

Nasoendoscopy (for Velopharyngeal Dysfunction in Cleft)

鼻內窺鏡檢查 (適用於有顎咽功能障礙的顎裂病人)

What is a Nasoendoscopy?

A nasoendoscopy is a test for the assessment of velopharyngeal dysfunction in cleft patients, in which a doctor examines your nose, throat and voice box.

What is a Nasoendoscope?

A nasoendoscope is a fibre-optic, narrow, flexible tube with light and camera that allows a doctor to see inside your nose, throat and voice box.

Who will need a Nasoendoscopy Assessment for Speech?

Patients with abnormal speech relating to abnormal or inadequate velum (soft palate) closure, e.g. hypernasal speech. The nasoendoscopy allows the real time detailed assessment of this.

Other reasons for nasoendoscopies include clinical suspicion of pharyngeal or tonsillar lesion, e.g. nasal polyp, recurrent nosebleeds, or foreign body lodging in nose or throat.

Alternatives for the Assessment of Velopharyngeal Insufficiency

1. Perceptive speech assessment. It does not provide any anatomical information on the velum closure, which could aid in the subsequent surgical planning.
2. Video fluoroscopic assessment. It involves X-ray radiation and provides an alternative view on the dynamic function of the velum.
3. Dynamic MRI. It does not involve radiation and could potentially provide real time dynamic assessment of the velum closure but may not be widely available

The Procedure

Local anaesthesia is applied at the nostril. While the patient is seated at an upright position, the endoscopist would insert the nasoendoscope through one of the nostrils. It usually takes about 10 to 15 minutes.

When the nasoendoscopy is indicated for the assessment of velopharyngeal insufficiency, it is usually performed in the presence of a speech therapist. The patient may be asked to say specific sounds and to perform certain speech/sound manoeuvres during the assessment.

Risk

Common complications

1. Mild mucosal bleeding (will usually stop spontaneously),
2. Slight soreness in the nose and throat,
3. Sneezing (will usually stop upon withdrawal of the nasoendoscope)

Serious and rare complications

1. Injury to the aero-digestive tract

Contraindications

There are no absolute contraindications for the nasoendoscopy assessment.

1. If you are on blood thinning medications, or if you are suffering from certain syndrome with anatomical variation, you should inform your doctor before the procedure.
2. A young child (less than five years old) may not be able to tolerate the procedure as it has to be performed when the patient is awake (without sedation).

Preparation before the Procedure

Informed consent is obtained from the patient / parents of the minor. Lignocaine (or similar local anaesthetics) soaked gauze is packed into the patient's nostrils for a few minutes for local anaesthetic effect.

Care after the Procedure

Patient is instructed not to drink or eat hot liquid or food until the local anaesthetic effect wears off in about 30 minutes. Some patients may experience mild mucosal bleeding after the procedure, forceful nose-blowing should be avoided.

Follow Up

The doctor and the speech therapist will review the nasoendoscopy video together and the appropriate follow up management (e.g. further speech therapy, surgical intervention) will be arranged.

Remarks

This is general information only and the list of complications is not exhaustive. Other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. For further information, please contact your doctor.