

What are the vocal folds?

The **vocal folds** (also called **vocal cords**) are located in the **larynx** (or voice box). Our speaking and singing voices come from the sound made from the vibration of the vocal folds.

- The lining of the vocal folds is called **mucosa**, and it is similar to what you feel on the inside of your cheek. Any unusual lumps or bumps (called **lesions**) on or underneath the vocal fold mucosa can make it vibrate abnormally, causing your voice to change.
- Polyps, nodules, cysts, and papilloma are some of the benign (not cancerous) lesions that can occur on the vocal folds.

What is the treatment for lesions of the vocal folds?

The treatment for vocal fold lesions depends on the specific type of problem and how much your voice has changed. Medications, voice therapy, or endoscopic laryngeal microsurgery are common treatments for these conditions. They may be used alone or in combination with each other.

Your doctor recommended **endoscopic laryngeal microsurgery** (a surgery to remove the vocal fold lesions) after considering you, your voice, and your type of voice disorder. You may or may not have another type of treatment along with endoscopic laryngeal microsurgery.

How is endoscopic laryngeal microsurgery done?

- Endoscopic laryngeal microsurgery is typically an outpatient procedure (meaning you won't have to stay in the hospital overnight). The surgery

lasts about 60-90 minutes, and usually the total time you'll spend at the hospital is about 6 hours.

- Before the surgery, you will get medication to put you to sleep (**anesthesia**). After that, we will put a hollow metal lighted tube (called a **laryngoscope**) over your tongue and into the top of your larynx so the surgeon can see your vocal folds. The surgical team will then position an operating microscope to look more closely at the lesions they plan to remove.
- The doctor will do the surgery with small tools or a surgical laser. The specifics of your procedure will depend on the type of lesion you have, but generally the goal is to remove the abnormal tissue while disturbing as little of your normal tissue as possible.

What are the risks of endoscopic laryngeal microsurgery?

Every surgery has risks. The risks of endoscopic laryngeal microsurgery include the following:

- Risks of general anesthesia. You will be able to talk about these with your anesthesiologist.
- The placement of the breathing tube or the operating laryngoscope may cause an injury in or around your mouth. You may have some or none of the following:
 - A bruised or cut lip or tongue
 - A chipped, cracked, or loose tooth
 - A scratch in the back of the throat
- It is common to have a mild sore throat, sore tongue, or temporarily numb tongue after this type of surgery.
- If your doctor uses a surgical laser, there is an extremely low risk of a laser fire in the airway, which could be very serious. Our doctors are very experienced with using a laser, and they take all proper laser safety precautions.

- The goal of endoscopic laryngeal microsurgery is usually to improve the voice, and this surgery is successful in most cases. However, we cannot guarantee how much your voice will improve from this surgery.

What can I expect after endoscopic laryngeal microsurgery?

- During the first 24 hours after your surgery, you may spit up some saliva (spit) with blood in it.
- It is common to have a mild sore throat, sore mouth, or sore tongue after laryngeal microsurgery.
- It is also common to have **laryngitis** (inflammation, including swelling, pain, or redness in the larynx) right after surgery. This will often make the voice temporarily more hoarse (rough or harsh-sounding) than it was before the procedure. Voice improvement is usually slow and may take a few weeks (more details about voice improvement are in the next section).
- Nausea and feeling tired are common after anesthesia, and this usually goes away within a day or so.
- We will give you a prescription for a pain medication, and sometimes also for an antibiotic or other medication to take after the surgery. Use these as directed.
- How long you may need to be off work after your surgery depends on the kind of work you do, as well as the specifics of your voice disorder and surgery. Your surgeon will talk with you about this.

When can I use my voice after endoscopic laryngeal microsurgery?

The surgeon will explain how long you will need to rest your voice after the surgery. This depends on your specific condition, and how you need to use your voice.

Some general guidelines about using your voice after surgery are listed in the chart below.

- Please note that the numbers listed below under “Talking” refer to a scale from 1 to 7 for talkativeness, or how much someone talks. In this scale, “1” is the talking amount of a very untalkative person, “4” is the talking amount for a person of average talkativeness, and “7” is the talking amount of an extremely talkative person.
- You can ignore the guidelines for singing if you are not a singer.

Time after surgery	Talking	Singing
Days 1-4	None	Gentle attempts at singing for about 20-30 seconds, 6-8 times a day
Days 5-7	1-2 word sentences	Gentle attempts at singing for about 20-30 seconds, 6-8 times a day
Week 2	“2”	5 minutes, 2 times a day
Week 3	“3”	10 minutes, 2 times a day
Week 4	“4”	15 minutes, 2 times a day
Week 5	“4” or “5”	20 minutes, 2 times a day
Week 6	“4” or “5”	Up to 20 minutes, 3 times a day

When should I call the doctor?

Call your doctor immediately if you experience any of the following:

- Temperature above 101° Fahrenheit
- Nausea and vomiting that doesn’t go away
- Blood in your saliva that doesn’t go away, or bright red blood in your saliva
- Difficulty breathing or swallowing
- Increasing throat pain that is not relieved by your pain medication

Who should I call if I have questions?

If you have questions or concerns about your surgery, please call the Otolaryngology Clinic nurses at (734) 936-8027 Monday through Friday between 8:00 AM - 4:30 PM. Please hold non-urgent questions for the next business day.

- If you have urgent questions or concerns on weekends, holidays, or after business hours, please call (734) 936-6267 and ask the operator to page the Otolaryngology resident on call.

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