

Office-based procedures in laryngology

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ABSTRACT

Introduction: The practise of applying local analgesia to the vocal folds as an in-office procedure in the clinic setting has been done decades ago, since 1969. The practise has made a comeback for the past few decades using local anaesthesia with short half-life and wide margin of safety, such as lidocaine. **Methods:** Discussion and demonstration of office-based laryngotracheal procedures such as tracheoscopy, bronchoscopy, biopsy of suspicious airway pathologies, intralesional steroid injections as treatment for vocal fold granulomas, usage of lasers to treat benign or even precancerous laryngeal lesions and balloon dilatation for laryngotracheal stenosis will be presented. **Results:** Many diagnostic and therapeutic laryngotracheal procedures can be done with ease in the clinic without subjecting patients to general anaesthesia. This definitely saves time and cost for both patients and our health service. In addition it is a safe option to treat patients with multiple comorbidities at high risk for general anaesthesia. **Conclusions:** Office-based procedures in laryngology have numerous benefits to both patient and surgeon. The technique is reproducible, able to be done by any ORL surgeon trained to perform them with the right technique taking the right precautions.

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Upper airway anaesthesia

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ABSTRACT

Introduction: The sensory receptors of the nasal passages, tongue base, supraglottis and glottis protect the lower airway from offending particles by initiating gag and cough. Obtunding these reflexes by applying local analgesia to these passages can potentially allow visualization and intervention to the supraglottis, glottis and subglottis. **Methods:** This review will highlight the techniques described in the literature for in-office upper airway anaesthesia. It will compare the different techniques and highlight our local 10-year experience (2008-2018) in its efficacy in performing various office interventions in laryngology. **Results:** Data confirms that upper airway anaesthesia is safe with no life-threatening complications. It is given to have better visualization of the lower airway, making the need for examination under anaesthesia obsolete. Additionally, it has been used locally for several office interventions including botulinum toxin and steroid laryngeal injections as well as vocal fold medialization. **Conclusion:** Upper airway anaesthesia is a prerequisite in office laryngological interventions.