

## Supraglottoplasty for Laryngomalacia Direct Laryngoscopy, Bronchoscopy and Esophagoscopy

**Direct Laryngoscopy:** Examination of the voice box or larynx (pronounced "lair-inks") under general anesthesia. An instrument called a laryngoscope is carefully placed into the mouth and used to visualize the larynx and surrounding structures.

**Bronchoscopy:** Examination of the windpipe below the voice box in the neck and chest under general anesthesia. A long narrow telescope is passed through the larynx and used to carefully inspect the the trachea and bronchi.

**Esophagoscopy:** Examination of the swallowing pipe in the neck and chest under general anesthesia. An instrument called an esophagoscope is passed into the esophagus (just behind the larynx and trachea) and used to visualize the mucus membranes and surrounding structures of the esophagus. Frequently a small biopsy is taken to evaluate for signs of esophageal inflammation (esophagitis).

**Supraglottoplasty:** Microscopic instruments and a carbon dioxide laser are used to trim away extra tissue from around the voice box. Careful removal of this tissue is performed to prevent collapse over the voice box that can lead to harsh, noisy breathing (stridor) and difficulty feeding.

**What to Expect:** The supraglottoplasty procedure generally takes about 60 minutes to complete. After the procedure, I will transport your child to the Pediatric Intensive Care Unit (PICU) on the third floor. We will meet you there to begin routine postoperative observation. The procedure frequently leads to worsening stridor (harsh, high-pitched noisy-breathing) for the first 12-24 hours. Mild throat discomfort is usually controlled with acetaminophen (Tylenol) or ibuprofen (Motrin). Generally the procedure is well-tolerated and the child is ready for discharge home a day or two following surgery.

**Diet:** Resume baseline diet (no special postoperative diet restrictions).

**Activity:** Resume baseline level of activity as soon as child feels up to it.

**Warning Signs:** Contact the office immediately at (603) 650-4399 if any of the following develop:

- Worsening harsh, high-pitched noisy-breathing (stridor)
- Labored breathing with chest retractions or flaring of the nostrils
- Bluish discoloration of the lips or fingernails (cyanosis)
- Persistent fever above 102°F that does not respond to Tylenol or Motrin
- Excessive coughing or respiratory distress during feeding
- Coughing or throwing up bright red blood
- Excessive drowsiness or unresponsiveness

**Contact Information:** The Otolaryngology nurse can be reached at (603) 650-4399 and can answer any additional concerns or questions you may have in the post-operative period. The Dartmouth-Hitchcock Medical Center operator can be reached at (603) 650-5000.

In addition, the following web page has helpful information regarding common pediatric ear, nose, and throat concerns: <http://www.entnet.org/kidsent>.

**Follow-up:** You already have an appointment scheduled a few weeks after surgery in Otolaryngology. If you need to confirm the appointment, please contact my secretary at (603) 650-8123.