


Information for patients and carers

Endoscopy, including
Laryngoscopy,
Micro-Laryngoscopy,
Pharyngoscopy,
Rigid Oesophagoscopy,
Rigid Bronchoscopy and
Panendoscopy

A decorative graphic at the bottom of the page consisting of three overlapping, wavy horizontal bands in shades of blue, ranging from light to dark.

Welcome to ENT (Ear, Nose and Throat)

This leaflet has been produced to answer questions you may have about having an Endoscopy and what to expect during your visit. If you have any other questions, please ask your surgeon or a member of the nursing team.

Why am I having this surgery?

There are many reasons why you may need to have an endoscopy procedure. You may have noticed a change in your voice such as hoarseness (dysphonia), or you may have a change in your swallowing that is not getting better. You may have noticed discomfort or pain in your neck or throat, or you may have a feeling of a lump in your throat. You may have found a lump in the neck which is not going away. The doctor may have found an abnormality when you were seen in the clinic whilst performing a flexible nasendoscopy examination in the ENT outpatient clinic.

What do these words mean?

Words ending in 'oscopy' mean to 'look inside' and inspect closely. Pharyngoscopy means examining the pharynx (the throat). Laryngoscopy means examining the larynx (the voice box). Micro-Laryngoscopy means examining the voice box using a microscope. Oesophagoscopy means examining the oesophagus (the food-pipe). Bronchoscopy means examining the bronchial tree (the pipes in your lungs). Panendoscopy includes all the above as well as examining the area behind your nose, the mouth and tongue.



Occasionally, this procedure may need to be done urgently to remove food or objects, such as dentures that are stuck in the food pipe.

What happens during this operation?

The areas mentioned above will be examined. These areas can only be properly examined while you are asleep under a general anaesthetic. The microscope is used to enlarge the view of the voice box. This helps the surgeon carefully inspect the vocal cords. If an abnormality is found on any endoscopy, a biopsy can be taken. A biopsy involves removing samples of tissue which are sent

to the laboratory to be examined. You may have a tonsil removed as a biopsy during a Panendoscopy. If you have a lump in your neck, a needle and syringe can be used to remove a sample of tissue to be sent for examination. This is known as a fine-needle aspiration.

How is this surgery done?

During the anaesthetic you are asleep, and your muscles relaxed. This allows the surgeon to put a metal tube called a scope through the mouth and into the throat. These scopes are instruments that are hollow and rigid (unbending). The surgeon can both see and operate through these scopes. Areas that cannot clearly be seen while you are awake can be inspected. It is a short procedure and depending on the type of scope you will be having, takes about 15-30 minutes. Depending on which procedure you have had will determine if you can go home or need to stay in hospital overnight. Your surgeon will advise you on this before the operation.

What are the risks of surgery?

The surgery is very safe, and problems are very unlikely to occur. The scope must pass through the mouth into the throat, this is like sword swallowing. Your lips and tongue may be bruised or even cut because of the instruments the surgeons use to enter your mouth. Your teeth may be loosened, damaged and very rarely, knocked out. There is a small risk of a perforation, this is a tear or hole in the pharynx (throat) or oesophagus (food pipe). Although this is very uncommon, it is very serious if this occurs. Saliva can leak into the neck and chest causing severe infection.

Is there an alternative treatment?

There is no ideal alternative treatment when making a detailed examination and diagnosis.

If you are not well enough to have a general anaesthetic, dependent on where the surgeon needs to examine, there is a special flexible channel scope that can sometimes be used. This procedure would be completed under a local anaesthetic in the ENT outpatient's clinic using a trans-nasal oesophagoscope. The surgeon will decide if this treatment option is available for your condition.

What happens in hospital after the operation?

You will usually wake up in the recovery room and then transferred to the day case unit. You cannot eat or drink until the anaesthetic wears off which can take some hours. You will then be allowed sips of sterile water for some hours. You can then start drinking and eating. These are routine precautions to allow observations to be made. You must tell the doctors and nurses if you start coughing after eating as a cough is a protective reflex to stop food entering your windpipe. If food or drink spill into your windpipe you may develop a chest infection.

