MICROLARYNGOSCOPY AND ENDOLARYNGEAL MICROSURGERY

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PROF & HEAD ORL
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DIAGNOSTIC MODALITIES

- INDIRECT LARYNGOSCOPY
- DIRECT LARYNGOSCOPY
- MICROLARYNGOSCOPY
- FLEXIBLE LARYNGOSCOPY
- VIDEO LARYNGOSCOPY
- STROBOSCOPY
INDICATIONS

- PRECISE ASSESSMENT OF BENIGN AND MALIGNENT LESIONS
- PRECISE ASSESSMENT OF VOCAL FUNCTIONS IN CORD PALSY
- ACCURATE ASSESSMENT OF POST INTUBATIONS SUBGLOTTIC STENOSIS

Cont..
INDICATIONS

- APPROACHES TO --
- ELECTOCOAGULATION.
- LASER THERAPY.
- CRYOTHERAPY.
- TEFOLON, FAT INJECTIONS IN UNI’LATERAL CORD PALSY
CONTRAINDICATIONS

- CARDIO-PULMONARY DISEASE.
- RECENT INFARCT.
- AORTIC ANEURYSM.
- BRADYCARDIA.
- BLEEDING DIATHESIS
MLS-TECHNICALLY DIFFICULT

- ANKYLOSING SPONDYLITITIS
- FRACTURE OF CERVICAL VERTEBRA
- MANDIBULAR DEFORMITIES
- SHORT NECK
- SEVERE TRISMUS
INVESTIGATIONS

- BLOOD CYTO, COAGULOGRAM
- BSL, UREA CREATINE, HIV,
- ULTRASOUND
- ELECTROMYOGRAPHY
- STROBOSCOPY
- RADIOLOGY, TOMOGRAPHY
- CT SCAN AND MRI
TECHNIQUE IN MLS

- GENERAL ANAESTHESIA
- USE SPECIALLY DESIGNED MLS END.TUBE
- INTRALARYNGEAL 10% XYLOCAINE SPRAY
- SUPINE POSITION WITH NECK EXT.
- PRINCIPALLY TWO INSTRUMENTS SHOULD BE USED, ONE FOR GRASPING AND ONE FOR CUTTING
- AVOID PLUCKING, TEARING, NIPPING OF VOCAL PATHOLOGY

Cont..
MLS- TECHNIQUE

- EXPOSE COMPLETE LARYNX
- VIEW ANT.COMM., VOCAL CORDS, ARYTENOIDS, VOCAL PROCESS AND SUBGLOTTIS
- ADJUST SUSPENSION LARYNGOSCOPE WITH CHEST SUPPORT
- PROCEED FOR SURGERY MLS

Cont..
ENDOLARYNGEAL - LESIONS
VOCAL - REHABILITATION

- VOICE REST
- BREATHING EXERCISES
- RELAXATION EXERCISES
- ELECTRIC STIMULATION
- AVOID WHISPERING
- STEAM INHALATIONS
- COUGH SUPPRESSANTS
- VOICE THERAPY ONLY AFTER 1 WK
Thank you