

## MICROLARYNGOSCOPY AND MICROLARYNGEAL SURGERY INFORMATION SHEET

### BEFORE THE SURGERY

#### Reading materials

- Please read this information sheet and the Royal Australasian College of Surgeons' information sheet, "Direct Laryngoscopy, Microlaryngoscopy, Microlaryngeal surgery, Bronchoscopy and Oesophagoscopy" so that you understand the procedure, the benefits and risks associated with this procedure and the expected outcomes of surgery.

#### Smoking

- Smoking places one at higher risk during anaesthesia and affects surgical wound healing. For the best surgical outcome, ceasing smoking at least 1 month prior to surgery is strongly recommended.

#### Fasting

- As you will be fasting before surgery, drink plenty of fluids and have a good meal before your fast begins.

### AFTER THE SURGERY

#### Recovery room

- Your listed contact will be called once you are fully awake in recovery.

#### Drip (intravenous cannula)

- You will wake up with a drip in one of your hands.
- The needle of the drip has been removed and what is left is simply a plastic tube to deliver further fluids or medications through this route - you can still move and use that hand gently.
- It will be removed by nursing staff before you are discharged from the hospital.

FRACS | AAFPS | ANZRS | AMA | ASOHNs

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## Diet

- Apart from avoiding foods and drinks that can cause reflux (see Laryngopharyngeal Reflux Disease handout), there are no specific dietary restrictions following this surgery.

## Pain relief

- You may experience some discomfort in your throat post-operatively. This is often due to the breathing tube you had in your throat rather than the surgical procedure itself.
- Simple analgesia such as Panadol and Nurofen is usually all that is required.

## Voice rest and vocal hygiene

- Please rest your voice for 2 weeks following surgery. You can still speak, but you should avoid shouting or whispering to reduce trauma to the vocal cords. Reducing the amount that you speak will assist your recovery.
- Coughing and throat clearing should be avoided for at least 2 weeks.
- Increasing your fluid intake will be beneficial for the vocal cords.
- If you are not already on anti-reflux medication, my anaesthetist will prescribe a short course for you. This will assist healing of the voice box.

## Expected recovery

- Most patients are able to return home the same day.
- You may notice some voice hoarseness, which can last 2 to 3 weeks.
- Please contact Dr Levin if you experience any of the following (all are very rare after this type of surgery) :
  - Persistent fever of 38 degrees or more
  - Excessive bleeding
  - Pain not controlled by simple analgesia
  - Difficulty breathing

## Follow up

- I will inform you when you need to see me following the procedure – please contact my rooms to schedule this appointment.

If you have any questions or concerns, please do not hesitate to contact my rooms or contact me on [brett@drbrettlevin.com.au](mailto:brett@drbrettlevin.com.au). I look forward to making this a very positive experience for you.