



Procedure Information Sheet

Introduction

1. Examination of the nose, nasopharynx, larynx, pharynx and adjacent areas.
2. Biopsy or excision of suspicious lesions.
3. Provision of access for other throat and laryngeal procedures.

Indication

Symptoms in the nose, nasopharynx, larynx, pharynx and related areas.

The Operation / Procedure

1. The operation is done under local anaesthesia or no anaesthesia.
2. A endoscope is inserted into nostrils. The nose, nasopharynx, larynx and pharynx will be examined.
3. Appropriate procedure may be performed.

Before the Operation / Procedure

1. Inform your doctor of any medical condition and any medication you are taking. The medications may need to be adjusted as appropriate.
2. You may experience choking sensation during spray of anaesthetic agent to the laryngeal inlet you should remain calm and breathe in regular manner.
3. During the whole procedure, please do not move, if you want to move or cough, please notify the doctor before hand.

After the Operation / Procedure

1. After the procedure, you may experience mild pain or discomfort in the throat.
2. Due to the effect of the anaesthetic agent, you may experience some difficulty in swallowing, therefore, please do not drink or eat for 2 hours.

Risk and Complication

1. Severe nose bleeding (< 1%)
2. Injury of aerodigestive tract (< 0.5%)
3. Perforation of hypopharynx & oesophagus (< 0.5%)
4. Anaphylaxis to anesthetic agent

Alternative Treatment / Investigation

1. Expectant treatment
2. Medical treatment
3. Speech therapy

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:
Nasoendoscopy (for Velopharyngeal Dysfunction in Cleft) (2020)

Patient's Label

Patient Name: _____
Hospital No: _____
Episode No: _____

Patient's Signature: _____ Date: _____