



Manchester University  
NHS Foundation Trust

# Royal Manchester Children's Hospital

## Paediatric Otorhinolaryngology (ENT)

# Airway assessment and endoscopic treatment

Information for Parents, Carers and Patients

**Consultant:**

**Tel:**





## What does an airway assessment involve?

An airway assessment can be referred to as a direct laryngo-tracheo-bronchoscopy (DLTB), micro-laryngo-bronchoscopy (MLB) or rigid airway endoscopy. It is an examination that allows the ENT doctor to look into your child's airway using a small camera (endoscope). This allows them to assess your child's airway from the level of the voicebox (larynx) all the way to where the windpipe (trachea) divides into the lungs (bronchi).

## Why do we do an airway assessment?

In general it is because your child is having breathing problems such as noisy breathing, working hard to breathe, coughing or choking. Visualising the airway will help the medical team to establish a cause.

Depending on the cause found during the assessment, the doctor may also carry out a procedure endoscopically (internally) on the airway at the same time. This is referred to as microsurgery. The possibility of any endoscopic treatment will have been discussed with you in clinic or on the day of surgery before it is carried out (unless in a rare emergency situation).

## What happens before the procedure?

Your child will be reviewed in the outpatient clinic or on the ward depending on their circumstances. If an airway assessment is felt to be necessary, your doctor will explain this to you. They will go through the risks and potential complications of the procedure and answer any questions you may have. A written consent form will then be provided to you to sign at that time.





## What will happen on the day of the procedure?

Information about how to prepare your child for their operation will be included in their admission letter. It is important to follow these instructions. Failure to do so may result in the procedure being delayed or cancelled.

Your surgeon will speak to you again on the day of surgery to once again go through the procedure, risks and complications with you and to answer any questions you may have following your clinic/ward review. As the airway assessment is performed under a general anaesthetic, your child will also be reviewed by an anaesthetist on the day of surgery. They will be able to answer any questions you may have relating to the general anaesthetic.

Once the general anaesthetic has been given, your child's larynx will be sprayed with a local anaesthetic. Once this has been done, your surgeon can then pass the endoscope and proceed to assess your child's airway

## What are the benefits of an airway assessment and are there any alternatives?

Although doctors can tell a lot from other tests, this assessment gives them the opportunity to directly examine your child's airway. It also allows them the option of carrying out treatment at the same time if this is required.

## What are the risks of an airway assessment?

An airway assessment is usually a straightforward procedure. However, all surgery carries some risks. The specific complications of any anticipated endoscopic treatment will have been discussed with you by your child's surgeon beforehand. In general, the risks associated with an airway assessment include:

- trauma to the teeth, lip or soft palate caused by the instruments used to assess the airway
- on occasion, the airway can swell as a result of the assessment and breathing may worsen but this is temporary





- it is possible that more than one airway assessment (with or without endoscopic treatment) may be required depending on your child's condition
- there is a very small risk with any anaesthetic. However, modern anaesthetics are very safe.

## How long will the procedure take?

The procedure itself usually takes around 20 minutes. However, it may take a little longer if further endoscopic treatment is required. Afterwards, your child will go to the recovery room.



## What will my child be like afterwards?

Your child will recover from the anaesthetic in the recovery room and then be taken to the ward. It is not uncommon for children to be a little tired and disorientated after a general anaesthetic. Occasionally they may complain of a sore throat. The doctors may prescribe some Paracetamol if this is the case.

Your child can eat and drink once they are awake enough from the general anaesthetic and the local anaesthetic to the vocal cords has worn off. This is usually two hours from the start of the procedure. A nurse on the ward will advise you when it is safe to do so.

Your surgeon will speak to you again following the procedure to explain their findings to you. If no additional endoscopic surgery has been performed, your child can normally go home the same day. Some children have to stay overnight to be monitored if they are younger than six months, if they have had some form of endoscopic treatment or if there are any other medical problems requiring an overnight stay.

Follow up will be arranged by the ENT team if required and you will be sent a letter with an appointment for your child.





## Is there anything I need to watch for when my child goes home?

If you notice any of the following symptoms, please contact the ward from which your child was discharged for further advice:

- difficulty breathing
- increasingly noisy breathing
- difficult eating or drinking
- coughing or choking when eating or drinking
- high temperatures

## Covid and surgery

It is likely that having an operation while carrying the Covid-19 virus causes an additional risk of developing complications. How much of a risk this is in children remains unclear. Whilst we are awaiting more details around this, we have taken precautions both prior to admission as well as during hospital stay to limit the risk of Covid-19 in the peri-operative period.

## Questions

We understand that there may be questions that either you or your child would like answering. Most of us forget what we were going to ask the doctor or the nurse.

Please write your questions below.

---

---

---

---

---





## No Smoking Policy

Please protect our patients, visitors and staff by adhering to our no smoking policy. Smoking is not permitted in any of our hospital buildings or grounds, except in the dedicated smoking shelters in the grounds of our Hospital site.

For advice and support on how to give up smoking, go to [www.nhs.uk/smokefree](http://www.nhs.uk/smokefree).

## Translation and Interpretation Service

**It is our policy that family, relatives or friends cannot interpret for patients.** Should you require an interpreter ask a member of staff to arrange it for you.

تتص سیاستنا علی عدم السماح لافراد عائلة المرضى او اقاربهم او اصدقائهم بالترجمة لهم. اذا احتجت الی مترجم فیرجی ان تطلب ذلك من احد العاملين لیرتب لك ذلك.

بماری یہ پالیسی ہے کہ خاندان ، رشتہ دار اور دوست مریضوں کے لئے ترجمہ نہیں کر سکتے۔ اگر آپ کو مترجم کی ضرورت ہے تو عملے کے کسی رکن سے کہیں کہ وہ آپ کے لئے اس کا بندوبست کر دے۔

ইহা আমাদের নীতি যে, একজন রোগীর জন্য তার পরিবারের সদস্য, আত্মীয় বা কোন বন্ধু অনুবাদক হতে পারবেন না। আপনার একজন অনুবাদকের প্রয়োজন হলে তা একজন কর্মচারীকে জানান অনুবাদকের ব্যবস্থা করার জন্য।

Nasze zasady nie pozwalają na korzystanie z pomocy członków rodzin pacjentów, ich przyjaciół lub ich krewnych jako tłumaczy. Jeśli potrzebują Państwo tłumacza, prosimy o kontakt z członkiem personelu, który zorganizuje go dla Państwa.

Waa nidaamkeena in qoys, qaraaboamasaaxii boaysanu tarjumikarinbukaanka. Haddiiaad u baahatotarjumaankacodsoxubinka mid ah shaqaalahainaykuusameeyaan.

我们的方针是，家属，亲戚和朋友不能为病人做口译。如果您需要口译员，请叫员工给您安排。



[www.mft.nhs.uk](http://www.mft.nhs.uk)

© Copyright to Manchester University NHS Foundation Trust

TIG 100/17 Produced October 2017 Review Date October 2018 (SF Taylor CM17403)

