



Microaryngoscopy: an operation on your voicebox

ABOUT THE OPERATION

What is a microlaryngoscopy?

Microlaryngoscopy is an in-depth examination of your voice box (also known as your larynx) while you are asleep under a general anaesthetic. It is a short operation and usually takes about 30 minutes. You may have another operation at the same time called a **pharyngoscopy and upper oesophagoscopy**. *Please refer to the patient information leaflet on Pharyngoscopy and upper oesophagoscopy if this is the case.*

Why do I need the operation?

Microlaryngoscopy is performed to find and treat problems of the voice box, such as the cause of a hoarse voice, or if your voice box looks unusual.

How is the operation performed?

Your surgeon will put a short metal tube called a laryngoscope through your mouth into the voice box, as shown in figure 1. A microscope is used to look at the voice box in detail. Fine instruments can be used to operate on your voice box.

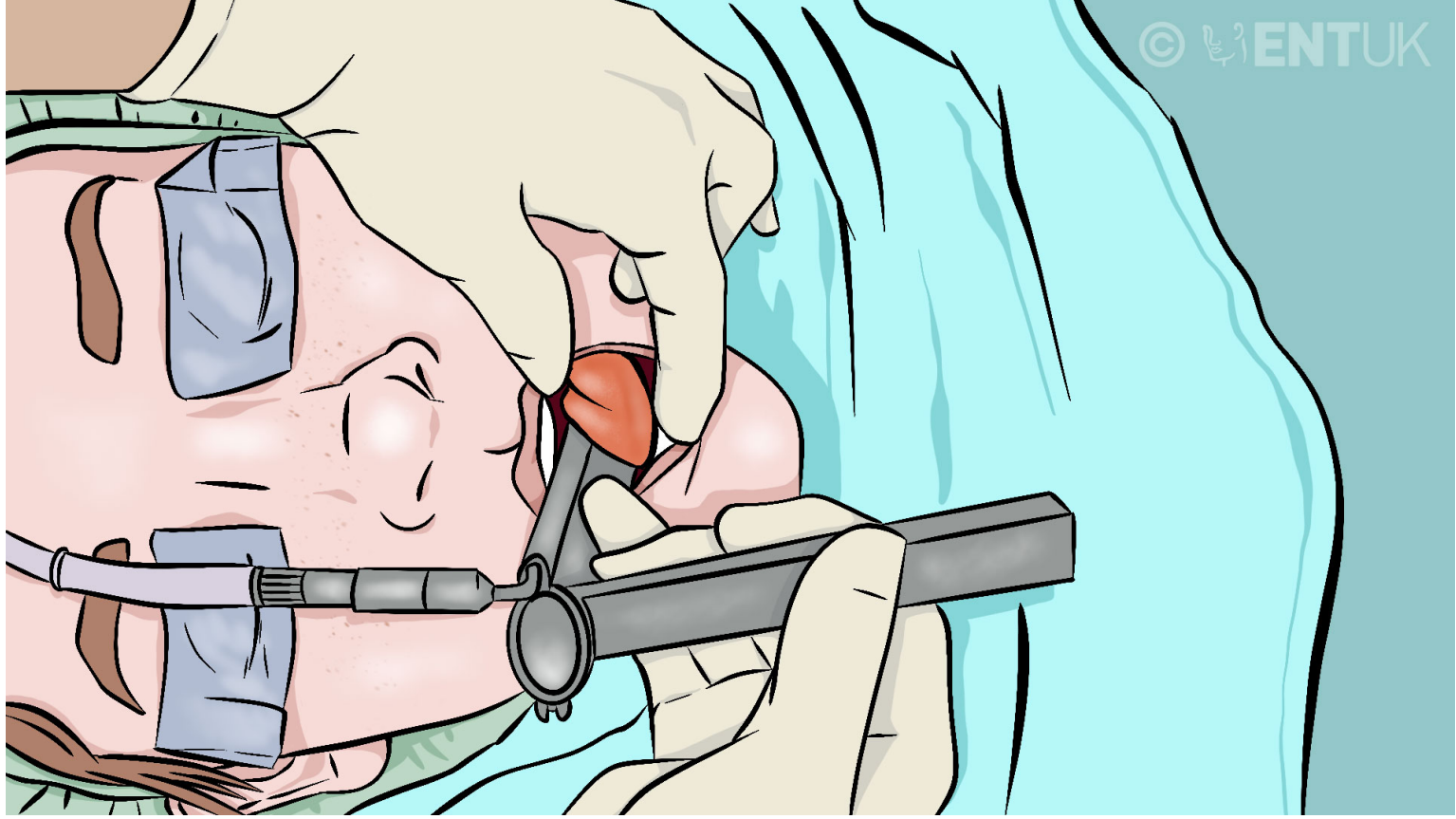


Figure 1. A patient having a laryngoscopy.

What is the benefit of having surgery?

The operation allows your surgeon to look at your voice box in greater detail.

If there is an unusual area of tissue, your surgeon can take a sample (called a **biopsy**), which is then looked at by a type of specialist called a pathologist. This will give you and the surgeon a cause (**diagnosis**) for the tissue. The unusual area may need further treatment.

Depending on the cause of your voice problems, the operation may also allow the surgeon to treat your voice box. Your surgeon will explain what is involved in further detail.

Treatment may require special instruments such as:

- a **microdebrider** (a tool that cuts and hoovers up tissue)
- a **laser** (uses strong light energy to treat the voice box) as shown in figure 2
- special **injections**, for example to bulk up the voice box.

