

## Useful Telephone Numbers

North Hampshire ENT Partnership  
Hampshire Clinic - 01256 377733

The Hampshire Clinic  
Switchboard - 01256 357111  
Lyde Ward - 01256 377773  
Enbourne Ward - 01256 377772

Frimley Park Hospital  
(for out of hours emergencies)  
Switchboard - 01276 604604

Basingstoke & North Hampshire Hospital  
Switchboard - 01256 473202  
DTC - 01256 313332

**NORTH**  
**HAMPSHIRE ENT**  
ENT • HEAD & NECK SURGERY

Information for Patients on

# Microlaryngoscopy +/- Laser

North Hampshire ENT Partnership - Hampshire Clinic  
Basing Road Old Basing Basingstoke Hampshire RG24 7AL  
T 01256 377733 F 01256 354483  
E [info@ent-hampshire.com](mailto:info@ent-hampshire.com) [www.ent-hampshire.com](http://www.ent-hampshire.com)

## The North Hampshire ENT Partnership consultants are

### Jonathan Blanshard FRCS (ORL)

Appointed to North Hampshire Hospital in 1996. Special interest in ear surgery including middle ear reconstruction and also voice problems.

### Paul Spraggs FRCS (ORL)

Appointed to North Hampshire Hospital in 1998. Special interest in head and neck surgery and facial plastic surgery.

## After discharge home

You may notice blood stained saliva or mucous for the first few days. This is normal and will clear on its own.

### **Avoid:**

- hot spicy foods
- smoky atmospheres and smoking.

If you have had biopsies taken, you will be given a clinic appointment to attend to get the results.

You have had a general anaesthetic; it is therefore advisable to rest for a week after the surgery. Please ask if you need a medical certificate.

If any problems arise after you have gone home please contact the ward.

**DTC at Basingstoke & North Hampshire Hospital** 01256 313332  
(Monday to Friday)

**Frimley Park Hospital**  
ENT Ward F12A (Adults) 01276 604130  
Childrens Ward F1 01276 604226

## Sources of additional information

The North Hampshire ENT Partnership  
[www.ent-hampshire.com](http://www.ent-hampshire.com)

British Association of Otorhinolaryngologists  
[www.entuk.org](http://www.entuk.org)

## Introduction

Your larynx (voice box) will have been assessed in the ENT clinic, usually with a flexible endoscope passed through one nostril.

It is advisable for you to have a microlaryngoscopy under general anaesthetic (fast asleep), so that we can:

- have a closer look at your larynx and possibly take a biopsy (tissue sample) or
- perform a procedure on your larynx. (Sometimes a laser may be used).

Microlaryngoscopy involves the larynx being assessed using an operating microscope.

## Risks

During the procedure, a rigid endoscope (telescope) is passed via the mouth into the throat. The anaesthetist and surgeon will ask you if you have any capped, crowned or loose teeth. There is a small possibility of chipping or knocking out a tooth during the procedure.

## Alternatives to this surgery

This procedure is normally required to investigate the cause of a voice problem. This may involve the removal of a lesion from the larynx or a biopsy.

Therefore there is no real alternative.

Some patients may benefit from a trial of Speech and Language therapy prior to removal of a benign vocal cord lesion. You may already have had this.

## Pre-operative assessment & care

You will attend the hospital about 1 – 2 weeks before the operation for a pre-operative assessment.

You will be admitted to hospital on the morning of the surgery. The operation requires a general anaesthetic (fast asleep) and takes about 20 minutes. Afterwards you will return to the ward and will probably have a sore throat. You may have to stay one night in hospital but sometimes it can be done as a day case and you will be allowed home later the same day.

## After the Operation – what to expect

Your throat will be sore for about 48 hours.

In the immediate post-operative period, the ward staff will monitor your temperature and blood pressure. If your temperature increases and pain continues or worsens, a doctor may be called to examine you.

You may be referred for a course of speech therapy.

A follow up clinic appointment will be arranged if required.

You may be advised to rest your voice. This means no speaking, whispering or shouting, usually for 48 hours.

Please make sure your family know the situation in advance. Communicate in the first few days by writing things down; carry a pen and paper with you.