After any operation on the larynx, you should 'rest' your voice. This means that you should not speak unless necessary for 2 days after the operation. If you have to speak, speak softly and do not shout or whisper as this will put strain on your vocal cords. Some people will be able to go home on the day of surgery. Most people spend the night of the operation in hospital.

What happens later?

You will have the results of any biopsies explained in the ENT outpatient clinic. This usually occurs between 10 and 14 days after the surgery. This is because the laboratory processing of the biopsy takes time. You may need one day off work to recover from the anaesthetic. Some patients will be given medication on discharge.

Following a normal endoscopy, you may be discharged to the care of your GP. If your symptoms persist, progress, or any new problems occur in the same area, please contact your GP to be sent back for a further check-up.

What should I do if I am worried?

If you have any worries about your throat or the effects of the medication, please telephone the ward where you were a patient for advice from the nursing staff.

Pre-operative and post-operative advice

Pre-operative advice

Please stop eating 6 hours before your operation. Stop drinking 2 hours before your operation and only drink water up to this time. No milk products are to be drunk. Please make an up-to-date list of medications. If you have been given the consent form, bring this with you but do not sign it. Write down any questions/concerns. If going home on the same day, make sure there is an adult staying with you for 24 hours after your operation. You are not allowed to drive after general anaesthetic so make sure you have someone to collect you after your procedure.

Post-operative advice

After your operation you will be transferred to the day case ward where you will rest until the anaesthetic has worn off. If you are informed that you will need an overnight stay you will be transferred to an inpatient ward. You will normally be discharged 2-4 hours after your operation however, you must achieve some set goals before you can leave such as being able to eat and drink and getting out of bed.

Depending on how you feel, you may want to take 1 week off work to allow time for healing. You are more likely to pick up infections whilst your throat is healing, so avoid contact with people who have coughs, colds, or any source of infection. You should also keep out of smoky or dusty atmospheres as this can irritate your throat whilst it is healing.

You may find that your throat hurts a little after the procedure, this is because of the metal tubes that were passed through your throat to examine the area. Any discomfort will settle quickly with over-the-counter painkillers and usually only lasts a day or two. This is a very common complaint after the operation.

You may find that you have a stiff neck after the operation. Again, over-the-counter painkillers are recommended. Some gentle neck exercise or even a neck massage may help relieve symptoms.

You should not drive or operate machinery for 24 hours following your general anaesthetic.

After a Micro-Laryngoscopy, your voice may sound worse, especially if biopsies have been taken. This should be temporary until the lining of the voice box has healed. You will be asked to rest

your voice for a few days. Please speak quietly, no shouting or whispering as this will strain your vocal cords.

Frequently asked questions

Can I change my mind if I have already agreed to surgery?

You may wish to change your mind about having an operation and you can do this at any time. Signing a consent form does not mean that you must go through with the operation.

What do I do if I am worried after my operation?

If you have any worries following surgery or the effects of your medication, please phone the ward you were discharged from.

When will I know the results of the operation?

Your surgeon will usually be able to talk with you about how the operation went on the same day. If any biopsies were taken, these normally take several days and sometimes weeks to process in the laboratory dependent on what tests are required. The surgeon will either arrange to see you again in the ENT outpatient clinic to discuss your results or will discharge you home and write to your GP with the biopsy results.

Contact details

Should you require further advice or information please contact the Ear Nose and Throat Department at Royal Preston Hospital on **01772 523164** and for post operative concerns following your procedure

contact Ward 3 for adults or Ward 8 for children via the switchboard on **01772 716565**.

Sources of further information

www.lancsteachinghospitals.nhs.uk

www.nhs.uk

www.accessable.co.uk

www.patient.co.uk

www.entuk.org

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If you want to stop smoking, you can also contact Smokefree Lancashire on Freephone **0808 1962638**.

Please ask a member of staff if you would like help in understanding this information.

This information can be made available in large print, audio, Braille and in other languages.

Department: Ear, Nose and Throat

Division: Surgery

Production date: September 2024

Review date: September 2027

JR 1191 v1