Panendoscopy
Ear, Nose and Throat Department

We can provide interpreters for a variety of languages, information in larger print or other formats (e.g. audio) - please call us on 01932 723553.
To use the Text Relay service, prefix all numbers with 18001.
Further Information

We endeavour to provide an excellent service at all times, but should you have any concerns please, in the first instance, raise these with the Matron, Senior Nurse or Manager on duty. If they cannot resolve your concern, please contact our Patient Advice and Liaison Service (PALS) on 01932 723553 or email pals@asph.nhs.uk. If you remain concerned, PALS can also advise upon how to make a formal complaint.

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Any further worries?

If you are concerned after the procedure, these please consult your GP, the ward you were admitted to or in an emergency the A&E department at the Royal Surrey County Hospital, Guildford (not St. Peter's or Ashford Hospitals), where we have on call Ear, Nose and Throat (ENT) staff 24 hours a day.

Day Ward, St. Peter's Hospital:  01932 722770
Day Ward, Ashford Hospital:  01784 884127
Royal Surrey County Hospital: 01483 571122
Further information:  http://www.entuk.org/patient_info/

Consultants and Specialists

Miss Pandora Hadfield, Consultant ENT Surgeon
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Panendoscopy

Introduction

A panendoscopy (also called pharyngolaryngo-oesophagoscopy) is a detailed examination of your throat - pharyngoscopy, your larynx (voice box) - laryngoscopy and oesophagus (gullet) - oesophagoscopy, while you are fully asleep under a general anaesthetic.

It is performed if you are having persistent problems with your throat (pain or trouble swallowing) or problems with your voice or breathing. In general it is an investigation to help us identify the cause of your problem but sometimes it is also done as a treatment procedure for example if there is a problem with the vocal cords or narrowing of the upper oesophagus.

Panendoscopy – about the operation

Your surgeon will pass a long metal tube through your mouth to look at the pharynx, larynx and oesophagus (a different tube is designed for each). In addition a microscope or high definition telescopes are often used to make visualisation more accurate. This allows us to look at the inside and identify any problem areas. If we notice any abnormal changes, we will take a biopsy which will be sent away to be analysed.

If there is a polyp or cyst on one of the vocal cords (this will have been identified in clinic and you will have been told this by your surgeon) you will also have a treatment procedure performed at the same time (this is called a microlaryngoscopy) and involves
the delicate removal of the polyp / cyst using specially designed instruments and the use of a microscope or telescope to magnify the surgical area.

If there is some narrowing of the upper oesophagus caused by a stricture or prolonged muscle spasm you may also need a dilatation (stretch) of the oesophagus. Again, this will usually have been identified in clinic and you will be advised of this by your surgeon.

The procedure is quite a short operation and usually takes less than 30 minutes.

**Panendoscopy – after the operation**

After oesophagoscopy, you may find that your throat hurts. This is because of the metal tubes that are used to examine you and also due to the tube that the Anaesthetist used to help you breathe during the procedure. Any discomfort settles quickly with simple painkillers and usually only lasts a day or two.

Some patients feel their neck is slightly stiff after the operation. If you have a history of neck problems, you should inform us about this before your operation.

After oesophagoscopy, some people may not be allowed to eat or drink for a few hours, until your surgeon is happy there have been no complications. You will usually be discharged home within 6 hours after the operation providing no complications have occurred. You may be advised to stay off work for a few days to rest your throat / voice depending on your job – your surgeon will advise you on the exact time period of rest required after the operation and how much time you need to be off work.

**Recognised Complications**

In general, panendoscopy is safe. Very rarely, there is a risk that the metal tubes may chip your teeth. We use a dental guard to help prevent this happening. If your teeth are in a poor state due to advanced dental or gum disease prior to the procedure there is a possibility that a tooth / teeth may become loose.

If a biopsy of the pharynx or oesophagus is taken or the oesophagus needs to be dilated, there is a very small risk of a tear in the lining. This sometimes causes a leak through the wall and if this happens, you will need to stay in hospital and not eat or drink anything. You will then be fed with either a small tube through your nose into your stomach, or through a drip into a vein in your arm. This allows you to get special liquid food, while the leak in the wall heals up. This may take several days.

If the vocal cord has to be biopsied or operated on your voice may become worse as a result of the procedure.

**When will I know what happened?**

Your surgeon will usually be able to tell you what was found, and what they did to help you, on the same day as your operation. If any biopsies were taken, these normally take a week to process in a laboratory. Your surgeon will arrange to see you again for your results.