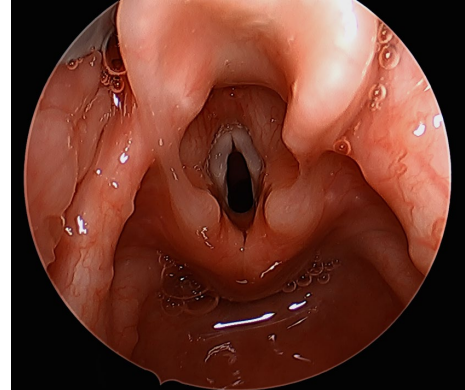


## Airway Evaluation

Includes Microlaryngoscopy, Bronchoscopy

### Treatment

- Both rigid and flexible instruments and telescopes are used to provide a complete evaluation of the upper airway from the tip of the nose to the mainstem bronchi as they branch off from the windpipe and head towards the lungs
- These instruments go past the lips, the teeth, the back of the throat and tongue, down to the vocal cords and below to the trachea.
- This procedure requires general anesthesia for the comfort and safety of your child.
- Using these telescopes and microscopes we may be able to offer specific treatments to the airway that do not require any external incisions. For example, balloon dilation is often helpful for children with narrowing of the trachea below the vocal cords i.e. subglottic stenosis.



What should we expect after airway evaluation?

- Your child may have an irritated or sore throat for 1-2 days following the procedure. Cool fluids may provide comfort.
- If the procedure was purely diagnostic, your child may return to school or daycare the following day.
- If the procedure offered treatment as well, your child will usually be observed in the hospital overnight.
- There are no general restrictions on diet or activity unless specifically discussed with your physician following the procedure.

What are some reasons we should contact our doctor after surgery?

- Minor throat irritation is common after airway evaluation. Contact your physician if your child has a persistent cough lasting more than 3 days, pain not relieved with Tylenol or Motrin, or any worsening in noisy breathing and/or work of breathing.