

## PATIENT INFORMATION

# Panendoscopy

Panendoscopy is the term used when the surgeon looks at your voice box, gullet, mouth nose and tongue. This procedure is carried out to enable the surgeon to have a thorough look at any area that may be causing concern. Biopsies will be taken of any abnormality that is seen.

There are various investigations that can be carried out. These include:

**Microlaryngoscopy** is an examination of your voice box (larynx).

**Oesophagoscopy** is an examination of your swallowing tube or gullet.

**Pharyngoscopy** is an examination from the back of the nose down to the windpipe.

**Rigid bronchoscopy** is an examination of the air passages below the voice box.

Examination of the post nasal space involves looking at the back of the nose and taking a sample of tissue that maybe of concern.

These procedures are performed to investigate problems with the voice, such as hoarseness or changes you may be experiencing with swallowing. They may also be carried out where a problem has been found in one part of the upper airway or food passage to look for problems in another area.

You may need to stay in hospital overnight. You will have a general anaesthetic as the procedure needs to be performed while you are asleep. It usually takes 30-60 minutes.

The surgeon will put a short metal tube through your mouth into your voice box or oesophagus. A microscope or telescope is then used to look all around the structure, looking for any abnormality.

If there are any problem areas, a small biopsy can be taken and sent away for laboratory examination.

In the event of a biopsy of the voice box the surgeon may recommend that you rest

*Working with you, for you*

your voice for a short period, you will need to write down anything you wish to say

If you have an oesophagoscopy the surgeon may recommend that you do not eat for four hours and then just take water until the next day.

### **What happens after the surgery?**

After the procedure you may find your throat hurts. This should settle quickly with simple painkillers such as paracetamol or ibuprofen.

You may have a stiff neck after the procedure. If there is a history of neck problems it is important to let the surgeon know about this before the procedure.

After you have had time to recover from the anaesthetic and you are able to eat and drink, you may go home. This will be discussed with you by the surgeon.

Take gentle exercise for a few days avoiding vigorous activities.

Depending on your job you may be advised to stay off work for a few days to rest your throat.

### **What complications could occur?**

These are very safe procedures and complications are rare.

The metal tube that is put down your throat may chip or loosen your front teeth as it is passed. The surgeon uses a gum shield to help prevent this from happening. There is a small risk of a tear in the lining of the gullet. If this happens you will need to stay in hospital, until the problem settles. Rarely a leak may occur which would require surgery to correct.

If you are not given an out patients appointment before leaving the ward one will be sent to you. This will usually be about a week after your surgery, where the results of any investigations will be discussed with you. It may be unnecessary for you to have a further appointment. This will be discussed with you by the surgeon.

If you have any concerns about the planned procedure you can discuss this with your surgeon or with

 **Head and Neck Specialist Nurses on (01803) 655044.**

Reference: ENT.UK

Please note that the information in this leaflet is to be used as a guide only.

Each individual's needs will be discussed by the Nursing Staff and Doctors before discharge from hospital.

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For further assistance or to receive this information in a different format, please contact the department which created this leaflet.