



## LARYNGOSCOPY AND VOICE SURGERY

The larynx (voice box), vocal folds, and other structures of the throat are involved in breathing, swallowing, and voicing. Common problems of the throat include tumors or suspicion of cancer, vocal nodules and polyps, hoarseness, motion impairment of the vocal folds, and breathing or swallowing problems. Surgery or biopsy may be needed to evaluate or treat disease of the larynx and throat.

### REASONS FOR SURGERY- How is the decision made?

Surgery on the larynx and throat is a decision to be made between the surgeon and the patient or family. Generally, surgery is recommended when one or more of the following symptoms or findings are noted:

- A lesion suspicious for cancer requires further inspection, biopsy, or excision
- A mass, tumor, cyst, or infection in the larynx or throat has been identified that cannot be managed with medication, voice therapy, or other treatment
- Voice problems or hoarseness due to abnormalities of the vocal folds
- Evaluation of the larynx and throat to identify causes of pain, breathing or swallowing problems, possibly due to tumors, infection, congenital abnormality, injury, or anatomic or functional problem of the laryngeal or throat structures
- Other problems as discussed with your doctor

### SURGICAL TREATMENT- What are the Risks, Alternatives, Potential Complications, and Benefits?

- **Risks-** The risks from laryngoscopy and voice surgery include: injury to the teeth, gums, tongue, throat tissues, vocal folds and larynx, breathing or swallowing tube, and may result in temporary or, rarely permanent, cosmetic deformity, pain, bleeding, change or loss of voice, swallowing problems, breathing problems, need for additional surgical treatment, or other specific risks as discussed with your doctor. There is a small risk of severe breathing problems requiring tracheostomy (surgical breathing tube through the neck). There is also a risk of complications from anesthesia.
- **Alternatives-** Some conditions of the larynx and throat structures may be observed, treated with voice therapy, or with medication. Some cancerous lesions may be treated with radiation or treatment other than surgery, although a biopsy to confirm cancer is often needed. Sometimes a decision to not have treatment can have serious consequences that you should discuss with your doctor.
- **Complications-** Complications of surgery on the larynx and throat generally include: obstruction of breathing from swelling or bleeding; infection, sometimes requiring additional surgical treatment; injury with serious functional consequences to swallowing or breathing; hoarseness or changes in voice. Severe bleeding, permanent injury, or death is uncommon. **Notify your doctor immediately if breathing difficulty is noted after surgery.**

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- **Benefits-** Most larynx and throat surgery is without serious complications and with a good outcome.

**RECOVERY-** What should I expect?

Recovery biopsy or surgery of the larynx and throat is usually rapid and generally lasts 1-2 weeks. Recovery from infections or cancer may require longer periods. Expect to go home the same day from surgery unless informed otherwise by your doctor. Once you have gone home, common events in the recovery period and expectations of what is normal are listed below. Call your doctor if you have any questions or concerns that are not answered here.

- **Pain-** Pain is an expected part of recovery after surgery and is usually mild. Pain may be noted with swallowing or speaking. Over the counter medications such as Tylenol®, Aspirin®, Advil®, Motrin®, Aleve®, and ibuprofen are generally adequate for relief of pain. **Take only the medication prescribed by your doctor.** If pain worsens or is not relieved by the pain medication taken as prescribed, call your doctor.
- **Difficulty with breathing or swallowing-** Please notify your doctor immediately if severe problems with breathing or swallowing develop. Mild changes may be normal and should improve with healing.
- **Nausea and vomiting-** These are usually due to the effects of anesthesia and should subside in the first day or two. If they continue, are related to taking the pain medication, or contain blood, notify your doctor.
- **Fever-** Notify your doctor for fever above 102.5° F, or one that persists for greater than 3 days.
- **Eating and drinking-** You may resume your regular diet after surgery unless a special diet is advised by your doctor.
- **Activity-** It is usually safe to resume normal activities unless advised otherwise by your doctor. Do not drive or operate machinery while on narcotic pain medication.
- **MEDICATIONS-** Ask your doctor about resuming your home medications. Do not take herbal medications without asking your doctor as these often have blood thinning properties which can increase the risk of bleeding.

**CONTINUING CARE-** What additional care do I need?

After you are discharged from the hospital, your doctor will see you for follow-up evaluation in approximately two weeks after surgery unless another time has been arranged. Call the office if an appointment has not been previously scheduled. You will likely be seen for several visits to ensure that healing is progressing well and that no complications or unexpected problems have been encountered. Additional medication, voice, or swallowing therapy may be needed to treat some conditions. If the surgery was performed for the evaluation or treatment of cancer, additional surgery, radiation treatment, or chemotherapy may be advised as well as regular follow-up visits to monitor for any recurrent disease for many years may be advised. Smoking and alcohol abuse should be avoided to promote healing and reduce the risk of complications and recurrent disease.

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