

Direct Laryngoscopy with Biopsy: Instructions

What is a direct laryngoscopy?

A **direct laryngoscopy** is a procedure that examines the structures of the throat and voice box. A surgical device, called a **laryngoscope**, is used for the exam and may press on your tongue during the procedure. Telescopes or a microscope are also often used during the procedure for a magnified view of tissues in your throat or voice box. During the procedure, your surgeon may take a tissue sample (**biopsy**) or do other kinds of surgery or laser treatment in the throat to improve your symptoms.

Why is direct laryngoscopy performed?

The procedure is commonly performed to assess symptoms you may have, such as a sore throat that won't go away, or to diagnose an ongoing problem such as a cough, hoarseness, or bad breath. It is also done when:

- You have something stuck in your throat
- You have trouble breathing or swallowing
- You have an earache that won't go away
- You need to have something examined that could be a sign of a more serious health problem such as cancer
- You have a growth that needs to be removed

What do I need to buy before my procedure?

- Additional fluids to help lubricate the throat
 - Avoid acidic fluids such as orange juice and tomato juice.
 - Popsicles and sherbet are often good choices.
- Soft, plain foods (especially for the first 24-48 hours) such as:
 - Soft-boiled eggs

- o Mashed potatoes
- o Yogurt
- o Cooked oatmeal

How should I prepare for my procedure?

- Do not smoke.
 - o If you currently smoke, avoiding smoking for 4 weeks before surgery significantly reduces your risk of lung complications with anesthesia.
- Exercise every day.
- Eat a healthy, balanced diet.
- If you are taking any of the following medications, please discuss them with your surgeon before surgery:
 - o Blood thinners, such as:
 - Brilinta
 - Coumadin
 - Eliquis
 - Plavix
 - o Non-prescription medications that may thin the blood, such as:
 - Aspirin
 - Ibuprofen
 - Naproxen
 - Supplements like Vitamin E and Ginko Biloba

What are my instructions for the day before surgery and the day of surgery?

- Do not eat or drink anything **after midnight** the night before your procedure.
- Bring someone with you who can drive you home after your procedure.

What can I expect after my procedure?

- It is common to have ear pain and a sore throat, mouth, or tongue after surgery. This should resolve within one week.
- Coughing up mucus that has streaks of blood in it or is pink in color is normal and common for first 24-48 hours.
- Hoarseness/laryngitis is common and may last up to several days.
- Swelling of the lips (particularly the lower lip) is common and can take 72 hours to peak. Ice helps with the swelling.
- You may feel tired or nauseous in the first 48 hours; this is usually from the anesthesia medications.
 - If you have nausea with vomiting, a medication can be prescribed to help.
- A low-grade fever (less than 101 degrees Fahrenheit, taken by mouth) is common for the first 24 hours.

What can I drink and eat after surgery?

Fluids:

Drinking plenty of fluids is essential for healing. Start with:

- Ice chips
- Sips of water
- Your favorite fruit juice drink

Progress to drinking at least an 8-ounce glass of liquid **per hour** until you can tolerate solid food. Most patients tolerate the following items best in the first 24 hours:

- Cold liquids
- Non-acidic juices (avoid orange or tomato)
- Sherbet
- Popsicles

You should try to drink 64 ounces of non-alcoholic beverages per day (water is best) unless you have pre-existing medical issues that make this dangerous, such as heart failure or kidney problems. If you have such a pre-existing condition, please follow your specialty doctor's instructions on fluid limitations.

If swallowing liquids causes chest pain or shortness of breath, please contact your doctor immediately.

Food:

You may safely eat any foods that are comfortable for you, but most patients tolerate soft foods best for the first day or two. It is best to progress from fluids to soft foods slowly. Try starting with:

- Jell-o
- Custard
- Soft-boiled or scrambled eggs
- Pudding
- Mashed potatoes

Eating will be easier 30 minutes after taking pain medication. Sucking on hard candy (such as Werther's) can also create more saliva and make swallowing easier.

For one week, avoid eating:

- Acidic foods
- Spicy, salty, or fried foods
- Potato chips
- French fries
- Hard Toast
- Popcorn

What kind of activities can I do after surgery?

- You may resume normal activities including light aerobic activity such as walking within 48 hours of surgery.
- You may fly on an airplane at any time after surgery.
- For the first week after surgery:
 - Avoid any activities that involve heavy exertion (such as running or heavy lifting) or may cause trauma to the throat (such as tennis, handball, softball, and diving).
 - Do not lift more than 10 pounds.

When can I return to work?

You may return to work as soon as 48 hours after your procedure if you work in a non-physical position. If your job requires physical work, heavy exertion, or lifting more than 10 pounds, we recommend one week off work.

How will I take care of the surgery site?

You will not need to care for an incision or surgery site because the procedure is performed on the inside of your throat (therefore, no incision is made).

How do I manage my pain at home?

A sore throat or throat pain is common after the procedure. Usually, over-the-counter pain medication is enough to alleviate any pain or discomfort.

We suggest the following doses for over-the-counter pain medication. You can use both medications together or either alone, depending on your degree of pain and discomfort:

- Acetaminophen (Tylenol): 500 mg every 4 hours
- Ibuprofen (Motrin): 600 mg every 8 hours

Your surgeon may prescribe a stronger pain medication. In that case, take the medication as prescribed and try to transition to non-prescription (over-the-counter) medication as soon as possible.

When should I call the doctor?

Call your doctor if you have any of the following symptoms:

- Fever higher than 100.4 degrees Fahrenheit, taken by mouth
- Bleeding from the throat (spitting or coughing out bright red blood or blood clots larger than a quarter in size)
- Inability to swallow
- Progressive neck pain or neck swelling
- Difficult breathing or chest pain
- Lightheadedness upon standing
- Continuous nausea and vomiting with inability to keep fluids or foods down
- Strong pain despite taking pain medication as your doctor or nurse instructed you

What is the contact information?

- Monday - Friday, 8:00 a.m. - 5:00 p.m.:
 - Call us at (734) 936-8051.
- After hours, on weekends, or on holidays:
 - Call (734) 936-6267 and ask for the Otolaryngology (ENT) resident on call for your surgeon.

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