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The Association acknowledges the help of The Royal College of Surgeons of England Patient Liaison Group in the preparation of these leaflets. Patient information produced by the Patient Liaison Group is available at

[http://www.rcseng.ac.uk/patient\\_information/faqs/operation.html/view?searchterm=Patient%20Liaison%20Group](http://www.rcseng.ac.uk/patient_information/faqs/operation.html/view?searchterm=Patient%20Liaison%20Group)

## Possible complications

Oesophagoscopy is very safe. You may have a slightly sore throat afterwards. Very rarely, there is a risk that the metal tubes may chip your teeth. Your surgeon uses a gum guard to help prevent this happening.

If your surgeon needs to take a biopsy during the oesophagoscopy, or stretch the gullet, there is a very small risk of a tear in the lining of the gullet. This sometimes causes a leak through the wall of the gullet. If this happens, you will need to stay in hospital and not eat or drink anything. You will then be fed with either a small tube through your nose into your stomach, or through a drip into a vein in your arm. This allows you to get special liquid food, while the leak in the wall of the gullet heals up. This may take several days.

## When will I know what happened?

Your surgeon will usually be able to tell you what was found, and what they did to help you, on the same day as your operation. If any biopsies were taken, these normally take a few days to process in a laboratory. Your surgeon will arrange to see you again for your results.

## When can I go home?

Often you can go home the same day as the operation, as long as you have someone with you. Depending on how you feel afterwards, you may need to stay overnight for observation.

## How long will I be off work?

You may be advised to stay off for a few days to rest your throat, depending on your job.

## Is there any alternative treatment?

Oesophagoscopy is the suitable technique used for examining the upper part of the oesophagus.

However if you need your lower oesophagus or stomach looked at then a fibreoptic gastro-oesophagoscope is used. This examination will be performed by a gastroenterologist who will be able to tell you what to expect.

**If you have any problems or questions,  
please contact:**

*Please insert local department routine and emergency  
contact details here*

# ABOUT MICROLARYNGOSCOPY AND OESOPHAGOSCOPY

ENT-UK is the professional association for Ear, Nose and Throat Surgeons and related professionals in the UK. This information leaflet is to support and not to replace the discussion between you and your specialist. Before you give your consent to the treatment, you should raise any concerns with your specialist.



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*Disclaimer*

This publication is designed for the information of patients. Whilst every effort has been made to ensure accuracy, the information given may not be comprehensive and patients should not act upon it without seeking professional advice.

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 **ENT-UK**  
BRITISH ASSOCIATION OF OTORHINOLARYNGOLOGISTS  
HEAD & NECK SURGEONS

This leaflet describes two procedures: microlaryngoscopy and oesophagoscopy. These two separate examinations may be carried out at the same time. You should clarify this with your specialist.

You may change your mind about the procedure at any time, and signing a consent form does not mean that you have to have it.

If you would like to have a second opinion about the treatment, you can ask your specialist. He or she will not mind arranging this for you. You may wish to ask your own GP to arrange a second opinion with another specialist.

## MICROLARYNGOSCOPY

### What is Microlaryngoscopy?

Microlaryngoscopy is the examination of your larynx (voice box) while you are under a general anaesthetic. Microlaryngoscopy is done to find and treat problems of the voice box, such as hoarseness.

Your surgeon will put a short metal tube (laryngoscope) through your mouth into your voice box. A microscope is then used to look into the voice box to find what the problem is. If needed, surgery on your voice box can also be done through the laryngoscope.

If there are any problem areas, a small part of the lining of the voice box is taken away for laboratory examination. This is called a biopsy. Depending on the type of problem a laser is sometimes used to remove it.

Microlaryngoscopy is quite a short operation and usually takes less than 30 minutes.

### How will I feel after the operation?

You may find that your throat hurts. This is because of the metal tubes that are passed through your throat to examine the voice box. Any discomfort settles quickly with simple painkillers and usually only lasts a day or two.

Some patients feel their neck is slightly stiff after the operation.

If you have a history of neck problems, you should inform the surgeon about this before your operation.

After microlaryngoscopy, your voice may sound worse, especially if any biopsies have been taken. This should be temporary until the lining of the voice box heals. You can usually eat and drink later the same day.

You should be able to use your voice as normal after the procedure. If the surgeon has taken a biopsy from your voice box, he may advise you to rest your voice for a short period.

### Possible complications

Microlaryngoscopy is very safe. You may have a slightly sore throat afterwards. Very rarely, there is a risk that the metal tubes may chip your teeth. Your surgeon uses a gum guard to help prevent this happening.

### When will I know what happened?

Your surgeon will usually be able to tell you what was found, and what they did to help you, on the same day as your operation. If any biopsies were taken, these normally take a few days to process in a laboratory. Your surgeon will arrange to see you again for your results.

### When can I go home?

Often you can go home the same day as the operation, as long as you have someone with you. Depending on how you feel afterwards, you may need to stay overnight for observation.

You may be advised to stay off work for a few days to rest your throat, depending on your job.

### Is there any alternative treatment?

There is no alternative to microlaryngoscopy to achieve a detailed examination of the voice box.

## OESOPHAGOSCOPY

### What is Oesophagoscopy?

Oesophagoscopy is the examination of your gullet (swallowing tube) while you are under a general anaesthetic. It is done to help problems of the gullet, such as difficult or painful swallowing.

Your surgeon will pass a long metal tube (oesophagoscope) through your mouth into your gullet. This allows the surgeon to look at the inside the gullet to find any problems that may be affecting your swallowing. If there are any problem areas, a small part of the lining of the gullet is taken away for laboratory examination. This is called a biopsy.

Oesophagoscopy is quite quick and usually takes less than 20 minutes. Sometimes it is performed together with a microlaryngoscopy.

### How will I feel after the operation?

After oesophagoscopy, you may find that your throat hurts. This is because of the metal tubes that are passed through your throat to examine the gullet. Any discomfort settles quickly with simple painkillers and usually only lasts a day or two.

Some patients feel their neck is slightly stiff after the operation. If you have a history of neck problems, you should inform the surgeon about this before your operation.

### When will I be able to eat again?

After oesophagoscopy, some people may not be allowed to eat or drink for a few hours, until your surgeon is happy there have been no complications.