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

Direct Laryngoscopy is a frequently performed examination of the pharynx and larynx. It allows the surgeon to examine these structures thoroughly and to take a biopsy from suspicious-looking tissue. The surgeon holds the laryngoscope with one hand and works with the other. In suspension microlaryngoscopy, the laryngoscope is suspended to allow the surgeon to work with both hands. A surgical microscope is used to provide magnification, better visualization and to deliver a LASER beam. Occasionally, a video camera is attached to the laryngoscope. The surgery is viewed and monitored on the video monitor screen. This allows the anesthesiologist to observe the procedure and coordinate the breathing while the surgeon is working.

This procedure is generally safe and carries very few side effects, other than a sore tongue, gum or lip and very rarely, a chipped tooth. Isolated cases of transient unilateral lingual nerve injury have been reported. These are probably caused by stretching the nerve and seem to recover in two to three months.

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 postoperatively. 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.

I/We have been given an opportunity to ask questions about my condition, alternative forms of treatment, risks of nontreatment, the procedures to be used, and the risks and hazards involved, and I/We have sufficient information to give this informed consent. I/We certify this form has been fully explained to me/us and I/we understand its contents. I/We understand every effort will be made to provide a positive outcome, but there are no guarantees.

Patient/Legal Guardian

Witness

Date: _____________________________    Time: ___________________________