

Panendoscopy



Endoscopic picture showing larynx with nodules (left) and Trachea (right)

Endoscopy is the use of instruments “telescopes” to visualise internal areas of the body, which would be difficult if not impossible otherwise. This enables us to make a diagnosis, take a biopsy and perform further procedures, if required.

Panendoscopy is a term used to describe a group of procedures that an ENT specialist uses to look at the back of a patient’s mouth, throat, nose, voice box (larynx), windpipe (trachea) and food pipe (oesophagus).

When a patient is asleep (under general anaesthetic), a metal endoscope “telescope” is placed in position, enabling the surgeon to see the structures in question. A tissue sample (biopsy) may be taken from any suspicious areas.

Sometimes a Microscope is employed for very delicate and fine work (e.g. vocal cord operations). This is called “Microlaryngoscopy”.

These procedures are performed commonly daily. The surgical time varies depending on the goals of the procedure.

Complications of endoscopic surgery

(This varies depending on the type of procedure, which is performed during endoscopy. Your surgeon will inform you accordingly)

1. Injury to the lips, teeth, gum or tongue. Endoscope is straight and metallic; it may put pressure on the front teeth. Therefore, there is a small risk of damaging teeth, especially if unhealthy or capped to begin with. Every care is taken to avoid this.
2. Injury to the tissues of the airway “windpipe” or oesophagus “food pipe”- This is very rare but may require admission to hospital for further treatment.

3. Voice change- There is also a small risk for the surgical instruments to cause injury to the larynx (voice box) or the nerves controlling the larynx. This may cause a temporary or rarely permanent change of voice.

Expectations and advice following surgery

This varies depending on the type of procedure, which was performed during endoscopy. Therefore, advice given to you may differ from the ones below.

- Endoscopic surgery is not usually very painful. You will have a slightly sore, scratchy throat for a few days. Adequate analgesia “painkillers” will be dispensed prior to your discharge.
- You may be going home on the same day as surgery, but be prepared to stay overnight, as this may be required depending on the procedure involved during endoscopic surgery.
- Avoid speaking in a raised voice and whispering when you have had surgery to the vocal cords as this is thought to delay healing. You may have to rest your voice for a few days if you have had any vocal cord surgery done. This is to allow the cords time to heal. You will be provided with speech & language therapy voice advise information leaflet by your nurse on the word.
- You should be able to eat and drink normally.
- A follow up appointment may or may not be required depending on the procedure involved and findings. You will be informed after your surgery. For example an outpatient follow up of about two weeks post-surgery is usually arranged if any biopsy “tissue sample” has been taken.
- You may only require one or two days off work/school. However, this may vary depending on the procedure involved whilst having endoscopy
- Do not drive for 48 hours (because of the effect of the general anaesthetic).

Please note that the details in this section are for general information only. You should always discuss the risks, limitations and complications of your specific operation with your surgeon.