

Ear, nose and throat surgery

Laser surgery and dilatation surgery

Information for patients

Introduction

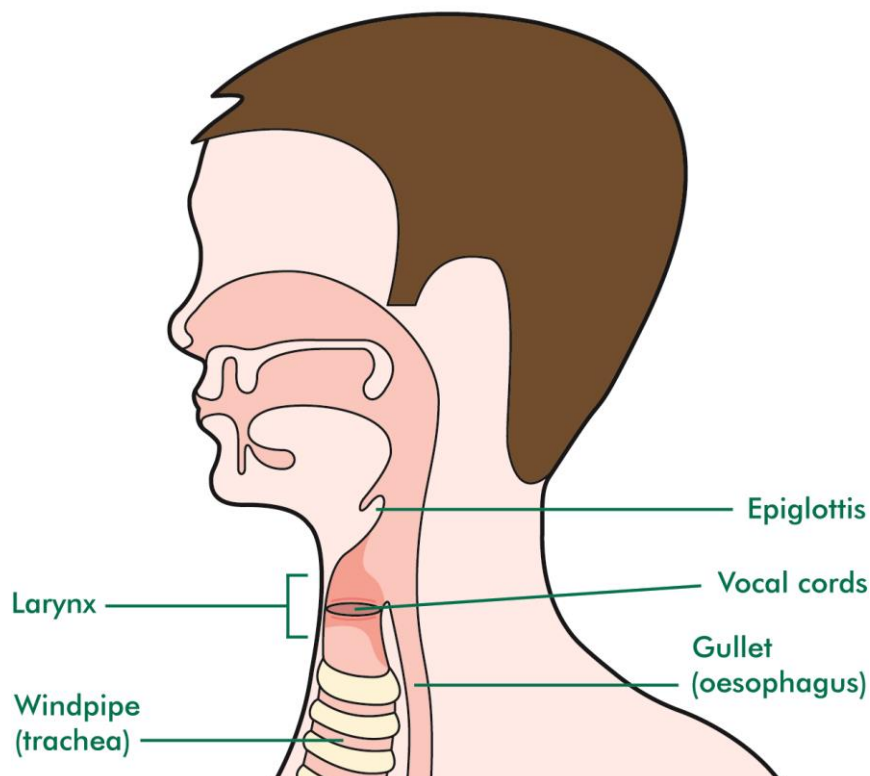
This leaflet has been designed to give you information about laser surgery and dilatation surgery. We hope it will answer some of the questions that you or those who care for you may have at this time. This leaflet is not meant to replace the discussion between you and your medical team, but aims to help you understand more about what is discussed.

What is laser surgery?

Laser surgery (also called trans-oral laser surgery) is surgery performed through the mouth, using a general anaesthetic. No cuts on the neck or face are made. The laser is a fine, hot beam of light which cuts through tissue in the same way as a scalpel, but causes less bleeding. The surgeon can clearly see any abnormal tissue using a microscope attached to the laser.

Why do I need laser surgery?

Laser surgery is used to remove abnormal tissue on the vocal cords and trachea (windpipe). It is also used to treat early laryngeal cancers, and small cancers of the mouth and throat.



The illustration [above] comes from Macmillan Cancer Support's resource 'Understanding cancer of the voicebox (larynx)', published 2016. For more information visit www.macmillan.org.uk

What is dilatation surgery?

As with laser surgery, dilatation surgery is done using a general anaesthetic. The surgeon will pass an endoscope through your mouth, to look at your vocal cords, trachea and pharynx (the part of the throat behind your mouth and nasal cavity, above the larynx, close to the epiglottis).

If the surgeon finds any area of narrowing, balloons can be inserted and expanded to stretch open that area. These balloons are called dilators.

Alternatively a series of dilators, or a bronchoscope, can be used to open up the areas of narrowing. If part of the dilated area looks abnormal, a biopsy will be performed (a small sample taken and sent for analysis in a laboratory).

Why do I need dilatation surgery?

Dilatation surgery can help if you experience shortness of breath, by widening your windpipe to allow you to breathe more easily. Conditions causing this shortness of breath include subglottic stenosis and tracheal stenosis.

If you find swallowing difficult, dilatation of your pharynx will open up the space in order to help with this. Dilatation surgery can enable these improvements without the need for major surgery.

What are the risks with laser surgery and dilatation surgery?

There are risks associated with having a general anaesthetic, regardless of the type of operation. Laser surgery and dilatation surgery are generally safe and quick operations.

There is a small risk that the endoscope could chip one or more of your teeth. A tooth guard is used during the procedure to reduce this risk.

