



**Thyroplasty** 

C01

# **Procedure Information Sheet**

#### Introduction

Vocal fold medialization to improve glottal closure

### Indication

- Unilateral vocal fold paralysis with dysphonia and / or aspiration
- Vocal fold atrophy, unilateral or bilateral.
- Localised vocal fold defect or glottal chink

### The Operation / Procedure

- 1. The procedure is performed under local anaesthesia
- 2. Make an incision in the neck over the thyroid cartilage
- 3. Remove a small piece of cartilage from the thyroid cartilage
- 4. Insert a piece of implant into the larynx
- 5. May insert a drainage tube into the wound to prevent haematoma formation

## **Before the Operation / Procedure**

- Inform doctor of any medical condition e.g. diabetes mellitus, heart disease, hypertension and any 1. regular medication, including herbs and dietary supplement.
- Stop food and drink if needed as instructed by doctor or nurse 2.
- 3. Other special preparation or investigation before the procedure
- Intended benefits and expected outcome
  - 4.1 Improvement in sound production
  - 4.2 Reduce aspiration on feeding
  - Improvement in glottal efficiency
- Conditions that would not be benefited by the procedure
  - Stiff vocal fold due to posttraumatic scar, previous Telfon injection, previous irradiation, previous laryngeal surgery.

### After the Operation / Procedure

- 1. Remove drainage tube when the drainage decreases
- 2. The voice will be a bit husky after the operation, but will improve as wound oedema subsides.
- Seek immediate medical attention if you have any excessive bleeding, breathing difficulty, severe pain, 3. fever or signs of wound infection.
- 4. Laryngoscopy to check vocal folds status

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## **Thyroplasty**

## **Risk and Complication**

- 1. There are always certain side effects and risks of complications of the procedure. Medical staff will take every preventive measure to reduce their likelihood.
- 2. Common risks and complications
  - 2.1 Bleeding / haematoma
  - 2.2 Infection
  - 2.3 Surgical emphysema
  - 2.4 Airway obstruction
  - 2.5 Extrusion of implant
  - 2.6 Persistent or increase hoarseness
- 3. Uncommon risks with serious consequences (<1%)
  - 3.1 Neurovascular injury
  - 3.2 Laryngocutaneous fistula
  - 3.3 Infection of laryngeal cartilage
  - 3.4 Respiratory arrest, risk of death may occur in rare circumstances.
- Consequences of no treatment
  - 4.1 Persistent dysphonia
  - 4.2 Aspiration pneumonia

## **Alternative Treatment / Investigation**

- 1. Vocal fold medialization by injection
- 2. Reinnervation procedures
- 3. Arytenoid adduction
- 4. Nasogastric tube / gastrostomy plus tracheostomy for severe aspiration

### Disclaimer

This leaflet only provides general information pertaining to this operation / procedure. While common risks and complications are described, the list is not exhaustive, and the degree of risk could also vary between patients. Please contact your doctor for detailed information and specific enquiry.

### Reference

Smart patient website by Hospital Authority: Thyroplasty (2/2020)

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