Laryngoscopy

A laryngoscopy is a procedure performed to view the back of the throat, vocal cords, and voice box (*larynx*). It may be done in order to figure out why a person has:

- A cough.
- Voice changes, such as new hoarseness.
- Throat pain.
- Problems swallowing.

During a laryngoscopy, tissue samples (*biopsies*) can be taken or foreign bodies can be removed. A laryngoscopy can be done in the caregiver's office. It may be performed with a hand-held mirror, or it may require the use of a fiberoptic scope. Under some circumstances, it may be done in a hospital with medicine to help you sleep (*general anesthesia*).

BEFORE THE PROCEDURE

Several days before the procedure, you or your child may have blood tests to make sure the blood clots normally. You may be asked to stop taking blood thinners, aspirin, and/or nonsteroidal anti-inflammatory drugs (ibuprofen) before the procedure. **Do not give aspirin to children.**

If general anesthesia is going to be used, you or your child will usually be asked to stop eating and drinking at least 8 hours before the procedure. You will need someone to go with you to the procedure in order to drive you home.

LET YOUR CAREGIVER KNOW ABOUT:

- Allergies.
- Medicines taken, including herbs, eyedrops, over-the-counter medicines, and creams.
- Use of steroids (by mouth or creams).
- Previous problems with anesthetics or numbing medicines.
- History of bleeding or blood problems.
- History of blood clots.
- Possibility of pregnancy, if this applies.
- Previous surgery.
- Other health problems.

RISKS AND COMPLICATIONS

- Pain.
- Gagging.
- Vomiting.
- Swelling.
- Bleeding.
- Problems from anesthesia.

PROCEDURE

If you or your child is having the procedure in the caregiver's office, it is usually performed while sitting up in a special exam chair with a headrest. A numbing medicine will be sprayed into the mouth and on the back of the throat. Your caregiver will use a gauze pad to hold the tongue out of the way. A mirror will be held at the back of the throat to allow your caregiver to see down the throat. You or your child might be asked to make certain sounds so that vocal cord movement can be observed. If a fiberoptic scope is being used, it will be inserted into either the nose or the mouth and slipped into the throat. Your caregiver can look through an eyepiece or can see an image projected on a monitor. Biopsies can be taken or foreign bodies removed.

If you or your child needs to have the procedure performed under general anesthesia, he or she will be lying down on a special operating table. The same kinds of procedures will be followed, but you or your child will not be aware of them.

AFTER THE PROCEDURE

- When laryngoscopy is done with only local numbing, it usually does not require any changes to your activity level after the procedure is complete.
- You or your child may have a sore throat.
- You or your child may be asked to rest the voice for some length of time after the procedure.
- **Do not** smoke.
- Follow your caregiver's directions regarding eating and drinking after the procedure.
- If you or your child had a biopsy taken, your caregiver may advise trying to avoid coughing, whispering, or clearing the throat.
- If sedation or a general anesthetic was given, you or your child will be sleepy.
- There may be some pain or nausea, but this can usually be controlled with medicines taken by mouth.
- You or your child will stay in the recovery room until awake and able to drink fluids.
- You or your child can go back to his or her usual level of activity within several days.

HOME CARE INSTRUCTIONS

- Take all medicines exactly as directed.
- Follow any prescribed diet.
- Follow instructions regarding rest (including voice rest) and physical activity.
- Follow instructions for the use of throat lozenges or gargles.

SEEK IMMEDIATE MEDICAL CARE IF:

- There is severe pain.
- You or your child has new bleeding during coughing, spitting, or vomiting.
- You or your child develops nausea and vomiting.
- You or your child develops new problems with swallowing.
- You or your child has difficulty breathing or shortness of breath.
- There is chest pain.
- The voice changes.
- You or your child has an oral temperature above 102° F (38.9° C), not controlled by medicine.
- You or your child develops a cough.

MAKE SURE YOU:

- Understand these instructions.
- Will watch this condition.
- Will get help right away if you or your child is not doing well or gets worse.

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