breathing due to inflammation (swelling) in your larynx.

How do I look after myself at home?

- Your doctor may tell you to rest your voice for a week after your procedure. This will allow:
 - any inflammation (swelling) to go down, and
 - let your vocal cords rest back to a size where they can work properly again.

If you have to speak, try to use a normal voice. Whispering and shouting will put more strain on your vocal cords.

- Your voice may not return to normal until your body has finished healing. Healing usually takes 1 to 2 weeks.
- Use steam inhalations to help reduce the dry and sore feeling in your throat.
- If you smoke, please try to stop. Smoking increases your chances of getting an infection or disease. If you need support to stop smoking, call One You Kent (<https://www.kentcht.nhs.uk/service/one-you-kent/>) on 0300 123 1220, or email (kentchft.oneyoukent@nhs.net).

Will I need a follow-up appointment?

If you had a biopsy, you will need a follow-up outpatient appointment. This appointment will usually be within two weeks of your procedure.

You may be referred to a speech therapist for assessment or retraining of your voice.

Further information

If you have any questions or concerns, please telephone Rotary Ward.

- **Rotary Ward**, William Harvey Hospital, Ashford
Telephone: 01233 616234

This leaflet has been produced with and for patients.

Please let us know:

- If you have any accessibility needs; this includes needing a hearing loop or wanting someone to come with you to your appointment.
- If you need an interpreter.
- If you need this information in another format (such as Braille, audio, large print or Easy Read).

You can let us know this by:

- Visiting the Trust web site (<https://www.ekhuft.nhs.uk/ais>).
- Calling the number at the top of your appointment letter.
- Adding this information to the Patient Portal (<https://pp.ekhuft.nhs.uk/login>).
- Telling a member of staff at your next appointment.

Any complaints, comments, concerns or compliments, please speak to a member of your healthcare team. Or contact the Patient Advice and Liaison Service on 01227 783145 or email (ekh-tr.pals@nhs.net).

Patients should not bring large sums of money or valuables into hospital. Please note that East Kent Hospitals accepts no responsibility for the loss or damage to personal property, unless the property has been handed into Trust staff for safe-keeping.

Further patient information leaflets are available via the East Kent Hospitals' web site (<https://www.ekhuft.nhs.uk/patient-information>).

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