

LMU

DeBusk College of Osteopathic Medicine
LINCOLN MEMORIAL UNIVERSITY



Introduction to the Scope Procedure



Introduction

- ▶ Indications for Procedure
- ▶ Instruments and Equipment
- ▶ Techniques and Tips

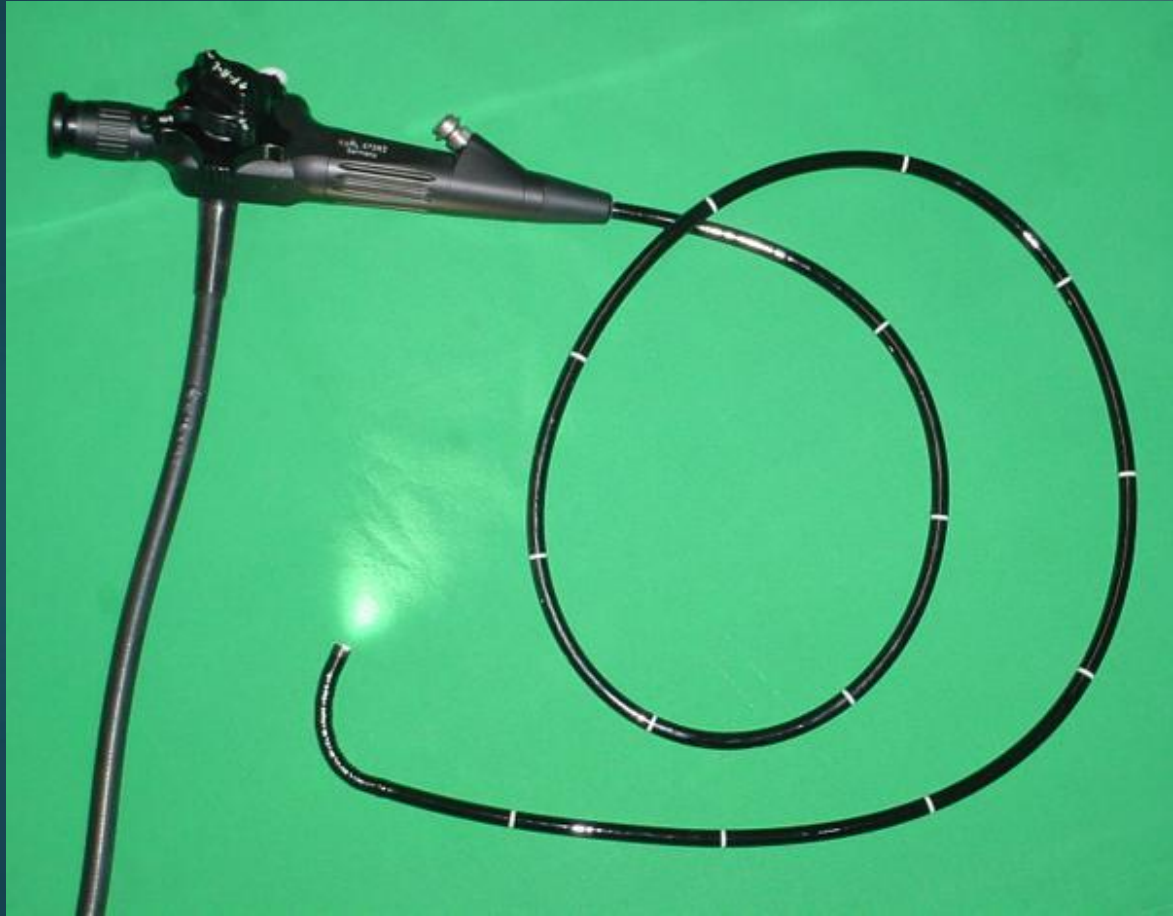
Indications for Procedure

- ▶ Hoarseness, dysphonia, or voice changes
- ▶ Smoking History with other complaints
- ▶ Pain-especially unilateral otalgia, dysphagia, odynophagia
- ▶ Assess vocal cord mobility (paralysis or other abnormal movements)
- ▶ Assess for reflux signs (post cricoid edema and erythema)
- ▶ *Inability to adequately examine area during normal exam (gag reflex)

Equipment

- ▶ Flexible Scope
- ▶ Light cord
- ▶ Light source
- ▶ Anesthetics and decongestants
- ▶ Anti-fog
- ▶ Cleaning supplies

Flexible scope and Light Cord



Scopes



Light source



Medications

- ▶ Afrin, neosynephrine
- ▶ Lidocaine (most common 4% topical)
- ▶ Cocaine- too expensive
- ▶ Tetracaine or pontacaine- shelf life considerations, compounded

Medication Delivery



Anti-Fog



Cleaning Supplies



Cleaning scope

Clean length of flexible scope with an enzymatic detergent solution like ENZOL® to remove debris and reduce bacterial burden before instruments are disinfected or sterilized Be careful scrubbing end of scope

Soak flexible scope in a glutaraldehyde solution like Cidex® which provides quick high-level disinfection. Times may vary but at least ten minutes.

Procedure

- ▶ Determine indications and document
- ▶ Explain procedure to patient and reasons why you wish to perform it
- ▶ Informed consent-risks, benefits also there may be cost associated with it!
- ▶ Document procedure during or after. Consider time out depending on your facility
- ▶ Personal protective gear and infection control precautions.
- ▶ Anesthesia- you may consider spraying patient ASAP after you decide to do the procedure and have confirmed ALLERGIES.

Technique and Tips

- ▶ Patient position
- ▶ Inspect anterior nasal cavity
- ▶ Generally recommend holding body of scope and drive with your dominant hand and use other to brace tip at nares.
- ▶ Have patient breathe through mouth at first, can have patient swallow if having difficulty passing beyond nasopharynx
- ▶ Swallowing can clean scope also
- ▶ Have patient say “eeeeee” to help assess vocal cords, puff cheeks to assess pyriform sinuses

Techniques and Tips

- ▶ Withdrawal the scope while still viewing
- ▶ Confirm with patient that you are done and make sure they tolerated it well.
- ▶ Document procedure
- ▶ Secure scope for cleaning.

Patient Positioning

- ▶ Seated upright, neutral position, some may prefer sniffing position

