



## Rigid pharyngoscopy and upper oesophagoscopy

### ABOUT THE OPERATION

#### What are pharyngoscopy and oesophagoscopy?

**Pharyngoscopy** is the examination of the throat, and **oesophagoscopy** is the examination of the oesophagus (or gullet) while under a general anaesthetic. It is done to investigate problems of the gullet, such as difficult or painful swallowing. Occasionally it may need to be done urgently to remove food or objects, such as dentures, that are stuck in the gullet. Oesophagoscopy is usually a short operation.

You may go through another procedure at the same time, called a **microlaryngoscopy** or **rigid laryngoscopy**. Your surgeon will give you a leaflet on microlaryngoscopy if this is the case.

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#### What does surgery involve?

Your surgeon will pass a long metal tube (called an oesophagoscope) through your mouth, into your throat and upper gullet. This allows the surgeon to look at the inside of the throat and gullet and identify any problems that may be affecting your swallowing. If there are any problem areas, a small part of the lining of the gullet is taken away for laboratory examination. This is called a **biopsy**. If a narrowing in the gullet is identified, then this may need to be stretched (known as an **oesophageal dilatation**).

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#### What is the benefit of having surgery?

Your surgeon has recommended this operation in order to look at the upper gullet and throat in more detail. There may be an area of tissue the surgeon would like to examine further by taking some tissue samples which can be looked at under a microscope. This may give you and the surgeon an answer to the cause of your symptoms.

Your gullet may be narrowed. Your surgeon can stretch (dilate) the narrow area during the operation, which will improve your ability to swallow food.

You may have something stuck in your gullet. If it is not removed it can cause further harm, such as a tear in the gullet, and you will not be able to swallow until it is removed.

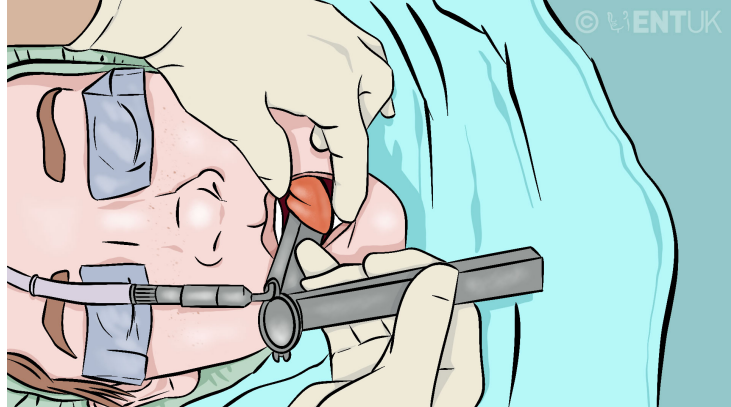


Figure 1. A patient having a pharyngoscopy

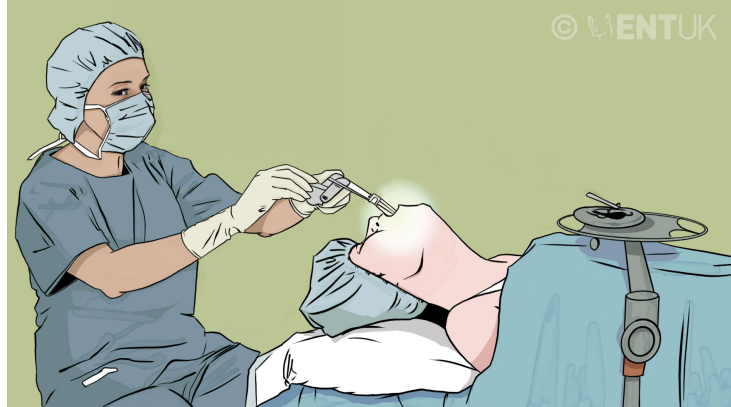


Figure 2. A patient having an upper oesophagoscopy

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## Is there any alternative test, investigation or procedure?

Oesophagoscopy is the suitable technique used for examining the upper part of the oesophagus or gullet.

In a few centres another method called **trans-nasal oesophagoscopy** may be used. In trans-nasal oesophagoscopy, a small, flexible camera called an endoscope is inserted through the nose to look at the throat and gullet under local anaesthetic.

If you need your lower oesophagus or stomach looked at then a **fibre optic gastro-oesophagoscope** is used. This examination will be performed by a **gastroenterologist** who will be able to tell you about the procedure.

A CT or MRI scan may not be able to pick up changes in the lining of the gullet or a small swelling or ulcer, allowing your surgeon to give you a diagnosis.

It is your decision to have the procedure or not. However, if you choose not to have the procedure, you may not find out what is causing your symptoms, and they may get worse.

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## Things to think about before your operation

If you have a history of neck problems, you should tell your surgeon about this **before** your operation. Please also tell your surgeon about any loose or capped teeth before the operation.

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## How will I feel after the operation?

After the operation, you will be transferred to the recovery area. When your anaesthetic has worn off, you will be taken back to the ward or day surgery unit.

### A sore throat

You may find that your throat hurts a little after this procedure. This is because of the metal tubes that are passed through your throat to examine the gullet. Any discomfort settles quickly with painkillers and usually only lasts a day or two. This is very common.

