Information for patients, families and carers

Discharge information: post Microlaryngoscopy under General Anaesthetic (GA) (+/- additional procedures)

1300 952 808 (03) 9429 3627 MELBENTGROUP.COM.AU LEVEL 1 449 SWAN STREET, RICHMOND VIC

ABN 88 181 798 030

Dear Patient/Carer:

Please read this document carefully as it contains important information that complements the instructions given by your MEG ENT Specialist during your recent surgical admission.

Your surgeon has performed a Microlaryngoscopy under General Anaesthetic +/- additional therapeutic / diagnostic procedures. This document will give you information about the expected post-procedure course of recovery, and additional care instructions. If you have any questions that this document does not answer, ask your MEG surgeon or healthcare team.

Medications:

Pain Management:

- Most patients do not experience significant pain after this procedure.
- However there may be some mouth and throat discomfort which will improve over a few days.
- Simple over the counter analgaesics should be adequate (***e.g. Paracetamol, Nurofen®)***
- There may be some minor neck and jaw pain and stiffness which will improve over a few days and may benefit from a few days of soft food diet, and simple warm compresses.

Antibiotics:

- Generally, Antibiotics are not required/prescribed after microlaryngoscopy procedures, however if there are sutures in the voice box or other foreign material (silicon sheets, fat grafts), you ***MEG ENT Specialist*** may prescribe a 5-10 day course of prophylactic antibiotics.
- Prophylactic antibiotics are prescribed to help reduce the ***risk*** of a post-operative infection, rather than to ***treat*** an established infection.
- If prescribed – use as directed.

Anti-reflux Medications:

- Anti-reflux medications are occasionally prescribed after microlaryngoscopy when there are either, signs of reflux changes during the operation, or where the surgeon wants to minimise the effect of any potential reflux on the voice box healing process.
- Examples of surgery that often receive anti-reflux prophylaxis include: ***Pitch-raising laryngoplasty, Subglottic stenosis treatment, Fat injection augmentation.***
- Common agents used include **H2-receptor antagonists (*e.g. Nizatidine, Famotidine*),** or **Proton-Pump-Inhibitors (*e.g. Esomeprazole, Pantoprazole*).**
- These may be prescribed for up to 6 weeks after the surgery
- If prescribed – use as directed.

Wound Care:

- **Strict Voice Rest:**
  - The amount of voice rest depends on the nature of the procedure performed but can range from a ***few hours*** to ***14 days***.
  - Some general **strict voice rest periods include:**

Duration of voice rest	Type of Procedure	Examples
NONE	Cricopharyngeal procedures	- ***Cricopharyngeal Balloon/Botox®***
	Vocal cord Botox Procedures	- ***Muscle tension*** - ***Laryngeal dystonia / Spasmodic Dysphonia*** - ***Tremour*** - ***Cough / Irritable larynx***
	Subglottic procedures	- ***Subglottic stenosis: balloon*** - ***/ resection / steroid***
	Thyroid reduction Laryngo-chondroplasty	- ***Laryngeal Shave***
24 hours	Vocal cord Synthetic Injection augmentation	- ***Juvéderm® / Restylane®*** - ***Prolaryn Gel®*** - ***Prolaryn Plus®***
	Vocal cord Steroid injections	- ***Dexamethasone*** - ***Methylprednisolone***
3 days	**Simple** vocal cord lesion excision	- ***Nodule excision*** - ***Polyp excision***
	Simple vocal cord laser treatments	- ***blood vessel on one vocal cord*** - ***small papilloma on one vocal cord***
5 days	**Extensive** vocal cord lesion removal	- ***Cyst*** - ***bilateral vocal cord treatments***
	Extensive vocal cord laser treatments	- ***Papilloma of both vocal cords***
	Vocal cord fat injection augmentation	-
	Vocal cord medialisation +/- Arytenoid Repositioning	- ***Gore-tex®*** - ***Silastic®*** - ***Montgomery®***
10-14 days	Pitch raising laryngoplasty / Pitch lowering laryngoplasty	- ***Vocal fold shortening & Retro-displacement of Anterior Commisure (VFSRAC)***
	Web division with silastic splint	
	Scar removal and buccal mucosal graft placement	

- The above table is only a guide, and Your ***MEG ENT specialist*** will advise you in your particular situation.
- Strict voice rest for the prescribed amount of time implies:
  - No talking,
  - No whispering,
  - No singing
  - Minimising coughing & throat clearing
- You will then gradually return to normal voice use, usually under the guidance of a speech pathologist.
  - A good rule of thumb is to start using your voice in a 'confidential' tone (i.e. as if you are speaking to another person one-on-one) approx. 30% of your previous vocal load, gradually increasing by 30% each week, up to 100%

- As you start to use your voice, you will notice that it may be initially hoarse, or a bit strained/pressed. Don't worry, your voice will gradually improve as healing progresses, but it may be a **few weeks** before this process is complete.

- **+/- Neck Incision Site**
  - ***If*** an external neck incision has been made this will generally be covered by a small waterproof dressing.
  - This dressing should remain dry and intact for 7 days after the procedure.
  - If the dressing gets wet, just pat it dry and leave in place.
  - **Sutures (stitches)** are generally dissolvable and do ***not*** require specific removal, but where the sutures require removal, your ***MEG ENT specialist*** will advise you. Don't worry if a tiny suture end is visible from one end of the wound – this is uncommon, and the suture will dissolve and disappear as the wound heals.
  - On review, your ***MEG ENT Specialist*** will advise on whether further supportive simple taping of the wound is required **(*e.g. Micropore®*)**, and when to graduate to a silicon gel-based dressing such as ***Strataderm®*** or similar.

Diet:

- Generally, you will be able to resume a full normal diet the same day of surgery.
- If your procedure involved the oesophagus (food pipe) then your ***MEG ENT specialist*** will advise you of any dietary modifications, and may instruct you to eat a soft diet for a few days.
- Ensure you maintain an adequate fluid intake to help with healing and recovery from the procedure.

Return to Normal Activities:

- As this procedure is performed under general anaesthetic, you will need to be away from work for at least 48 hours after the procedure.
- Your return to work will also be limited by the degree of voice rest prescribed (SEE ABOVE), and your general recovery.
- Your ***MEG ENT Specialist*** will advise you.

Attend your nearest Emergency Department or Call 000 if:

- Breathing or swallowing becomes progressively difficult.
- You develop any neck pain, redness or swelling.
- You develop any significant difficulty swallowing
- Any other less urgent / severe concerns, please reach out to your ***MEG Surgeon*** via the Healthcare team.

On your Postoperative Appointment:

- Your speech pathologist +/- ***MEG ENT Specialist*** will listen to your voice and provide you with appropriate vocal exercises.
- A repeat endoscopy / stroboscopy to look at the larynx will be performed on your initial or second post-operative visit.

We will confirm the time and date of your post-operative appointment soon. Do not hesitate to contact us if you require any further information regarding these instructions.

MEG
MELBOURNE ENT GROUP

1300 952 808 (03) 9429 3627
MELBENTGROUP.COM.AU
LEVEL 1 449 SWAN STREET, RICHMOND VIC
ABN 88 181 798 030