If your throat is being dilated there is a small risk of tearing the mucosa (the lining of the throat) which can lead to infection and a longer stay in hospital.

Dilation might not provide permanent results, and may not be successful for patients with long-standing scars or narrowing of the airway. However, it can be repeated.

Following the removal of any abnormal tissue with laser surgery, your swallowing or voice can be affected. You may then need to stay in hospital for assessment by a speech therapist.

Is there anything I should do to prepare for my operation?

If you are a smoker and/or a drinker, try to cut down on your intake and, if possible, stop.

You will be admitted to hospital on the day of your surgery. Please bring your nightwear, dressing gown, slippers and toiletries with you when you come into hospital. Please do not bring cosmetics, jewellery or other valuables.

You should not have any breakfast on the morning of your operation.

Unless you are told otherwise, you should take your usual drugs and medicines as normal.

What happens on the day of my operation?

We will ask you to come in on the day of your surgery having fasted at home. You may be asked to attend at 07.00 in the morning, although your placement on the operating list may be later in the afternoon. Unfortunately this can mean a wait until you are taken to theatre.

If you are placed later on the list, the nursing and anaesthetic staff will let you know if you can have water whilst you are waiting. In general, clear fluids are acceptable up to two hours before surgery. You can bring a friend or relative with you when you come in, and while you wait.

The operating team and anaesthetist will see you before your surgery and the ward nurses will help get you prepared for theatre. They will walk you up to theatre when it is your turn.

You will then be taken to the anaesthetic room and be put to sleep. Following the laser surgery or dilatation surgery we will take you to a recovery room and, when you are awake, transfer you to the day surgery unit or ward.

How will I feel after the operation?

You may feel a little tired. You may also have a sore throat, particularly if laser surgery has been performed. After the procedure, please let nursing staff know if you are experiencing any pain or if you have any concerns.

After laser surgery it is normal for the pain to get worse during the first couple of days before it starts to lessen. After laser surgery to the larynx you should rest your voice for 72 hours. When you do speak your voice is likely to be hoarse. This can last for some time. Your voice recovery will be assessed in the outpatient clinic at your follow-up appointment.

When can I go home?

If you are able to eat and drink and feel well enough, you should be able to go home following a few hours of recovery. You will need an escort to accompany you from hospital, as well as someone who can be at home with you over night.

If you do not feel well enough or you cannot eat and drink you will need to wait until the following day to go home. When you go we will give you a discharge summary, painkillers and any other medications you need.

Is there anything I need to watch out for at home?

If you have any breathing problems or chest pain you should go straight to the A&E department of your nearest hospital. If you feel generally unwell, have a raised temperature, or are unable to eat properly, please contact your GP or call 111 outside of normal working hours.

When can I get back to my normal routine?

You should take at least one week off work.

Will I need to visit the hospital again?

Yes. We will usually see you in the outpatient clinic two to three weeks after your operation. We will speak to you about this before you leave hospital. The ward from which you are discharged will usually provide you with the details of your outpatient appointment. If you are discharged outside of normal working hours, we will send you an appointment in the post.

Who can I contact?

Imperial College Healthcare NHS Trust has a Macmillan navigator service for access to your clinical nurse specialist (CNS) and other members of the clinical team. Navigators can also help with queries and provide a range of other information, help and support relating to your care. The service is available Monday to Friday 08.00–18.00 and 09.00–17.00 at weekends.
Telephone: **020 3313 0303**

If you have any questions or concerns about your surgery please contact the airway nurse on **020 3311 1892**.

How do I make a comment about my visit?

We aim to provide the best possible service and staff will be happy to answer any of the questions you may have. If you have any **suggestions** or **comments** about your visit, please either speak to a member of staff or contact the patient advice and liaison service (**PALS**) on **020 3313 0088** (Charing Cross, Hammersmith and Queen Charlotte's & Chelsea hospitals), or **020 3312 7777** (St Mary's and Western Eye hospitals).

You can also email PALS at imperial.pals@nhs.net. The PALS team will listen to your concerns, suggestions or queries and is often able to help solve problems on your behalf.

Alternatively, you may wish to express your concerns in **writing** to:

Complaints department
Fourth floor
Salton House
St Mary's Hospital
Praed Street
London W2 1NY

Alternative formats

This leaflet can be provided on request in large print, as a sound recording, in Braille, or in alternative languages. Please contact the communications team on **020 3312 5592**.

We have a free wi-fi service (for basic filtered browsing) and a premium wi-fi service (requiring payment) at each of our five hospitals. Look for WiFiSPARK_FREE or WiFiSPARK_PREMIUM