

Direct Laryngoscopy or Panendoscopy Discharge Instructions

- A direct laryngoscopy or panendoscopy may be performed to further examine your pharynx, larynx (vocal cords), epiglottis, or other areas in your neck. If a microscope is used, it is called a MICRO direct laryngoscopy
- You will be placed under general anesthesia, and a tube will be inserted into your mouth to help you breathe.
- The surgeons will then examine multiple areas of the throat and likely take biopsies.

What to expect after your surgery:

- Throat discomfort may persist for several days.
 - It may be helpful to take pain medication about 30 minutes prior to meals.
- OTC Tylenol (acetaminophen) or medication prescribed by your physician should relieve pain. If pain is not relieved, notify your physician.
- Do not take aspirin or aspirin-containing medications (NSAIDs — ibuprofen, Motrin, Advil, Naproxen, etc.)
- Resume normal activity and/or return to work as long as vigorous activity is avoided for 48 hours.
- A room humidifier is helpful to reduce dryness in the mouth and throat
- Sleeping with your head elevated may be more comfortable

If any of the following should occur, contact the ENT clinic:

- Spitting up bright red blood
- Fever greater than 101°
- Inability to eat or drink
- Early signs of respiratory distress: increased respiratory rate, labored breathing, or shortness of breath
- Stridor: harsh, high-pitched sound during respiration
- Cyanosis: bluish discoloration of fingernails, lips, or mucous membranes
- Retractions: muscles of rib cage and abdomen markedly moving inward
- Drowsiness

Voice Rest (if applicable):

- Strict voice rest for _____ days (do not talk or whisper)
- Followed by conservative voice rest for _____ days (talk only when necessary, do not project voice louder than to talk to someone at arm's length away)

Diet:

- Begin with liquids/soft foods
- Advance diet as tolerated

If you have any questions, please call the ENT clinic at the number listed at the bottom of the page.



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