

Examining your larynx and vocal cords in the speech and language therapy led voice clinic

You have been asked to attend the speech and language therapist led voice clinic for an examination of your larynx (voice box) and vocal cords. This leaflet has been given to you to help answer some of the questions you may have.

Please note that if you have a cold, cough or sore throat on the day of your appointment, the examination cannot be carried out, so please contact the speech and language therapy department at Guy's Hospital to reschedule your appointment (contact details are at the end of this leaflet).

What happens during the examination?

There are two ways to carry out the examination. Your speech and language therapist (SLT) will discuss with you which is best for you:

- **Rigid endoscopy** – A small camera is attached to a narrow, rigid telescope called an endoscope, put into your mouth and slowly moved to the back of your tongue so we can see your larynx.
- **Flexible nasendoscopy** – A thin, flexible tube called a nasendoscope with a small video camera on the end is passed into your nostril and gently backwards so that we can see your larynx.

When the scope is in place you will be asked to say “ee” several times. You may be asked to trial some voice therapy techniques to help plan your treatment.

The video camera records the view of your vocal cords moving. This is on a screen which we will show you, if you wish, afterwards.

You may already have had this type of investigation at your first ear, nose and throat (ENT) examination.

What are the benefits of having the examination?

This examination allows you and your SLT to look at your vocal cords and see how you are using them to produce your voice. As a result, the SLT may be able to recommend things you can do to help your voice. If you have been receiving speech and language therapy, it is also a useful way to review your progress.

Are there any risks?

With nasendoscopy, some people have reported:

- A feeling of light headedness.
- Nose bleeds.
- Coughing and spasm of the vocal cords.

These risks occur in less than 1 in every 100 people and even less with rigid endoscopy. Any effects are temporary and should not last more than a minute or two.

Are there any alternatives?

There is no other way for your voice clinic team to get this level of information about your vocal cords.

We want to involve you in all the decisions about your care and treatment. If you are unsure or have questions at any time, please let us know.

Will it hurt?

The endoscope/nasendoscope may feel a little uncomfortable but it should not hurt. Sometimes, if you have a strong gag reflex or if your nose is particularly narrow, it can feel more uncomfortable. If this is the case, some local anaesthetic spray can be applied to your throat or the entrance to your nose. This numbs the area so you do not feel anything. The numbness will last for about 30 minutes.

The examination works best if you are relaxed and continue to breathe normally throughout.

How long will the examination take?

It should not take more than 10 minutes. You will have the opportunity to look at your vocal cords and discuss plans for future management of your symptoms and treatment. The whole session may take up to 20 minutes.

Contact us

If you have any questions or concerns please contact the **speech and language therapy department** at Guy's on **020 7188 6233** or St Thomas' on **020 7188 6246**.
(Monday to Friday, 9am-5pm)

Your comments and concerns

For advice, support or to raise a concern, contact our Patient Advice and Liaison Service (PALS). To make a complaint, contact the complaints department.

t: 020 7188 8801 (PALS) **e:** pals@gstt.nhs.uk
t: 020 7188 3514 (complaints) **e:** complaints2@gstt.nhs.uk

Language and Accessible Support Services

If you need an interpreter or information about your care in a different language or format, please get in touch:

t: 020 7188 8815 **e:** languagesupport@gstt.nhs.uk

Leaflet number: 1673/VER5

Date published: March 2017

Review date: March 2020