NHS
Royal Cornwall Hospitals
NHS Trust

Your child's microlaryngoscopy and bronchoscopy

affix patient label

What is a microlaryngoscopy and bronchoscopy (MLB)?

An MLB is an investigation of the airway using a long, thin rigid rod called an endoscope, containing a light and a tiny camera. The camera will be able to look at your child's voice box (larynx) and the main passages into their lungs, including the windpipe (trachea) and bronchus.

Why does my child need this?

An MLB will help the medical team to establish a cause of their airway / breathing problems. It may allow for certain therapeutic procedures to be performed at the same time. The surgical team will discuss these with you.

Are there any alternatives?

Although the doctors can tell a certain amount from other tests, an MLB can give them a fuller picture of your child's condition.

What happens before the procedure?

Information about how to prepare your child for the operation is included in your admission letter. Your child will be seen at the pre-operative assessment clinic to determine if further investigations are needed.

On the day of the operation, the anaesthetist will come and see you before the operation to discuss the anaesthetic with you. You will be able to ask them any questions you may have about the anaesthetic. A member of the surgical team will also see you. This is usually the surgeon that will perform your operation. Feel free to ask any questions you have about the operation or what will happen afterwards. The surgeon may examine your child again. They will also check that the consent form has been completed and signed.

Despite our best efforts to perform your operation on the day as planned, we have no control over bed availability in the hospital. Occasionally, we may not be able to perform the operation on the date and time planned, and this may not be apparent until a patient has already arrived at the hospital – please be prepared for all eventualities.

What happens during the procedure?

An MLB is carried out under general anesthesia. This means your child will be asleep throughout the procedure. You will be allowed to stay with your child in the anaesthetic room until they are asleep. After the general anesthetic has been given, the surgeon will then insert the telescope into your child's airway through the mouth. The doctor can now look at your child's upper airway.

It can take some time for the procedure to be carried out, as the doctors will want to try and see as much of the airway as possible, to help them make their diagnosis. This may take up to an hour. An MLB is usually carried out as a day case. Occasionally a child will need to be observed overnight and be discharged the next day, if the child is stable.

Will the doctor do anything else?

In some cases, the doctor will also ask for your permission to carry out surgical procedures using a laser or endoscopic instruments at the time of the MLB. This will be discussed with you prior to the surgery and no procedure will be carried out without your consent (unless in a rare emergency situation). In the majority of MLB cases in this hospital we do not carry out additional surgical procedures. It is only a diagnostic procedure for most patients.

What happens afterwards?

Your child may not be able to drink or eat anything for one hour after the procedure. This is because a local anaethestic spray may have been used. This effect lasts roughly one hour and will numb the throat. The recovery staff will be able to let you know about this on the day of the procedure.

Your nurse will make regular checks of your child's pulse and temperature. They will also make sure your child has adequate pain relief until they are discharged home. We do encourage you to stock up on simple over the counter analgesia at home, such as paediatric paracetamol and ibuprofen, to use after you go home (if there are no allergies).

Your child cannot go home on public transport after a general anaesthetic. You will need to take them home by car. This will be more comfortable for them, and also quicker for you to return to the hospital if there are any complications on the journey home.

Occasionally, the anaesthetic may leave your child feeling sick for the first 24 hours. The best treatment for this is rest and small, frequent amount of fluid, toast or biscuits. If they are sick and this continues for longer than 24 hours, please contact your GP.

As this procedure is, in most cases, only for diagnosis, your child's original symptoms may persist after the procedure, and your surgeon will explain what management they will need to help their symptoms.

Will my child need any follow up?

This will depend on the clinical condition and the examination findings. Your doctor will be able to advise you after the procedure.

Are there any risks or complications?

As with all procedures, there are risks from having this operation:

General risks

Following their procedure and anaesthetic, most children recover quickly and are soon back to normal. Some children may suffer side effects like sickness or a sore throat. These usually last only a short time and there are medicines available to treat them if necessary.

The exact likelihood of complications depends on your child's medical condition and on the nature of the surgery and anaesthetic your child needs. The anesthetist can talk to you about this in detail before the procedure.

Risks specific to MLB

- **Airway swelling** – this can occur from irritation, or rarely trauma, from the telescope passing through the narrow airway passages. This may require your child to stay in hospital until the swelling settles. In some children who are at higher risk we will plan for an overnight bed in advance and you will be informed of this at the pre-assessment review.
- **Trauma to teeth, lips and gums** – please inform us of any loose teeth or dental work that your child has had performed.
- **Bleeding** – serious bleeding is a very rare complication but is more likely if a biopsy (sample of tissue) has been taken during the procedure.

