

Will I be seen again?

If this procedure has been carried out just as an investigation and everything has been found to be normal, your doctor may speak to you before you go home to explain the findings and may not need to see you again. Your GP would normally receive a copy of the discharge letter explaining this.

If you have had treatment or biopsies taken, you normally need to be seen in the out-patients department and we will make an appointment for you. This is usually sent to your home address after you have left hospital.

If you have any problems

Please call the following number for advice:

This information leaflet was supported and generously funded by the Friends of the Royal Free Hospital.

If you would like a large print or audio version of this information, please ask a member of staff.



Royal Free Hampstead **NHS**
NHS Trust



About microlaryngoscopy

This leaflet gives information about microlaryngoscopy. Please ask staff if you have any questions.

What is microlaryngoscopy?

It is a procedure that allows us to look at your larynx (voice box) and the surrounding area.

Why is it done?

It provides more information about your voice box than can be gathered in the clinic.

It may also incorporate treatment of certain conditions. If your voice is hoarse, the procedure enables your doctor to find out why. He/she may treat it there and then - for example, if you were found to have nodules on your vocal cords.

The doctor can check if you have a growth on your larynx; and if so, assess its extent and take biopsies so that treatment can be planned.

Do I have to have a microlaryngoscopy?

If your doctor is concerned that you may have a growth on the voice box, then it is advisable that you go ahead with the procedure, as early diagnosis of cancer in this area leads to a much better chance of cure. There is no good alternative to taking biopsy tissue to be sure what type of growth is present - which determines what the best treatment is.

Before you come into hospital

We may ask you to attend the pre-assessment clinic, either on the day of your out-patient clinic appointment or following a telephone health questionnaire. This is to ensure that you are fit for your surgery.

How is the operation done?

You will be asleep under general anaesthetic. A metal telescope is inserted into your mouth and down the throat until the doctor can see your larynx. A microscope is then used to get a better view through the telescope.

Because the telescope is metal and passes over your teeth, there is a small risk that a tooth may be damaged during the procedure. If you have any caps, crowns or loose teeth please let your doctor know before the procedure.

Sometimes a laser is used to treat conditions through the telescope. Your doctor will normally discuss this with you if it is likely to be used in your case.

Microlaryngoscopy takes about half an hour, depending on the reason it is being done.

Will I have to stay in hospital overnight?

You will go home on the day of your operation, as long as the operation is straightforward and we think that your general state of health and home circumstances are suitable.

Does it hurt?

Most patients feel their throat is sore after this procedure. This usually only lasts a couple of days. Simple painkillers such as paracetamol are normally enough, along with drinking plenty of fluids. Sometimes steam inhalations are helpful.

How long will I be off work?

This depends on what you have had done. You will need at least 48 hours off work to recover from the anaesthetic, and during this time you should not drive or operate machinery.

You may have to rest your voice for anything from two days to one week, which may affect when you can return to work. It is best to ask your doctor when you are in the clinic what they recommend so that you can make arrangements.

Please ask your nurse when you come in to hospital if you need a sick note.

After you leave hospital

If you have been advised to rest your voice, you should make sure you have a pen and paper to hand at all times, so you can communicate with family or friends. If a situation arises where you have to speak, it is better to use a normal voice rather than a whisper. Avoid singing and shouting!

You may cough up or spit out a little blood in the day or two following the procedure. This is not normally heavy and should not persist. If it does become heavy, you need to go straight to your nearest casualty (A&E) department.

If you have difficulty breathing, you need to go to your nearest casualty (A&E) department.