



Laryngoscopy

What is laryngoscopy?

Laryngoscopy is a procedure a doctor uses to look at the larynx (voice box), including the vocal cords, as well as nearby structures like the back of the throat. There are different types of laryngoscopy:

- In a **direct laryngoscopy**, the doctor can use different types of laryngoscopes, which are long, thin instruments with a light and a lens or small video camera on the end. The laryngoscope is put in through your nose or mouth and down your throat. Some laryngoscopes are **flexible (fiber-optic)**, while others are **rigid** (stiff). The choice of which type to use depends on why it's being done.
- For an **indirect laryngoscopy**, the doctor aims a light at the back of the throat, usually by wearing headgear that has a bright light attached, and uses a small, tilted mirror held at the back of the throat to see the vocal cords.

Here we'll focus on direct laryngoscopy.

Why do you need a laryngoscopy?

There are a few reasons you might need a laryngoscopy:

Because you are having throat or voice problems

This test can be used to look for the causes of symptoms in the throat or voice box (such as trouble swallowing or breathing, voice changes, bad breath, or a cough or throat pain that won't go away). Laryngoscopy can also be used to get a better look at an abnormal area seen on an imaging test (such as a CT scan).

To get biopsy samples of any abnormal areas

Laryngoscopy can be used to take [biopsy samples](#)¹ of the vocal cords or nearby parts of the throat (to find out if an abnormal area is cancer, for example). This is done by passing long, thin instruments down the laryngoscope, such as small forceps (tweezers) to collect the samples. The biopsy samples are then looked at in the lab.

To treat some problems in the voice box (including some early cancers)

Laryngoscopy can be used to treat some problems in the vocal cords or throat. For example, long, thin instruments can be passed down the laryngoscope to remove small growths (tumors or polyps) on the vocal cords. A small laser on the end of a laryngoscope can also be used to burn away abnormal areas.

What's it like to have a laryngoscopy?

This is what typically happens before, during, and after a laryngoscopy. But your experience might be a little different, depending on why you're having the test, which type of laryngoscope is used, where you're having the test done, and your overall health. **Be sure to talk to your health care provider before having this test so you understand what to expect and ask questions if you're not sure about something.**

Before the test

Be sure your health care provider knows about any medicines you are taking, including vitamins, herbs, and supplements, as well as if you have allergies to any medicines.

You might be asked to stop taking blood-thinning medicines (including aspirin) or some other medicines for several days before the test. You might also be asked not to eat or drink anything for at least several hours before the procedure. Your doctor or nurse will give you specific instructions. Be sure to follow them, and to ask questions if there's anything you don't understand.

Getting the test

Laryngoscopy can usually be done as an outpatient procedure (where you don't need to stay overnight in a hospital).

Depending on the type of test, you might need to lie on your back on a bed or table, or you might be able to sit up. Your mouth (or your nose) and throat will be sprayed first

with a numbing medicine. Less often, you might be asleep (under general anesthesia) for the test.

If you are awake, the insertion of the scope might make you cough at first. This will stop as the numbing drug begins to work.

Flexible laryngoscopy might only take about 10 minutes, but other types of laryngoscopy might take longer, depending on what's being done.

After the test

After the procedure, you will be watched closely for a while to make sure you don't have any complications.

Your mouth and throat will probably be numb for a couple of hours. You won't be allowed to eat or drink until the numbness wears off. Once the numbness is gone, you may have a sore throat, cough (which might contain some blood at first), or hoarseness for the next day or so.

If you had the procedure as an outpatient, you will most likely be able to go home after a few hours, but you might need a ride home because of the medicines or anesthesia you received. Many centers will not discharge people to go home in a cab or a ridesharing service, so you might need someone to help you get home. If transportation might be a problem, talk with your health care provider about the policy at your hospital or surgery center for using one of these services. There may be other resources available for getting home, depending on the situation.

Your doctor or nurse should give you specific instructions on what you can and can't do in the hours after the test.

If biopsies were done as part of the procedure, the results will typically be available within a few days, although some tests on the biopsy samples might take longer. You will need to follow up with your doctor after the procedure to get your results.

Possible complications of laryngoscopy

Laryngoscopy is usually safe, but there is a small risk of:

- Reactions to anesthesia
- Bleeding in the throat
- Infection

- Hoarseness

Your doctor or nurse should give you specific instructions on when you might need to call the doctor's office. Be sure you understand when you should call.

Hyperlinks

1. www.cancer.org/treatment/understanding-your-diagnosis/tests/testing-biopsy-and-cytology-specimens-for-cancer.html

References

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National Cancer Institute. Laryngeal Cancer Treatment (Adult) (PDQ®). 2018. Accessed at <https://www.cancer.gov/types/head-and-neck/patient/adult/laryngeal-treatment-pdq> on November 27, 2018.

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