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Direct Laryngoscopy and Suspension Microlaryngoscopy

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.

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.

This procedure is also used to inject the vocal cords with Radiesse or other substances to augment the volume of the vocal cord or to move a paralyzed vocal cord towards the midline (medicalization). This brings the paralyzed vocal cord closer to its counterpart, and improves the voice. Sometimes, more than one injection is needed.

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.

I/We have been given an opportunity to ask questions about my condition, alternative forms of treatment, risk of non-treatment, 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: _____