

**Practice locations:**

Ground Floor  
67 Burton Street  
Darlinghurst NSW 2010

**T:** (02) 8319 9434

**F:** (02) 8583 3351

**E:** [reception@drjuliacrawford.com.au](mailto:reception@drjuliacrawford.com.au)

**W:** [drjuliacrawford.com.au](http://drjuliacrawford.com.au)

## **Post-operative Instruction Sheet: Laryngoscopy / Microlaryngoscopy / Oesophagoscopy Laryngoplasty/Thyroplasty**

Laryngoscopy is a procedure that lets the doctor look at the back of the throat, the larynx (voice box) and the vocal cords using an endoscope (a thin, tube-like instrument with a light and lens).  
Microlaryngoscopy is a procedure that means the vocal folds are looked at in great detail with magnification.

An oesophagoscopy is a procedure used to check for physical abnormalities in the oesophagus (the structure in the throat that carries food to the stomach).

A laryngoplasty is a procedure that provides support to a vocal fold that lacks either the bulk (such as in vocal fold bowing) or the mobility (such as in paralysis) it once had.

A thyroplasty is a procedure performed to help correct vocal cord weakness

### **Fluids And Diet**

- Keep up oral fluid intake
- Start with soft diet for first 3 days post operatively
- Avoid hot fluids for the first few days

### **Pain Relief**

- Regular analgesics for the first 3 days (e.g.: paracetamol)
- Anti-reflux medication - take medication if prescribed

### **Voice Rest**

- Avoid speaking for the first 3 days
- No excessive voice use for the next week

### **Bleeding**

- Blood streaking in saliva usual for the first few days
- Fresh blood ooze requires review by a doctor

### **Post-Operative Review**

- Typically 2 weeks after surgery
- If you have any issues, please contact the rooms within business hours. If you have an emergency outside of normal business hours please present to the nearest emergency department.