

Useful Telephone Numbers

ENT Partnership

Surrey Clinic – 01252 852552

Hampshire Clinic – 01256 377733

Frimley Park Hospital

Switchboard – 01276 604604

Parkside – 01276 604703

FI (Children's Ward) – 01276 604226

ENT Ward – 01276 604130

North Hampshire Hospital

Switchboard – 01256 473202

DTC – 01256 313332

The Hampshire Clinic

Switchboard – 01256 357111

Lyde Ward – 01256 377773

Enbourne Ward – 01256 377772

Clare Park Hospital

Switchboard – 01252 850216

The ENT Partnership – Surrey Clinic

Spire Clare Park Hospital Crondall Lane Crondall Farnham GU10 5XX

T 01252 852552 **F** 01252 851331

E infosurrey@entpartnership.co.uk www.entpartnership.co.uk

Also at The ENT Partnership – Hampshire Clinic

Basing Road Old Basing Basingstoke Hampshire RG24 7AL

T 01256 377733 **F** 01256 354483

E infohampshire@entpartnership.co.uk www.entpartnership.co.uk

Information for Patients on

Direct Laryngoscopy Direct Pharyngoscopy Direct Oesophagoscopy (Panendoscopy)

The ENT Consultants are

Jonathan Blanshard FRCS (ORL).

Appointed to North Hampshire Hospital in 1996. Special interest in ear surgery including middle ear reconstruction and also voice problems.

Jonathan Hern FRCS (ORL).

Appointed to Frimley Park Hospital in 2003. Special interest in rhinology including rhinoplasty surgery and also voice problems.

David Jonathan FRCS.

Appointed to Frimley Park Hospital in 1991. Special interest in ear surgery, including implantable hearing aids. Involved in the regional training of ENT surgeons.

Andrew McCombe MD FRCS (ORL).

Appointed to Frimley Park Hospital in 1995. Special interest in head and neck surgery. Involved in the management of NHS services. Special interest in medicolegal work.

Paul Spraggs FRCS (ORL).

Appointed to North Hampshire Hospital in 1998. Special interest in head and neck surgery and facial plastic surgery.

Sources of additional information

The Surrey & Hampshire ENT Partnership

www.entpartnership.co.uk

British Association of Otorhinolaryngologists

www.entuk.org

Introduction

There are occasions when it is necessary to directly visualise your

- larynx or voice box (direct laryngoscopy)
- pharynx or throat (direct pharyngoscopy) and
- oesophagus or gullet (direct oesophagoscopy)

This procedure is performed under a general anaesthetic (fast asleep) and this enables a thorough look and also, if required a biopsy (sample) can be taken.

Alternatives

This procedure is normally required to investigate the cause of a larynx, pharynx or oesophagus problem and take biopsies. Therefore there is no real alternative.

Pre-operative assessment & care

You may be advised to attend the hospital about 1 – 2 weeks before the procedure for a pre-operative assessment, or sometimes this is performed in the regular outpatient clinic.

You will be admitted to hospital on the morning of the procedure, a general anaesthetic (fast asleep) is administered and the operation takes about 20 minutes. Afterwards you will return to the ward. You will either be discharged home later the same day or the following morning, depending on the surgeon's instructions.

After the Procedure – what to expect

Your throat will be sore for about 48 hours.

In the immediate post-operative period, the ward staff will monitor your temperature and blood pressure. If your temperature increases or pain worsens, a doctor may be called to examine you.

After discharge home

You may notice blood stained saliva or mucous for the first few days. This is normal and will clear on its own.

Avoid

- hot spicy foods
- smoky atmospheres and smoking

If you have had biopsies taken, you will be given a clinic appointment to attend to get the results.

You have had a general anaesthetic, it is therefore advisable to rest for a week after the procedure. Please ask for a medical certificate if you require one.

Risks

During the procedure, rigid telescopes are passed via the mouth into the throat. The anaesthetist and surgeon will ask you if you have any capped, crowned or loose teeth. There is a small possibility of chipping or knocking out a tooth during the procedure.

If the examination is difficult, there is a very small chance of causing a tear in the lining of the pharynx or oesophagus. If this occurs, the neck will be very tender after the procedure and there may be difficulty swallowing.

If a tear is seen during the operation, a small tube may be placed from the nose into the stomach and nutrition given via the tube for several days to allow things to heal.

Alternatively, if a tear is suspected after the procedure, an x-ray (contrast) swallow may be required.

Usually, tears of this nature will settle; but occasionally further intervention, which may include an operation, may be required.

If any problems arise after you have gone home please contact:

Frimley Park Hospital, Frimley:

ENT Ward F12A (Adults) 01276 604130

Childrens Ward F1 01276 604226

DTC at North Hampshire Hospital

(Monday to Friday) 01256 473202
ext 4323