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Direct Laryngoscopy and Suspension Microlaryngoscopy/Videolaryngoscopy, with or without LASER

Direct laryngoscopy is a frequently performed examination of the pharynx and larynx (voice box). It allows the surgeon to examine these structures thoroughly and to biopsy suspicious-looking tissue. The intent of the procedure is not to improve the quality of voice.

This procedure is generally safe and carries very few side effects. Risks include a airway compromise, bleeding, infection, web formation (scar between vocal cords), sore throat, sore tongue, sore gums, lip injury and very rarely a chipped tooth. If the laryngoscopy is performed for the removal of leukoplakia, vocal cord nodules or polyps, there is a chance that these lesions may recur. They may require another operation, if the original cause (voice abuse, smoking etc) has not been eliminated, or if voice rest is not observed post-operatively.

Occasionally, if the lesion involves a large area of both vocal cords, the operation is performed in two stages, one side at a time. Patients who have a large tumor of the larynx or cardiopulmonary disorders (emphysema, COPD, heart failure, etc.) may experience shortness of breath that requires overnight observation in the hospital. On rare occasions tracheotomy may be required to secure a safe airway.