

Vocal Cord Surgery

Information Brochure

Please keep this as a reference for after surgery

Indications:

Vocal cord paralysis is a common disorder that involves a loss of movement in one or both of the vocal cords. When a vocal cord does not open or close properly, the airway is left open which can allow food or liquids to slip through. This causes difficulty swallowing, coughing and increased breathing, hoarse/breathy or weak voice, and often occurs after neck or throat surgery. The cause of vocal cord paralysis is often not known, but some cases may be a result of: vocal cord injury, neck or chest injury, stroke, viral infection, tumors, and inflammation.

Vocal cord paralysis can be diagnosed through physical examination and a series of diagnostic tests such as a fiberoptic laryngoscope. Treatment for vocal cord paralysis depends on the cause, severity and length of the condition. Some patients recover from this condition with no treatment, while others may require voice therapy or surgery. Voice therapy works to strengthen the vocal cords and keep the airway protected, while surgery repositions the vocal cord to improve the voice and swallowing. Speech therapy may be recommended after surgery to help the patient get used to the changes.

Thyroplasty with Vocal Cord Medialization:

A thyroplasty involves permanently placing a silastic (soft plastic) implant through an external incision to move the vocal cord into proper position. The incision is over the side of the thyroid cartilage and the implant is placed through a small opening made into the cartilage. This is usually performed under local anesthesia as an outpatient procedure.

Vocal Cord Injection:

The vocal cord can be injected using a long needle inserted through the mouth or sometimes directly through the neck skin. This is usually done under general anesthesia as an outpatient procedure, but can be done awake in the office. The injection repositions the vocal cord to improve the voice and swallowing. The material injected can be dissolvable if the vocal cord paralysis is expected to resolve in less than 6 months or more permanent if it is not expected to resolve.

Evaluation Prior to Surgery:

Voice and swallowing problems can be evaluated with a physical exam, fiberoptic laryngoscope, radiographic swallowing studies. Often speech therapy is required before and after surgery. A neurologist or gastroenterologist may also be consulted.

Risks and Complications:

The main risk of the procedure is failure to significantly improve the voice and swallowing. There will almost always be some improvement, but other factors affect voice and swallowing and could limit the results of the procedure. Other risks include infection, bleeding, post-operative difficulty breathing, the need to remove the implant, and anesthesia risks.

In the Days/Weeks After Surgery:

After surgery, most patients are able to return to work within five days. Expect discomfort, especially on swallowing, for a few days after your procedure. Use Tylenol or your prescription pain medication

if needed. Also, a soft diet (liquids as desired, scrambled eggs, ice cream, etc.) may be more comfortable for you the first few days after your procedure. **NO SMOKING OR ALCOHOL!**

After any vocal cord surgery, expect hoarseness for several days to several weeks. **DO NOT SPEAK** for at least **five days**; then use your voice minimally for one to two weeks after the procedure.

Excessive coughing or attempts to “clear” your throat will only make the hoarseness worse, as does whispering or forcing your voice. Drinking extra liquids or using lozenges may help with some of the hoarseness. Some patients may require voice therapy after surgery, which can aid in the healing process and will help patients learn to talk in a manner that won't cause further damage to the vocal cords.

If you have any questions or problems, call the office at (806) 791-0188.