

your voice for 3 weeks. Should speech therapy be required this will be arranged for you.

- You will be seen 2 weeks post-operatively if required.

You may need to contact your GP if:

- You have severe pain
- You develop problems with eating or drinking

Are there any long lasting effects of surgery?

You may have a hoarse voice to some degree if damage occurred to your vocal cords during the operation.

For 48 hours after surgery:

- Do not drive
- Do not operate machinery
- Do not make important decisions
- Do not travel by public transport
- Do not drink alcohol
- Ensure a responsible adult stays with you

For further information please ask a member of staff or contact www.entuk.org. All information in this leaflet has been verified by our Consultant Surgeons in ENT.

References

If you require a full list of references for this leaflet please email patient.information@ulh.nhs.uk
The Trust endeavours to ensure that the information given here is accurate and impartial.



If you require this information in another language, large print, audio (CD or tape) or braille please email the Patient Information team at patient.information@ulh.nhs.uk



Endoscopy

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Aim of the leaflet

This leaflet is aimed at patients undergoing an endoscopy. It aims to explain the procedure and what to expect afterwards.

What is an Endoscopy?

This is when a special instrument (endoscope) is placed through your mouth down into your throat to allow examination of the area. Biopsies may also be taken.

Oesophagoscopy – examination of the oesophagus.

Laryngoscopy – examination of the voice box. A microscope may be used.

Pharyngoscopy – examination of the pharynx – part of the throat.

Panendoscopy – examination of the throat, oesophagus, windpipe and the space behind the nose (nasopharynx).

Why is it done?

To investigate a problem with discomfort, swallowing or change of voice.

Do I have to have surgery - is there an alternative?

This investigation is necessary to ensure there is not a serious cause for your problem.

What are the risks involved?

- There is a risk of damage to teeth/gum, lip or tongue trauma.
- Perforation of the oesophagus, leading to inflammation, bleeding and infection. This can be potentially serious. Perforation is rare but more likely to occur in:
 - * Biopsy of oesophageal tumour
 - * Oesophageal dilatation
 - * Removal of foreign body.
- Damage to the vocal cords, causing hoarseness of varying degrees, at worst this may be permanent.
- There can be some breathing difficulties as well.

What happens before my operation?

- Usually this operation is done as a Day Case but certain criteria have to be met or an overnight stay will be required.
- You may be asked to attend a pre-assessment clinic. Your medical history will be noted and the operation explained. You will be asked to sign your consent form.
- Any necessary tests will be carried out e.g. blood, x-rays, ECG (tracing of your heart).
- The medication you currently take will be discussed with you and advice given as required.
- You will receive information about when to stop eating and drinking before your operation.
- You will usually be seen by the anaesthetist on the ward.

What sort of anaesthetic will I have?

This procedure is done under a general anaesthetic, which means you will be asleep during the operation.

What should I expect after my operation?

- When you return to the ward you may be hoarse, your throat and tongue may be sore. It is common to notice gum bruising. However, it is rare that you should encounter any severe pain. The nurse will give you pain relief for any discomfort.
- The nurse will let you know when you can eat and drink. If you feel sick the nurse can give you medication for this.
- You will be discharged in the evening if you are a day case or the next morning if you stay overnight.

How long will it take me to recover after my operation?

- Take simple painkillers for any discomfort, i.e. paracetamol.
- You will require from a few days to 1 to 2 weeks sick leave, depending on your surgery. You can obtain a sick note from the ward before discharge.
- You may have some hoarseness after the operation and it is recommended that you rest your voice.
- If your voice box was examined you should not sing or project