### Stiff neck

Some patients feel their neck is a bit stiff after the operation. Some painkillers and some gentle neck exercises, or even a neck massage, may help.

## When can I eat?

You can usually eat and drink later the same day, after you have recovered from the anaesthetic.

In certain situations, some people may not be allowed to eat or drink for a few hours, until your surgeon is happy there have been no complications. This may be the case if a biopsy is taken from the gullet or the gullet has been stretched.

Please inform your surgeon if you develop chest or back pain when you drink water.

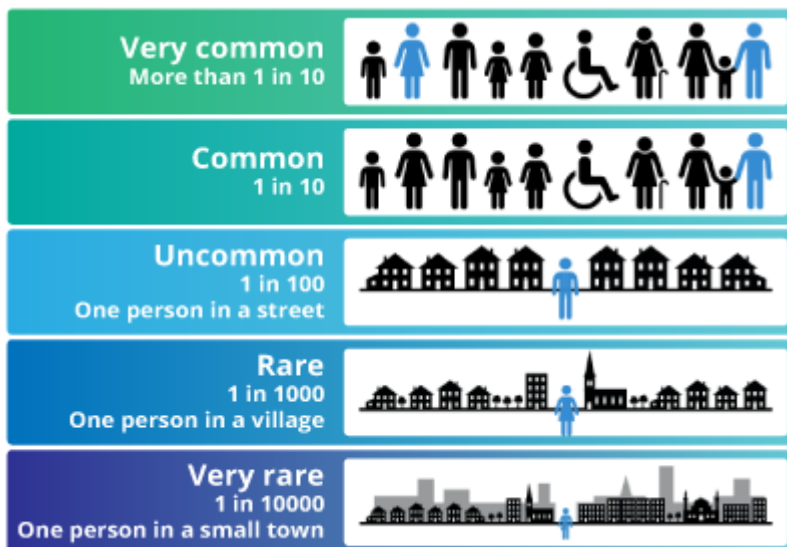
You will need a further assessment before being allowed to take any more food or drink by mouth.

## WHAT ARE THE RISKS?

### Are there any complications to this operation?

All operations have an intended benefit but also have risks. Rigid pharyngoscopy and upper oesophagoscopy are usually safe procedures.

Complications fall into the following categories:



- **Damage to teeth, lips and gums.** There is a risk that the metal tubes may chip your teeth. Your surgeon uses a gum guard or gum shield to help prevent this happening. The risk of damage to your teeth varies but can occur in up to nearly seven out of one hundred cases. The risk of bruising or cutting the lips or gums is very common. These heal very quickly without the need for stitches, and are rarely any worse than a cracked lip in winter or biting the inside of your cheek.
- **Spitting blood.** It is common to spit some blood in your saliva after an operation on the voice box. It usually settles down within 24 hours.
- **Oesophageal perforation (gullet tear).** There is a small risk of a tear in the lining of the gullet (around two or three cases out of one hundred). This sometimes causes a leak through the wall of the gullet (known as an oesophageal perforation). Small tears often heal on their own by resting the gullet. This may take several days. If this happens, you will need to stay in hospital. You will be

advised not to eat or drink anything, and will be fed you through a narrow tube that goes into your stomach via your nose (called a nasogastric tube). Rarely, you may need to be fed nutrients through a special tube into your vein. A tear is more likely if your gullet is narrow, or if you need to have a biopsy, stretch the gullet or remove a foreign body such as dentures or a piece of food. Tears can take place in up to four or five such cases out of one hundred.

- **Infection in the chest (known as mediastinitis).** It can happen if there is a tear in the gullet. This is very rare, but is a very serious infection. You would be treated with strong antibiotics through the vein and may require a chest operation. Sometimes an operation to repair the tear is required. This would be carried out in a cardiothoracic unit.
- **General anaesthetic.** The operation is performed under general anaesthetic. Complications include blood clots in the legs (deep vein thrombosis) or lungs (pulmonary embolism), heart attack, chest infection, stroke, and death. These complications are rare. However some patients have other medical conditions that predispose them to increased risks from a general anaesthetic. The pre-assessment team and anaesthetist will explain what occurs during a general anaesthetic and the associated risks that are relevant to you. [This link](#) summarises the common events and risks of general anaesthetic.

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## WHAT HAPPENS AFTER MY OPERATION?

### When can I go home?

Most pharyngoscopy and upper oesophagoscopy procedures are done as day-case procedures, which means that you can go home on the same day as the operation. Someone must be able to take you home.

Depending on how you feel afterwards, you may need to stay overnight for observation. If you live by yourself, you will be advised to stay in hospital overnight.

If for any reason there is a complication following surgery, you might need to stay in hospital for longer.

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### How long will I be off work?

Depending on your job, you may be advised to stay off for up to a week to rest your throat.

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### When will I know the results of the operation?

Your surgeon will usually be able to talk with you about how the operation went on the same day. If any biopsies were taken, these normally take a few days to process in a laboratory. In that case, your surgeon will either arrange to see you again to discuss your results, or will discharge you home and write to you and your GP with your biopsy results instead.

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