

## **Information for Nasopharyngolaryngoscopy**

### **I. Introduction**

Nasopharyngolaryngoscopy is a procedure performed with a small flexible fiber-optic tube used to examine or take biopsy from the nasal cavity, the pharynx or the larynx. Patients currently suffering from cancers of the upper aerodigestive tract or with a history of these cancers may require nasopharyngolaryngoscopy to assess the extent of disease, obtain tissue for diagnosis, or look for recurrence.

### **II. Procedure**

- The patient is comfortably seated.
- In selected cases, local anesthesia to the nasal passage and the pharynx is applied.
- The doctor navigates the endoscope through the nasal passage to perform the examination.
- Biopsies will be obtained if necessary.
- The doctor may take photos or videos via the endoscope for medical record.

### **III. Risks and Complications / Side Effects**

- Although nasopharyngolaryngoscopy is generally a low risk procedure and is useful in assessing the patient's disease condition, there is a small chance it could cause complications with short-term and long-term consequences on patient's health.
- Risks and complications may include, but are not necessarily limited to the ones listed below. Each patient reacts differently and may experience none, some, or all of the complications to a varying degree of intensity. Our medical and nursing staff will offer appropriate treatment should these complications occur.

#### **Common**

1. Local anesthesia can cause transient numbness and tightness. Patients are advised to stay relaxed.
2. As the scope passes through the nose, patients may feel some minor discomfort or pain. The patient can raise his/her hand to tell the doctor if the procedure becomes too unpleasant.
3. Blood-stained nasal discharge or sputum can last for a few days after the procedure.

#### **Uncommon/Rare**

1. Severe nose bleeding.

2. Injury and perforation of the aerodigestive tract.
3. Aspiration.
4. Anaphylaxis to anesthetic agent.

#### **IV. Before the Nasopharyngoscopy / Preparations Required**

- Doctor explains the examination procedures to patient and patient needs to sign the consent form.
- Patients should inform doctor of any known drug allergies, bleeding risks, or if they are taking any blood-thinning drugs for other medical conditions. After further assessment, doctors may ask patients to stop blood-thinning drugs a few days before procedure.
- Fasting is not required unless pre-specified by medical staff.
- Dentures and glasses should be removed before procedure.

#### **V. After the Nasopharyngoscopy**

- The patient may usually leave after a short period of rest. Please inform our staff if there is any discomfort during the rest.
- It is recommended to have family members or relatives to accompany patient leave the clinic after the procedure.
- As the effect of local anesthesia will persist for about an hour, patients should remain fasted until anesthesia has worn off.
- If biopsy has been taken, patients are advised not to pick or blow their noses, clear the throat forcefully, perform nasal douching, perform any strenuous exercise or heavy lifting in the few days.
- Please follow doctor's instructions on resuming blood-thinning drugs after biopsy (if applicable).
- If there is difficulty in breathing, prolonged or severe bleeding, or other problems after leaving the clinic, please seek urgent medical attention at the nearest location.

#### **VI. Follow-up**

Please attend your follow-up appointment as scheduled after the endoscopy.

#### **VII. Remarks**

The list of complications is not exhaustive and other unforeseen complications may occasionally occur. The risk of some complications may actually be higher for certain patient groups. For further information, please contact your doctor.