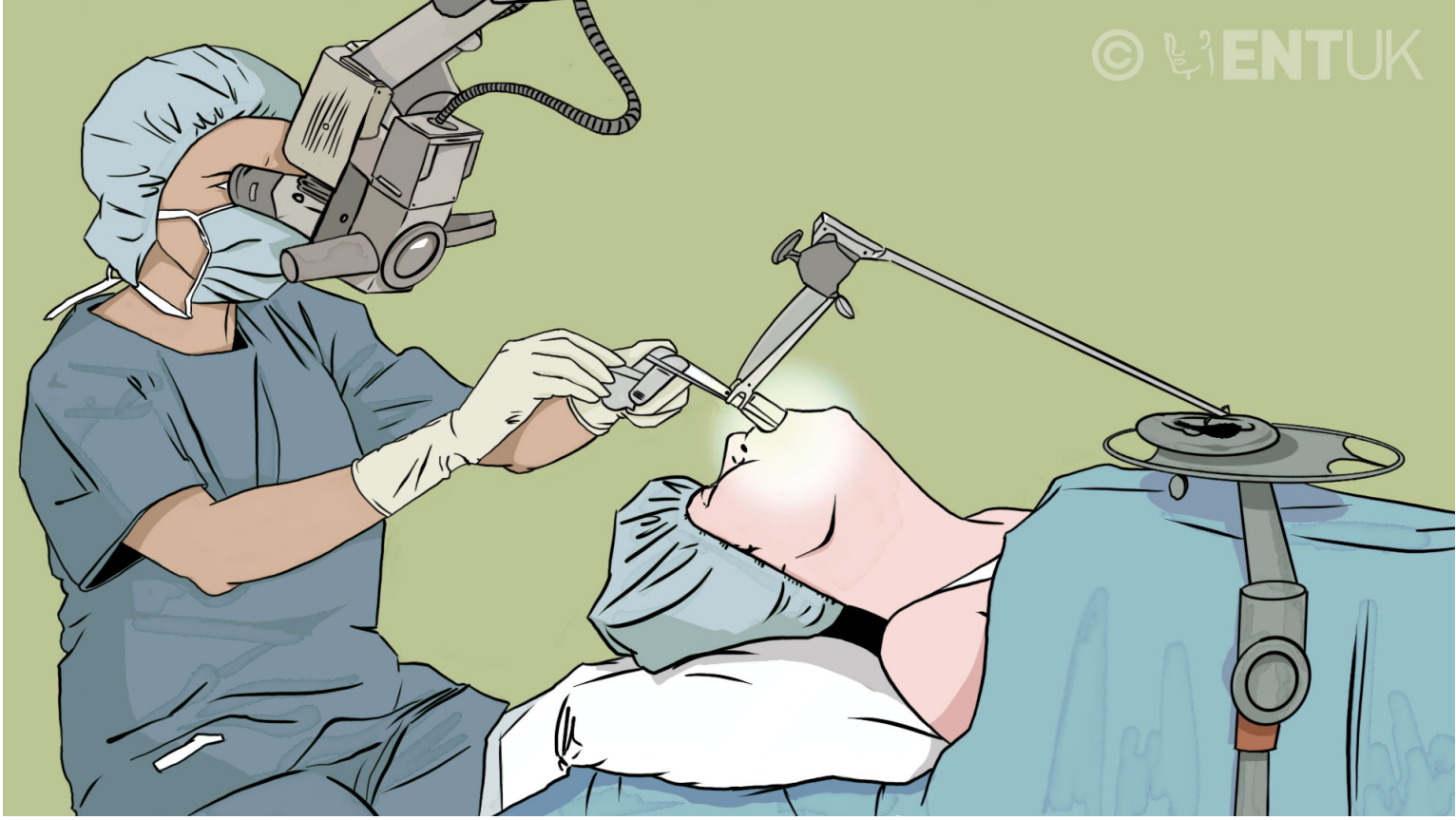


Figure 2. A patient having laser treatment to the voice box.

Is there any alternative treatment?

There is no ideal alternative to a microlaryngoscopy when making a detailed examination of the voice box.

Some hospitals may have a special type of flexible endoscope which allows a surgeon to pass instruments along a special channel to the tip. This special flexible endoscope would be useful if a patient was not fit enough to have a general anaesthetic but would benefit from having a sample (or biopsy) taken. This biopsy would help the healthcare professionals reach a diagnosis and plan further treatment.

The instruments used with this special flexible endoscope are very small. This means that the biopsies are smaller than what can be taken during a microlaryngoscopy. This could mean that we cannot get enough tissue to make a diagnosis.

You are awake during this special endoscope test, so you can still move, and so can your voice box. If there is movement when the biopsy is being taken, this may lead to the wrong area being sampled.

Things to think about before your operation

If you have a history of neck problems, you should tell the surgeon about this before your operation. Please also tell your surgeon of any loose or capped teeth before the operation.

How will I feel after the operation?

After the operation, you will be taken to the recovery area. When your anaesthetic has worn off, you will be taken back to the ward or the day surgery unit.

A sore throat

You may find that your throat hurts a little after this operation. This is because of the metal tubes that are passed through your throat to examine the voice box. Any discomfort goes away quickly with painkillers and usually only lasts a day or two. This is very common.

Stiff neck

Some patients feel their neck is slightly stiff after the operation. Painkillers, gentle neck exercises, or a neck massage may help.

Voice

After microlaryngoscopy, your voice may sound worse, especially if any biopsies have been taken. This should be temporary until the lining of the voice box heals. You may be asked to rest your voice for a few days, depending on the findings and the type of operation that has taken place. This is very common. Please drink plenty of water to hydrate your throat and speak in a quiet voice.

When can I eat?

You can usually eat and drink later the same day, after you have recovered from the general anaesthetic.

After the operation, please tell your surgeon if you develop a cough after eating. The cough is a protective reflex to stop food entering your windpipe. If food or liquids spill into your windpipe, you may develop a chest infection.

