



## **Carolina Ear, Nose & Throat Head and Neck Surgery Center**

### **General and Post-Operative Information about Laryngeal Microsurgery**

#### **What types of problems in the larynx (voice box) can require microsurgery?**

The vocal folds (vocal cords) are located in the larynx (LAIR-inks) or “voice box.” Sound that comes from the vibration of the vocal folds is the primary source of our speaking and singing voice. The lining of the vocal folds is called “mucosa,” and it is much like what you feel on the inside of your cheek. Any lumps, bumps or irregularities on or underneath the vocal fold mucosa can make it vibrate abnormally and cause a voice change. Polyps, nodules, cysts and papilloma are some of the benign lesions that can occur.

#### **What is the treatment for lesions on the vocal folds?**

The treatment for vocal fold lesions depends upon the specific problem and the degree of voice change or hoarseness. Medication, voice therapy and laryngeal microsurgery are the more common types of treatment for these conditions, and may be used alone or in combination. Microsurgery has been recommended to you after consideration of your type of voice disorder. You may require some voice therapy after surgery.

#### **How is the surgery performed?**

The surgery is generally an outpatient procedure. The operation itself lasts about 30 to 90 minutes, and the total time in the hospital is about 4-5 hours.

With you asleep, a hollow lighted tube (the laryngoscope) is placed over your tongue and into the top of the larynx allowing direct visualization of the vocal folds. An operating microscope is then brought into position to allow careful examination. Precision microlaryngeal instruments, the microspot laser or both are then used to accomplish the surgery. The specifics of the procedure depend on the type of lesion, but generally the goal is to remove the abnormal tissue with minimal disruption of adjacent normal tissue.

#### **What are the risks of surgery?**

The risks of surgery include but are not limited to: 1) Risks of general anesthesia, which are usually quite small if you are in good health. Consult your anesthesiologist for further details. 2) Damage to structures in and around the mouth can occur because of placement of the breathing tube or the operating laryngoscope. This includes a bruised or cut lip or tongue; chipped, cracked or dislodged tooth or a scratch in the back of the throat. A mild sore throat, sore tongue or temporary tongue numbness can occur due to pressure from the laryngoscope. 3) Voice improvement after the operation can not be guaranteed but is the goal of this type of surgery and is almost always accomplished.

#### **What should I expect after the procedure?**

As noted previously, a mild sore throat, mouth or tongue are common after surgery as is ear pain. Surgical laryngitis (inflammation of the larynx) will often make the voice temporarily more hoarse after the operation; voice improvement is gradual over several weeks. You also may spit up blood-tinged sputum (saliva) for the first 24 hours after surgery.

Nausea and a generalized “run-down” feeling are common after general anesthesia and usually resolve over a few days. A prescription for pain medicine and sometimes an antibiotic or anti-nausea will be prescribed for you; use these as directed. In general, you should plan to be off work until the first post-operative visit (7-10 days). A second post-operative visit is usually scheduled 4-6 weeks after surgery.

### **What about using my voice after the procedure?**

The amount of voice rest required will depend upon your specific condition and the demands you place upon your voice. Some general guidelines about voice use are listed in the chart below.

<u><b>Time after surgery</b></u>	<u><b>Total time of voice use</b></u>
Days 1 thru 5	No voice use
Day 6 thru first post-op visit	1-2 word phrases as necessary throughout day
Post-op visit	5 min in AM and 5 min in PM
Post-op visit + 1	10 min in AM and 10 min in PM
Post-op visit + 2	20 min in AM and 20 min in PM
Post-op visit + 3	45 min in AM and 45 min in PM
Post-op visit + 4	1 hour in AM and 1 hour in PM
Post-op visit + 5	2-4 hours spread over entire day
Post-op visit + 6	4-6 hours spread over entire day

Continue to **add ½ hour** each day to the **total talking time**.

**\*\*Singing should be discussed with your physician.**

Remember to: 1) use and easy, natural voice; 2) avoid telephone use for 3 weeks after surgery; 3) avoid extreme vocal use [yelling, throat clearing, talking for long periods of time without a break, heavy lifting, strenuous exercise]; 4) drink lots of water with no caffeine or alcohol.

### **What things should I be concerned about after surgery?**

If you develop any of the conditions listed below or have other post-operative concerns, please call our office or after hours at: (828) 322-2183 or (704) 748-6712

- Temperature above 101 degrees
- Persistent nausea or vomiting
- Persistent or bright red blood in saliva
- Difficulty with breathing or swallowing or an increase in throat pain