

## Patient information

# Examining your larynx and vocal cords in the combined voice clinic

You have been asked to attend the combined voice clinic for an examination of your larynx (voice box) and vocal cords. This leaflet has been given to you to help answer some of the questions you may have.

Please note that if you have a cold, cough or sore throat on the day of your appointment the examination cannot be carried out, so please contact the appointment centre to reschedule your appointment (contact details are at the end of this leaflet).

### What happens during the examination?

There are two ways to carry out the examination. Your ENT doctor will discuss with you which is best for you:

- **Rigid endoscopy:** A small camera is attached to a narrow, rigid telescope called an endoscope, put into your mouth and slowly moved to the back of your tongue so we can see your larynx.
- **Flexible nasendoscopy:** A thin, flexible tube called a nasendoscope with a small video camera on the end is passed into your nostril and gently backwards so that we can see your larynx.

When the scope is in place you will be asked to say “ee” several times. You may be asked to trial some voice therapy techniques to help plan your treatment.

The video camera records the view of your vocal cords moving. This is on a screen which we will show you, if you wish, afterwards.

You may already have had this type of investigation at your first ear, nose and throat (ENT) examination.

## **What are the benefits of having the examination?**

This examination allows you and the voice clinic team to look at your vocal cords and see how you are using them to produce your voice. As a result, the team may be able to recommend things you can do to help your voice. If you have been receiving speech and language therapy, it is also a useful way to review your progress.

## **Are there any risks?**

With nasendoscopy, some people have reported:

- a feeling of light headedness
- nose bleeds
- coughing and spasm of the vocal cords.

These risks occur in less than one in every 100 people, and even less with rigid endoscopy. Any effects are temporary and should not last more than a minute or two.

## **Are there any alternatives?**

There is no other way for your voice clinic team to get this level of information about your vocal cords.

We want to involve you in all the decisions about your care and treatment. If you are unsure or have questions at any time, please let us know.

## **Will it hurt?**

The endoscope / nasendoscope may feel a little uncomfortable but it should not hurt. Sometimes, if you have a strong gag reflex or if your nose is particularly narrow, it can feel more uncomfortable. If this is the case, some local anaesthetic spray can be applied to your throat or the entrance to your nose. This numbs the area so you do not feel anything. The numbness will last for about 30 minutes.

The examination works best if you are relaxed and continue to breathe normally throughout.

## How long will the examination take?

It should not take more than 10 minutes. You will then have the opportunity to look at your vocal cords and discuss plans for future management of your symptoms and treatment. The whole session may take up to 20 minutes.

## For further information

If you require any further information please contact:

**ENT department on 01284 713820**

West Suffolk NHS Foundation Trust is actively involved in clinical research. Your doctor, clinical team or the research and development department may contact you regarding specific clinical research studies that you might be interested in participating in. If you do not wish to be contacted for these purposes, please email [info.gov@wsh.nsh.uk](mailto:info.gov@wsh.nsh.uk). This will in no way affect the care or treatment you receive.

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