About Your Diagnostic Laryngoscopy Under Anesthesia

This information will help you get ready for your diagnostic laryngoscopy at Memorial Sloan Kettering (MSK) including what to expect before and after your procedure.

A diagnostic laryngoscopy is a procedure that lets your surgeon to look at your larynx (voice box) using an instrument called a laryngoscope. A laryngoscope is a tube with a camera at the end that your surgeon will use to get a clear view of your larynx. Your surgeon may also take a biopsy (sample of tissue) during the procedure.

Some people also have an esophagoscopy done at the same time. This is a procedure that looks at your esophagus (food pipe).

A laryngoscopy is usually done as an outpatient procedure in the operating room. You’ll be given anesthesia (medication that makes you sleep) during the procedure.

Before Your Procedure

Presurgical Testing

Before your procedure, you will have an appointment for presurgical testing (PST). The date, time, and location of your PST appointment will be printed on the appointment reminder from your doctor’s office.

You can eat and take your usual medications the day of your PST appointment.

During your appointment, you will meet with a nurse practitioner (NP) who works closely with anesthesiology staff (doctors and specialized nurses who will give you anesthesia during your procedure). Your NP will review your medical and surgical history with you. You may have 1 or more of the following tests, including
an electrocardiogram (EKG) to check your heart rhythm, a chest x-ray, blood tests, and any other tests needed to plan your care. Your NP may also recommend that you see other healthcare providers.

Your NP will talk with you about which medications you should take the morning of your procedure.

It’s very helpful to bring the following things to your PST appointment:

- A list of all the medications you’re taking, including prescription and over-the-counter medications, patches, and creams.
- Results of any tests done outside of MSK, such as a cardiac stress test, echocardiogram, or carotid doppler study.
- The name(s) and telephone number(s) of your doctor(s).

Since you will be asleep during your procedure, you must get ready for your laryngoscopy as if you were having surgery. Your nurse will give you a resource called *Getting Ready for Surgery* ([www.mskcc.org/pe/getting_ready_surgery](http://www.mskcc.org/pe/getting_ready_surgery)). It has important information you will need to get ready for your procedure.

**Ask about your medications**

You may need to stop taking some of your medications before your procedure. Talk with your doctor about which medications are safe for you to stop taking. We have included some common examples below.

**Anticoagulants (blood thinners)**

If you take a blood thinner (medication that affects the way your blood clots), ask the doctor performing your procedure what to do. Their contact information is listed at the end of this resource. Whether they recommend you stop taking the medication depends on the reason you’re taking it.

**Do not stop taking your blood thinner medication without talking with your doctor.**
### Examples of Blood Thinners

<table>
<thead>
<tr>
<th>Blood Thinner</th>
<th>Brand Name</th>
<th>Other Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>apixaban</td>
<td>Eliquis®</td>
<td>dalteparin (Fragmin®), meloxicam (Mobic®), ticagrelor (Brilinta®)</td>
</tr>
<tr>
<td>aspirin</td>
<td></td>
<td>dalteparin (Fragmin®), nonsteroidal anti-inflammatory drugs (NSAIDs), tinzaparin (Innohep®)</td>
</tr>
<tr>
<td>celecoxib</td>
<td>Celebrex®</td>
<td>edoxaban (Savaysa®), pentoxifylline (Trental®), warfarin (Coumadin®)</td>
</tr>
<tr>
<td>cilostazol</td>
<td>Pletal®</td>
<td>enoxaparin (Lovenox®), prasugrel (Effient®)</td>
</tr>
<tr>
<td>clopidogrel</td>
<td>Plavix®</td>
<td>Fondaparinux (Arixtra®), rivaroxaban (Xarelto®)</td>
</tr>
<tr>
<td>dabigatran</td>
<td>Pradaxa®</td>
<td>heparin (shot under your skin), sulfasalazine (Azulfidine®, Sulfazine®)</td>
</tr>
<tr>
<td>fondaparinux</td>
<td>Arixtra®</td>
<td></td>
</tr>
<tr>
<td>heparin (shot under your skin)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>rivaroxaban (Xarelto®)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>warfarin</td>
<td>Coumadin®</td>
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Please read our resource *Common Medications Containing Aspirin and Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs)* ([www.mskcc.org/pe/common_meds](http://www.mskcc.org/pe/common_meds)). It has important information about medications you’ll need to avoid before your procedure and what medications you can take instead.

