About Your Diagnostic Laryngoscopy Under Anesthesia

This information will help you prepare 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 allows your surgeon to examine 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 an examination of the esophagus (food pipe).

A laryngoscopy is usually done as an outpatient procedure in the operating room. You will be asleep during the procedure.

Before Your Procedure

Presurgical Testing
Before your procedure, you will have presurgical testing (PST). The date, time, and location of your PST appointment will be printed on the appointment reminder from your surgeon’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 who works closely with anesthesiology staff (doctors and specialized nurses who will give you medication to put you to sleep during your surgery). Your nurse practitioner will review your medical and surgical history with you. You will have tests, including an electrocardiogram (EKG) to check your heart rhythm, a chest x-ray, blood tests, and any other tests necessary to plan your care. Your nurse practitioner may also recommend you see other healthcare providers.

Your nurse practitioner will discuss which medications you should take the morning of your surgery.

Bring the following with you to your PST appointment:

• A list of all the medications you are taking, including patches and creams.

• Results of any tests done outside of MSK, such as a cardiac stress test, echocardiogram (echo), 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 prepare for your laryngoscopy as if you were having surgery. Your nurse will give you a resource called *Getting Ready for Surgery*. It contains important information you will need to prepare 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.

- If you take medication to thin your blood, ask the doctor who prescribes it for you when to stop taking it. Some examples are warfarin (Coumadin®), dalteparin (Fragmin®), heparin, tinzaparin (Innohep®), enoxaparin (Lovenox®), clopidogrel (Plavix®), and cilostazol (Pletal®).

- Please review the information in the resource *Common Medications Containing Aspirin and Other Nonsteroidal Anti-Inflammatory Drugs (NSAIDs)*. It includes important information about medications you’ll need to avoid before your procedure and what medications you can take instead.

**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

**Agencies in New Jersey**

Caring People: 877-227-4649
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. The clerk will tell you what time you should arrive at the hospital for your procedure. If you are scheduled for your procedure on a Monday, you will be called on the Friday before. If you do not receive a call by 7:00 PM, please call 212-639-5014

If you need to cancel your procedure for any reason, please 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 will meet your nurse. They will place an intravenous (IV) catheter into a vein, usually in your hand or arm. At first, you will receive 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 will be brought into the procedure room and helped onto an exam table. You will be attached to equipment to monitor your heart, breathing, and blood pressure.

You will receive anesthesia through your IV. Once you are asleep, your head will be tilted back. This gives your surgeon the best view of your larynx and the areas around it.

Your surgeon will insert a laryngoscope into your mouth and down your throat. It is attached to a small video camera that can enlarge the view. Your surgeon may also use a special microscope to see better. If any biopsies of your lung tissue are needed, your surgeon 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 surgeon will talk with you about what they found during the procedure. If your surgeon took any biopsies, it will take 4 to 5 days to get the results. Your surgeon will tell you when to call for 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 several days.
  ◦ If you are having any discomfort, you can rinse out your mouth and gargle throat with warm salt water. 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 reduce the dryness in your throat and help reduce swelling.

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

• If you usually take aspirin or products containing aspirin, you can start taking them again the day after your procedure.
• You will have a follow-up appointment with your surgeon in 5 to 7 days. At that time, your surgeon will talk with you in detail about the treatment option that is best for you.

Call your doctor or nurse if you:

• Have a temperature of 101º F (38.3º C) or higher
• Have shortness of breath or difficulty 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.