Ear, Nose & Throat Specialists, LLC

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DIRECT LARYNGOSCOPY, BRONCHOSCOPY AND ESOPHAGOSCOPY
Also known as PANENDOSCOPY

INTRODUCTION:

Anytime a patient has a suspicious lesion in the area of the voice box, it must be further examined and evaluated. This is regardless of whether the lesion was found on an x-ray or during the office exam. Generally, the voice box (larynx), windpipe (trachea) and swallowing tube (esophagus) are all inspected since they are so close together. If a problem in one of the three areas was missed, it would soon affect the other two.

BEING PUT TO SLEEP:

The larynx is very sensitive to anything other than air touching it; this is known as the "gag reflex". A person could not tolerate the amount of stimulation to the larynx that occurs during panendoscopy. The length of time asleep is typically no more than 20 minutes.

EXACTLY WHAT IS DONE DURING PANENDOSCOPY:

DIRECT LARYNGOSCOPY: the larynx and vocal cords are examined with a high power microscope via the patient's mouth; no incisions are made into the neck. If any suspicious areas seen, a **biopsy** (small tissue sample the size of a grape seed) is taken. See PATHOLOGY section below.

BRONCHOSCOPY: a flexible telescope is passed into the mouth and through the vocal cords to inspect the trachea. A biopsy is taken of any suspicious areas.

ESOPHAGOSCOPY: a lighted tube is passed into the esophagus to allow for inspection and removal of biopsy samples as needed.

RECOVERY TIME:

A mild sore throat and hoarseness is typical for three to seven days after the procedure. This may last longer if numerous biopsy samples are taken. 2 weeks voice rest may be prescribed.

PATHOLOGY:

All biopsy specimens are sent to the Pathology Lab where specially trained physicians examine the tissue under microscopes and determine if cancer is present. These results will be reviewed at your follow-up visit in the office. At that time, a specific plan of action will be determined to treat the problem.