**Medications for diabetes**

If you take insulin or other medications for diabetes, ask the doctor who prescribes the medication what you should do the morning of your procedure. You may need to change the dose before your procedure.

**Diuretics (water pills)**

If you take any diuretics (medications that make you urinate more often), ask the doctor performing your procedure what to do. You may need to stop taking them the day of your procedure. Diuretics are sometimes called water pills. Some examples are furosemide (Lasix®) and hydrochlorothiazide.

**Arrange for someone to take you home**

You must have a responsible care partner take you home after your procedure. Make sure to plan this before the day of your procedure.

If you don’t have someone to take you home, call one of the agencies below. They will send someone to go home with you. There’s usually a charge for this service,
and you will need to provide transportation.

Agencies in New York
Partners in Care: 888-735-8913
Caring People: 877-227-4649

Agencies in New Jersey
Caring People: 877-227-4649

The Day Before Your Procedure

Note the time of your procedure

A clerk from the Admitting Office will call you after 2:00 PM the day before your procedure. If you’re scheduled for the procedure on a Monday, you will be called on the Friday before. The staff member will tell you what time you should arrive at the hospital for your procedure. They will also tell you where to go on the day of your procedure. If you don’t get a call by 7:00 PM, please call 212-639-5014

If you need to cancel your procedure for any reason, call the doctor who scheduled it for you.

Instructions for eating and drinking before your procedure

- Do not eat anything after midnight the night before your procedure. This includes hard candy and gum.

- Between midnight and up until 2 hours before your scheduled arrival time, you may drink a total of 12 ounces of water (see figure).

- Starting 2 hours before your scheduled arrival time, do not eat or drink anything. This includes water.

The Day of Your Procedure

Things to remember

- Take your medications the morning of your procedure as instructed by your doctor. Take them with a few sips of water.
What to expect

Once you arrive at the hospital, doctors, nurses, and other staff members will ask you to state and spell your name and date of birth many times. This is for your safety. People with the same or similar name may be having procedures on the same day.

After changing into a hospital gown, you’ll meet your nurse. They will place an intravenous (IV) catheter into a vein, usually in your hand or arm. At first, you’ll get fluids through the IV, but it will be used later to give you anesthesia (medication to make you sleep during your procedure).

When it’s time for your procedure, you’ll be brought into the procedure room and helped onto an exam table. You’ll be attached to equipment to monitor your heart, breathing, and blood pressure.

You’ll get anesthesia through your IV. Once you’re asleep, your head will be tilted back. This gives your doctor the best view of your larynx and the areas around it.

Your doctor will insert a laryngoscope into your mouth and down your throat. It’s attached to a small video camera that can make your larynx look bigger, so the doctor can see it clearly. Your doctor may also use a special microscope to see better. If you need a biopsy of your lung tissue, your doctor will take them during the procedure as well.

After Your Procedure

In the hospital

You will wake up in the Post-Anesthesia Care Unit (PACU). Your nurse will continue to monitor your heart, breathing, and blood pressure.

Your doctor will talk with you about what they found during the procedure. If they took any biopsies, it will take 4 to 5 days to get the results. Your doctor will tell you when you can call to get this information.

Once you are fully awake and alert, you can go home.

At home

- If you had a biopsy taken, you may have a sore throat for a few days.
If you’re having any discomfort, you can rinse out your mouth and gargle with warm salt water. To make a salt water rinse, dissolve 1 tablespoon of salt in 1 quart of warm water. Gargle as often as you like.

You may want to use a humidifier to help reduce any dryness or swelling in your throat.

- You may also cough up mucus that has some blood in it. This is normal and should stop within 7 days.

- If you usually take aspirin or products containing aspirin, you can start taking them again the day after your procedure after checking with your doctor first.

- You’ll have a follow-up appointment with your doctor in 5 to 7 days. At that time, your doctor will talk with you about the treatment option that’s best for you, based on your results.

Call your doctor or nurse if you:

- Have a fever of 101° F (38.3° C) or higher
- Have trouble breathing
- Cough up bright red blood

If you have any questions, contact a member of your healthcare team directly. If you're a patient at MSK and you need to reach a provider after 5:00 PM, during the weekend, or on a holiday, call 212-639-2000.

For more resources, visit www.mskcc.org/pe to search our virtual library.

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