

Laryngological endoscopy/ videofiberoscopy

Information for Patients

During the videofiberoscopy, the specialist introduces a flexible endoscope with a diameter of about 3 mm into the patient's nose. The image from the fiberoscope is transmitted to a monitor, allowing the physician to examine the nasal cavity, sinus openings, nasopharynx, lower throat and larynx in magnified detail.

The examination allows a physician to examine the whole upper respiratory tract to the larynx. This method also minimizes the gag reflex, which often makes laryngeal examination using a traditional laryngeal mirror difficult or impossible. In children, fiberoscopic examination allows the evaluation of the size of the adenoid (also known as the "third tonsil"), whose enlargement is a common cause of persistent nasal discharge.

Laryngological endoscopy involves examination of only the nasal cavities and nasopharynx. It is performed using either a flexible fiberoscope or a rigid (metal) endoscope. The rigid endoscope is just under 3 mm in diameter and allows the physician to simultaneously use a suction device to remove excess nasal secretions. It is primarily used in patients who have undergone sinus surgery.

The examination is not typically painful, although most patients describe it as "unpleasant."

To reduce discomfort, the physician may place a cotton swab with a local anesthetic inside the nose or apply a nasal spray just before the procedure.

Examination purpose:

Diagnostics of diseases:

- of the nose,
- of the nasopharynx,
- of the throat/larynx,
- of the sinuses,
- adenoid hypertrophy in children.

Indications for the examination:

- secretion flowing down the back of the throat,
- chronic rhinitis,
- nose bleeding,
- respiratory tract bleeding,
- snoring,
- apnoea.

How to prepare?

- No special preparation is required.
- Due to vomiting reflexes, which some patients experience during the examination of the larynx, patients should not go for examination immediately after a meal, but **2–3 hours after the last meal**.
- The nasal examination often triggers a strong **nasolacrimal reflex**, causing **excessive tearing**. For this reason, **female patients are asked not to wear eye makeup** when coming for the examination.

Medications:

- **Patients may take their medicines**, including nasal medication, **on the day of the examination**.
- **The risk of bleeding during the examination is minimal** (primarily nose bleeding); however, before the examination, patients should inform their doctor if they are taking blood-thinning or antiplatelet medications (e.g. aspirin, clopidogrel, acenocoumarol, warfarin).

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Contraindications:

- **Severe haemorrhagic diathesis.**
- **Allergy to lignocaine** – be sure to inform your doctor before the examination if you are allergic to lignocaine. In this case, the test will be performed without anesthesia that uses lidocaine.
- **A relative contraindication** is an acute upper respiratory tract infection, especially with severe nasal congestion. Swelling of the nasal mucosa makes it difficult to assess the sinus openings and may render the test unreliable. If you have a cold, it is better to postpone the examination by 7–14 days.
- **Pregnancy is not** a contraindication to the examination.