

OFFICE-BASED (LASER)-PHONOSURGERY

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Office-based procedures with topical anesthesia avoid the risks that come with general anesthesia, and they also avoid the disadvantages that may occur with placement of the laryngoscope in suspension microlaryngoscopy. Furthermore, office-based intervention is mostly offered in an ambulatory setting and thus can help saving costs.

The method of office-based indirect surgery of the larynx is more than one hundred years old, but is rarely chosen as first option to treat patients with laryngeal disorders. However, there is a revival of its use within the last decade. All of the following procedures can be performed in an office-based indirect surgery setting: incision, excision, mobilization, coagulation, vaporization, suction, injection, implantation, and augmentation.

In general, office-based surgery has the advantage of having (i) realistic physiological muscular tension of the vocal folds, (ii) physiological endolaryngeal configuration and (iii) the possibility to immediately assess the voice as a result of intervention and using videostroboscopy.

Many instruments were designed to treat laryngeal problems: cupped forceps, alligators, scissors, needles etc., in various sizes and shapes, for transoral approaches. Tiny instruments are used for flexible transnasal endoscopes. Injection needles as well as laser fibers can be passed and precisely placed into the laryngeal cavity. Procedures can be done alone, however, some interventions requires a third hand (physician or nurse).

Special features

Within the presentation, several additional topics will be covered, e.g. topical anesthesia, sedation, antitussives, atropine, gag reflex control, precaution settings, airway etc. Information will be given about kalium titanyl potassium (KTP) laser interventions. Finally, augmentation with injectables is addressed.

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