



SURGICAL PROCEDURE: Direct Laryngoscopy +/- Biopsy

INDICATIONS: Mass in the oral cavity, pharynx or larynx
 Difficulty breathing (acute or chronic)
 Ventilator dependency
 Airway obstruction of the mouth, tongue base or larynx
 Intractable swallowing problems associated with frequent pneumonias
 Suspected trauma to the airway
 Other _____

PREOPERATIVE WORK UP:

X-RAY STUDIES: Chest X-Ray, CAT Scan, MRI Scan
 LAB WORK: CBC, Chem. 7, Liver Function Tests,
Coagulation Studies, Type & Screen/ Cross,
Thyroid Function Tests

ANESTHESIA: GENERAL
 Local with Sedation

BRIEF DESCRIPTION:

After a sedative is given, a breathing tube is placed (otherwise known as intubation) and general anesthesia is started. The inside of the mouth throat and upper airway are examined and biopsies may be performed. Any bleeding is controlled with pressure or topical medications. The anesthetic is allowed to wear off and the patient is awoken. The procedure takes approximately 30-60 minutes. Recuperation occurs in the recovery room for approximately 45 –60 minutes depending on the length of the surgery. Liquids are started when tolerated. Discharge is dependent on medical condition and liquid intake.

ADMISSION: Same Day Admission
 AM Admit

POSTOPERATIVE COURSE:

DIET:	<u>Clear liquids first day, advance to regular diet as tolerated</u>
WOUND CARE:	<u>Voice rest for 24 hours</u>
PAIN:	<u>Typically persists for 1-2 days</u>
PRESCRIPTIONS:	<u>Pain Medication - (Tylenol with Codeine, Percocet) Antibiotic – As prescribed</u>
WORK:	<u>1-2 Weeks</u>
DRIVING:	_____
EXERCISE:	<u>2 weeks</u>
LIFTING	<u>2 Weeks (Greater than 25 pounds)</u>

POST OPERATIVE VISIT: Follow up appointment in 1 week unless otherwise specified

POTENTIAL ISSUES:

- Bleeding
- Infection
- Dental injury
- Airway compromise
- Tear in the throat or esophagus
- Pain with swallowing
- Nausea, Vomiting
- Dehydration
- Rash
- Reaction To Anesthesia
- Anesthetic Complications

SPECIAL NOTE: Control of medical conditions such as high blood pressure is critical in the post-operative period as it may contribute to the above issues. If you experience any of the above issues, please call your surgeon's office immediately.

This educational material is designed for use by Physicians to assist in the physician-patient discussion. It is not intended for use as the primary basis for medical judgments or decisions and does not replace the personal consultation between physicians and their patients.

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