

Video laryngoscopic Surgery- A brief note

Larynx is the organ of voice production. It is situated deep inside the throat. It is visualized with the help of a laryngoscope. Laryngoscopic Surgery refers to surgery done using laryngoscope. In videolaryngoscopic surgery with the aid of video camera laryngeal images are displayed in a monitor and surgeon operates looking at the image in the monitor. This will give a magnified image and surgery will become more precise.

This procedure is indicated in following conditions.

- 1) Vocal cord polyps, cysts, nodules which will interfere with voice production and make voice hoarse. These masses are excised to restore voice.
- 2) Tumours of larynx. These will cause breathlessness as well as hoarseness. Benign tumours are excised while malignant tumours are biopsied.
- 3) Vocal cord palsy. Paralysis of one vocal cord will cause hoarseness while paralysis of both vocal cords will result in breathlessness. Evaluation of cause of paralysis, intra laryngeal injections and procedure to widen the airway are done.

Prior to surgery diagnostic laryngoscopy is done. General medical status is assessed by blood investigations and ECG. Details regarding past and present ailments, medications, allergies should be shared with the doctor. There will be restrictions regarding intake of food and fluid before and after surgery. It should be complied with. Please read document named **instructions to patients posted for surgery** for more information.

Surgery is usually done under general anaesthesia. It takes half an hour to one hour depending on the exact procedure done.

After surgery the patient is kept in post operative ward under observation for 3 hours and then shifted to room. In cases where further monitoring is required, the patient is shifted to ICU. Oral feeds can start 5 hours after surgery.

Analgesic and antibiotic are given usually. Patient is kept in the hospital for one day.

It is advised to stay at home for 1 week. Body bath can be taken. Head bath is deferred for 7 days. Throat pain and hoarseness will be present. Absolute voice rest for one week is essential. Fluids should be taken in plenty. First postoperative visit is on the 7th day. Further follow ups depend on clinical condition and biopsy results if any.