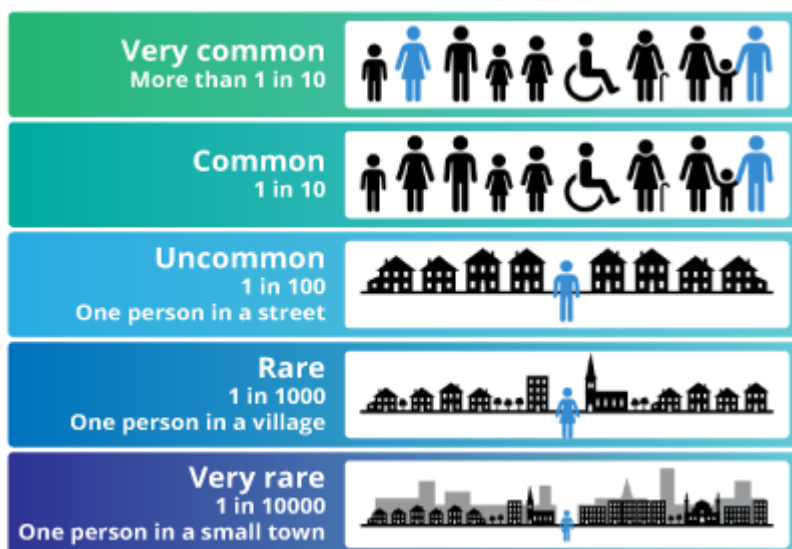
You may need assessment by a swallowing therapist.

WHAT ARE THE RISKS?

Are there any complications to this operation?

All operations have an intended benefit but also have risks. Microlaryngoscopy is usually a safe procedure.

Complications are grouped into the following categories:



Damage to teeth, lips and gums.

There is a risk that the metal tubes may chip your teeth. Your surgeon uses a gum shield to help prevent this happening. The risk of damage to your teeth varies but can occur in up to nearly seven out of one

hundred cases.

The risk of bruising or a cut on the lips or gums is very common. These heal very quickly without the need for stitches and are no worse than a cracked lip in winter or biting the inside of your cheek.

Spitting blood

It is common to spit some blood in your saliva after an operation on the voice box. It usually settles down within 24 hours.

Laser burns and airway fire

If a laser is used, there is an exceedingly rare but very serious complication. This is that the air in your windpipe can catch fire, known as an airway fire. Laser burns are also uncommon. The surgeon and anaesthetist take lots of safety precautions to stop these complications happening.

Airway swelling

If you have had a lot of work done on the voice box, especially laser treatment, there is a small risk that the lining of the voice box will swell, which can give you breathing difficulty. Your surgeon should be able to tell if you are at risk of this happening. If you are, you would very likely be kept overnight in hospital as a precaution.

At times, patients may need some treatment with steroids. It is very rare that a patient is kept in intensive care, with tubes in, for airway swelling. It is even rarer that a patient needs a tracheostomy tube to bypass a blocked breathing passage.

General anaesthetic

The operation is performed under general anaesthetic. Complications include blood clots in the legs (known as deep vein thrombosis) or lungs (pulmonary embolism), heart attack, chest infection, stroke, and death. These complications are rare. However, some patients have other medical conditions that put them at higher risk from a general anaesthetic.

The pre-assessment team and anaesthetist will explain what happens during a general anaesthetic and the risks that are relevant to you. [This link](#) summarises the common events and risks.

WHAT HAPPENS AFTER MY OPERATION?

When can I go home?

Most microlaryngoscopy is done as a day-case procedure, which means that usually you can go home a couple of hours after the surgery, on the same day.

Depending on how you feel afterwards, you may need to stay overnight for observation. If you live by yourself, you will be advised to stay in hospital overnight. If for any reason there is a complication following surgery, you might need to stay in hospital for longer.

When will I know what happened?

Your surgeon will usually be able to tell you what was found, and what they did to help you, on the same day as your operation.

If any biopsies were taken, these normally take at least a few days to process. Your surgeon may arrange to see you again for your results or may discharge you on the day of the operation and write to you and your GP with your biopsy results.

Will I have a follow-up?

You will be advised by your surgical team.

When can I go back to work?

You may be advised to stay off work for a few days to rest your throat, depending on your job.

ENT UK would like to thank the authors and reviewers for their contribution

Disclaimer: *This publication is designed for the information of patients. Whilst every effort has been made to ensure accuracy, the information contained may not be comprehensive and patients should not act upon it without seeking professional advice.*

Kindly submit your feedback to help us improve our Patient Information Leaflets.

We greatly value your input and appreciate the time you take to provide it.

[FEEDBACK SURVEY](#)

Date Published: 21/12/2021 **Review Date:** 21/12/2024