

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.

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 or stretch the gullet during the oesophagoscopy, 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.

Things to think about before your operation

If you have a history of neck problems, you should inform the surgeon about this before your operation. Please also advise your surgeon of any loose or capped teeth before the operation.

When will I know the results of the operation?

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?

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

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 fiberoptic gastro-oesophagoscope is used. This examination will be performed by a gastroenterologist who will be able to tell you about the procedure?

If you have any problems or questions, please contact:

Please insert local department routine and emergency contact details here

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

Last updated: November 2012 - Review due: November 2015

ABOUT MICROLARYNGOSCOPY & OESOPHAGOSCOPY

By Kim Ah-See

ENT UK is the professional Association for British Ear, Nose and Throat Surgeons and related professionals. This leaflet provides some background information about microlaryngoscopy and oesophagoscopy. It may be helpful in the discussions you have with your specialist when deciding on possible treatment. This information leaflet is to support and not to substitute the discussion between you and your specialist. Before you give your consent to the treatment, you should raise any concerns with your specialist.



ENT UK
The Royal College of Surgeons of England
35-43 Lincoln's Inn Fields
London WC2A 3PE



ENT UK trading as British Academic Conference in Otolaryngology (BACO) and British Association of Otorhinolaryngology - Head and Neck Surgery (BAO-HNS) Registered as a Company limited by Guarantee in England and Wales under Company No 06452601 Registered with the Charity Commission in England and Wales under Charity No 1125524

What is this leaflet about?

This leaflet describes two procedures: microlaryngoscopy and oesophagoscopy.

Who is this leaflet for?

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.

Why do you need the operation?

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 the problem. If needed, surgery on your voice box can also be done through the laryngoscope with very fine instruments.

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 might be used. 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.

After microlaryngoscopy, 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. 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

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.

Things to think about before your operation

If you have a history of neck problems, you should inform the surgeon about this before your operation. Please also advise your surgeon of any loose or capped teeth before the operation.

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?

Usually 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.

When can I go back to work?

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?

under a general anaesthetic. It is done to help problems of the gullet, such as difficult or painful swallowing. Occasionally it may need to be done urgently to remove food stuck in the gullet.

Your surgeon will pass a long metal tube (oesophagoscope) through your mouth into your gullet. This allows the surgeon to look at the inside of the gullet to identify 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 or direct laryngoscopy