



**Dr Iain Butler**  
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## **PATIENT INFORMATION – AIRWAY AND VOICE SURGERY**

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This document serves as a detailed information document for patients and families of patients who are undergoing a surgical procedure on the upper airway (trachea and subglottic region of the airway), including the voice box (larynx).

This document is not a substitute for a detailed discussion with Dr Butler regarding your/your family member's specific procedure but serves as a reminder of the points that have been discussed in the consultation. Should anything be unclear, or require further explanation, please discuss this with Dr Butler.

### **Background**

The larynx (voice box) is situated behind and below the back of the tongue, and in front of the oesophagus (tube for the passage of food from the throat to the stomach). The primary role of the larynx is to act as a sphincter (like a gate) to prevent food and liquid from entering the lungs. It also forms part of the airway connecting the throat and nose to the lungs. Sound production is a secondary function. The parts of the larynx which produce sound are the vocal folds (or vocal cords) which together are known as the glottis. The portion of the larynx above the vocal cords is known as the supraglottis and the area below is known as the subglottis. The subglottis leads down into the trachea, which is the tube which carries air down into your lungs.

When we speak, the vocal cords vibrate against each other, which causes the air in the throat and mouth to vibrate. Changes in the position of the tongue, soft palate and lips causes the production of the vowel and consonant sounds which make up words.



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## Care of the voice

This is important before and after any surgery of the voice or airway to optimize results.

1. Rest the voice: Talk softly, but do not whisper as a forced whisper is just as traumatic to the vocal cords as shouting. Talk only when necessary. Do not sing. This is especially important for the first week after surgery; thereafter, you can gradually increase the amount and range of speaking and singing.
2. Make sure that the nose is as clear as possible. Good nasal function provides warm, humidified, filtered air for the voice box and upper airway. This assists with maintaining the health of the lining of the vocal cords and airway and reducing inflammation. Please use any nasal sprays which have been prescribed by Dr Butler and inform him of any 'over-the-counter' nasal sprays you may be using already. Avoid smoke (cigarette, e-cigarettes, hubbly or vapes), irritating fumes, or air-conditioned rooms. Humidifiers are acceptable, but not necessary for those people living at the coast.
3. You will probably be prescribed medication to reduce the possibility of acid reflux affecting the upper airway and voice box. The sensation of heartburn or indigestion does not have to be present for there to be significant acid reflux which has a major inflammatory effect on the voice box and upper airway. Avoid spicy food and carbonated soft drinks, reduce caffeine and alcohol intake. Avoid eating and drinking for 2 hours before lying down. Elevation of the head of the bed by a few centimetres is useful for reducing passive reflux while sleeping.
4. Avoid coughing or non-essential throat-clearing. These are extremely traumatic to the tissues of the voice box and are to be avoided.



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## Post-operative risks, complications, and care

Surgery to the voice box and upper airway is potentially life threatening. This is because severe swelling of the tissue in these structures could completely obstruct the airway, requiring emergency airway surgery to save the patient's life. The risk does depend on the existing problem, and the surgery being undertaken. The kind of emergency intervention in such cases could range from an emergency intubation (the placement of a tube down the throat and through the voice box to restore the airflow), cricothyroidotomy or tracheostomy (a surgical emergency airway through the neck and into the trachea). These are almost always temporary but will result in a scar in the neck.

Certain airway procedures may be performed as day-surgery cases. This means that you are admitted to hospital, undergo the procedure, and are discharged from hospital on the same day. However, most airway surgeries will require an overnight stay in hospital. By law, you are not allowed to drive yourself home after having undergone a general anaesthesia, so please make arrangements for someone to fetch you from the hospital.

## Typical post-operative risks or side effects include the following:

1. Pain and discomfort in the neck and throat (this may sometimes extend up to the ears due to 'referred pain')
2. Discomfort on swallowing
3. Voice changes (hoarseness, breathiness of the voice)
4. A feeling of obstruction to your breathing
5. Some minor bleeding (seen in the saliva or sputum)

## Post-operative medication

Continue using all chronic medication before and after surgery except for any medication that 'thins' the blood or is an anti-coagulant. These will usually be stopped 10 days prior to the surgical procedure but may be started again 8 hours after surgery unless you are specifically told not to resume their use.

Medication for pain (analgesics) will be prescribed. Please take as directed to minimize your post-operative pain.



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Medication to reduce acid reflux will be prescribed in most cases. These will normally be required for 3 months post-operatively.

If you have any questions, please bring them to the attention of Dr Butler at any stage of the management of your condition.

Kind regards.

Dr Iain Butler

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SIGNATURE OF PATIENT/  
PARENT/GUARDIAN

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DATE