

Direct Laryngoscopy

What is a direct laryngoscopy?

A **direct laryngoscopy** [lair-rin-GOSS-cuh-pee] is a way to look for and fix a problem with your voice box or **larynx** [LAIR-rinks] or perform a test. The larynx is located at the top of your **trachea** [TRAY-kee-uh], or windpipe.

Why do I need this procedure?

Your doctor may need to:

- Remove polyps, cysts, nodules, tumors, or a foreign object
- Diagnose an abnormal growth
- Improve the quality of your voice and reduce hoarseness after a vocal cord injury

What are the risks?

Common risks of direct laryngoscopy include:

- Sore throat
- Nausea and/or vomiting
- Temporary numbness of the tongue
- Damage to soft tissue in the throat
- Bad reaction to anesthetic
- Permanent hoarseness or a change in vocal quality (rare)
- Tooth damage during the procedure (very rare)



When should I call my doctor?

Call your doctor if you have any of these symptoms:

- Trouble breathing
- Pain that is getting worse or can't be controlled with pain medication
- Loose teeth or teeth that are out of place
- Significant swelling at the back of your throat
- Coughing up bright red blood
- Chills or a fever above 101°F (38° C)

What do I need to do to prepare?

- **Give your doctor a list of all your medicines.** Be sure to include prescriptions, vitamins, herbal remedies, or any over-the-counter medicines you are taking (such as allergy pills or cough syrup).
- **Follow your doctor's instructions concerning your medicines.** Some medicines can increase your risk of bleeding. You may have to stop taking them for a few days before the procedure.
- **Follow all instructions on when to stop eating and drinking before your surgery.** This will help avoid anesthesia complications.
- **Arrange for a responsible adult to drive you home after the procedure** and to care for you during the first 24 hours (1 day) after your surgery.

What happens during the procedure?

If you are having a **direct flexible laryngoscopy**, your doctor or nurse may spray the back of your throat with a medicine to numb the area.

If you are having a **direct rigid laryngoscopy**, your doctor will give you medicine to make you sleep.

During the procedure, a scope (small tube with a camera) is passed through the nose or mouth to the throat and larynx. Tiny tools are passed through the scope to take tissue samples (biopsy) or remove growths or foreign objects.

If you have weak or injured vocal chords, your doctor may also perform an **injection laryngoplasty** [la-RYN-go-plas-tee] to increase the size of your vocal cords. This procedure can help improve your voice quality.



Questions for my doctor

What happens after the procedure?

After the procedure, your lips and tongue will feel numb. This is from the anesthesia. Plan to:

- **Rest your voice and avoid talking.** This will allow your vocal cords to heal properly. Only use 1-word answers and speak in a normal voice during the first week of recovery. **Avoid speaking in a whisper, clearing your throat, and coughing, if possible.**
- **Only eat soft foods and take sips of water for the first 24 hours.** You can start eating different foods over the next couple of days. Frequent sips of water and using a humidifier can also keep your airway moist and help you heal.
- **Be sure to go to your follow-up appointment.** This is the only way that your doctor can make sure you are healing well.



My follow-up appointment

Date/Time: _____

Place: _____

Doctor: _____

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