



SURGICAL PROCEDURE: Rigid Esophagoscopy

INDICATIONS: ☐ Persistent throat pain or difficulty swallowing
☐ Diagnosis and / or biopsy of a suspicious mass in the throat
☐ Changes in voice or difficulty breathing
☐ Trauma to the swallowing passage
☐ Foreign body removal
☐ 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

BRIEF DESCRIPTION:

After a sedative is given, a breathing tube (otherwise known as intubation) is placed and general anesthesia is started. The endoscope is placed into the mouth for visualization of the throat. Using a telescope with a camera, the area is inspected and any suspicious tissue is biopsied. Any bleeding is controlled with pressure or topical medications. The anesthetic is allowed to wear off and the breathing tube is removed. 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
☐ Observation
☐ 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, 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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