

## Laryngoplasty

Our voice is the result of a complex function that involves nerves, muscles and cartilage. When our vocal cords come together (or approximate) we are able to project our voice for others to hear. When one of the vocal cords is paralyzed it does not come together to meet the opposite cord, thus we have impaired speech.

Patients who have vocal cord paralysis can be effectively treated with a procedure called medialization laryngoplasty (also known as thyroplasty). This safe, effective procedure is performed under local anesthesia with sedation and takes about two hours. The patient is asleep for most of the procedure and unaware of the surgery. An incision approximately two inches in length is made over the larynx (voice box) on the side of the vocal cord paralysis. The implant - made of Gortex, which is a biocompatible substance used in many surgical procedures - is then placed opposite the paralyzed vocal cord. The Gortex provides enough substance to gently move the frozen cord to a point where the nonaffected cord can meet it (approximate). A single small drain is placed and all sutures are absorbable.

At the end of the surgery the patient is asked to phonate (speak). Initially the voice may be quite squeaky but a dramatic improvement is noticed soon after the surgery. Patients routinely are observed overnight in the hospital for one night. You are able to speak, however, the voice may temporarily be squeaky due to swelling from surgery. Patients who have had this procedure have not routinely complained of discomfort. Although there may be some improvement in swallowing, this is not as dramatic as the voice improvement. It takes two months for the voice to settle completely following this procedure.

A routine follow-up appointment to remove steristrips and to have a flexible laryngoscopic exam is made for two weeks following the procedure. The next appointment will be at approximately three months for a videostrobe examination to assess improvement.

### **Risks**

As with any surgery, along with the benefits of surgery, certain risks must be discussed in order to obtain informed consent

### **Bleeding**

Some bleeding is expected with any surgery, however abnormal postoperative bleeding occurs in about 1% of cases. If it does occur, bleeding usually occurs within the immediate postoperative period. The hematoma, a collection of blood under the skin, is drained in the hospital.

### **Infection**

Infection is rare due to the excellent vascularity to the tissues. A prescription for preventive antibiotics may be provided for use in the postoperative period.

### **Continued Aspiration or Stridor**

As stated above, aspiration with swallowing is not the reason for this procedure. While one may experience some improvement, this procedure is not performed to address the issue of aspiration. Stridor (difficult breathing) is a very uncommon side effect.

## **Anesthesia**

Complications from anesthesia are known to exist. These complications (anything from nausea to stroke or death) are quite uncommon since patients are usually young and healthy.

## **Pre-Operative Instructions**

Nothing to eat or drink after midnight the evening prior to your surgery. This includes all foods, liquids, water, candy, mints or gum. You may brush your teeth the morning of surgery. Your procedure will be cancelled if you do not follow these instructions.

1. Notify us of all routine medications and significant health history. Take medications as directed with just a sip of water.
2. Please avoid aspirin, ibuprofen or any products containing these medications for one week prior to your surgery. If you are on any medications that affect bleeding, please notify the nurse at this time.
3. Do not bring valuables (cash, credit cards, jewelry) to the Surgery Center.
4. Remove all make-up and nail polish prior to arriving at the Center.
5. Please contact the hospital on the business day prior to your surgery to confirm your arrival time.

## **Post-Operative Instructions**

Immediately following your surgery, the sedative medication and/or anesthesia may make you drowsy for 24 hours. Therefore, do not:

1. Drive or operate machinery for 24 hours
2. Drink alcoholic beverages for 24 hours
3. Make major decisions, sign contracts, etc. for 24 hours

## **Diet**

When the procedure is completed and the effects of the anesthesia have worn off, you will be started on clear liquids advancing to a full diet as tolerated. Take care to avoid extremely hot beverages or food.

## **Medications**

Prescriptions, which will be given to you at your pre-op appointment, may include preventative antibiotics, swelling medications and/or a pain medication. Patients who have undergone this procedure have stated that there is not a great deal of discomfort associated with this procedure.

## **Activity**

Please avoid any heavy lifting, bending or straining for two weeks following surgery. You may shower as long as you keep the steri-strips dry.

After your hospital discharge, please notify the office for any of the following:

- Fever over 102° F
- Difficulty breathing or painful swallowing
- Swelling that increases rather than decreases with time
- Pain not managed by pain medication

As always, if you have any questions, please do not hesitate to call on us at (585) 256-3550 and ask for our nurse. We are all here to assist you in any way we can.