- **Hoarse voice / sore throat** – this may occur temporarily after the operation due to irritation of the voicebox and throat but is likely to settle within a few days. Avoiding straining the voice or shouting will help it recover more quickly. At the time of discharge home, your surgeon may recommend painkillers to help with pain and swelling.
- **Perforation** – there is a very rare but potentially serious risk of causing injury to the upper airway or wind pipe.

Contact us

If you have any administrative queries please contact your consultant's secretary via the hospital switchboard on 01872 250000.

If you would like this leaflet in large print, Braille, audio version or in another language, please contact the General Office on 01872 252690

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CONSENT FORM 2
PROCEDURE SPECIFIC PARENT / PERSON WITH PARENTAL RESPONSIBILITY AGREEMENT

NHS number: .....
Name of patient: .....
Address: .....
Date of birth: .....
CR number: .....

AFFIX PATIENT LABEL

Child's microlaryngoscopy and bronchoscopy (MLB)

Additional procedures

STATEMENT OF HEALTH PROFESSIONAL (to be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy)

I have explained the procedure to the child and their parent(s) / person with parental responsibility.
In particular, I have explained the intended benefits and summarised the risks, as below:

- *Diagnosis +/- treatment.*

Significant, unavoidable or frequently occurring risks:

- *Post-operative pain, bleeding, hoarse voice, damage to teeth / lips / gums, need for further treatment*

Uncommon but more serious risks:

- *Airway swelling, which may need additional hospital stay and intervention*
- *Perforation.*

Any extra procedures which may become necessary during the procedure (with associated risks):

- *Other (please specify):*

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this child and their parent(s) / person with parental responsibility.

I have given and discussed the Trust's approved patient information leaflet for this procedure: Child's microlaryngoscopy and bronchoscopy (MLB) CHA4645 which forms part of this document.

I am satisfied that this child and their parent(s) / person with parental responsibility has the capacity to consent to the procedure.

This procedure will involve: ☐ General and/or regional anaesthesia ☐ Local anaesthesia ☐ Sedation

Health Professional signature: ..... Date: .....

Name (PRINT): ..... Job title: .....

STATEMENT OF INTERPRETER (where appropriate)

I have interpreted the information above to the child and their parent(s) / person with parental responsibility to the best of my ability and in a way in which I believe they can understand.

Interpreter signature: ..... Name (PRINT): ..... Date: .....

CHA4645 V1
Printed 02/2022 Review due 02/2025

affix patient label

STATEMENT OF PARENT / PERSON WITH PARENTAL RESPONSIBILITY

Please read this form carefully. If your treatment has been planned in advance, you should already have a copy of the patient information leaflet which describes the benefits and risks of the proposed treatment. If not, you will be given a copy now. If you have any further questions, do ask - we are here to help you and your child. You have the right to change your mind at any time, including after you have signed this form.

I agree to the procedure or course of treatment described on this form and **I confirm** that I have 'parental responsibility' for this child.

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.

I understand that my child and I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of the situation prevents this. (This only applies to children having general or regional anaesthesia).

I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save the life of my child or to prevent serious harm to his or her health.

I understand that tissue samples will only be taken in relation to the procedure explained to me. No samples will be taken for quality control, clinical education or research purposes.

I have been told about additional procedures which may become necessary during my child's treatment. I have listed below any procedures **which I do not wish to be carried out** without further discussion.

.....

I have received a copy of the Consent Form and Patient Information leaflet: Child's microlaryngoscopy and bronchoscopy (MLB) CHA4645 which forms part of this document.

Signature: ..... Name (PRINT): ..... Date: .....

Relationship to child: _____

A **witness** should sign below if this patient is unable to sign but has indicated his or her consent.

Witness signature: ..... Name (PRINT): ..... Date: .....

Child's Agreement to Treatment (if child wishes to sign)

I agree to have the treatment I have been told about.

Child's signature: ..... Name (PRINT): ..... Date: .....

CONFIRMATION OF CONSENT (to be completed by health professional when the child is admitted for the procedure, if the parent / person with parental responsibility / child has signed the form in advance).

On behalf of the team treating the child, I have confirmed with the child and their parent(s) / person with parental responsibility, that they have no further questions and wish the procedure to go ahead.

Health Professional signature: ..... Date: .....

Name (PRINT): ..... Job title: .....

Important notes (tick if applicable):

☐ See advance decision to refuse treatment ☐ Parent(s) / person with parental responsibility has withdrawn consent (ask patient to sign/date here)

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CChild's microlaryngoscopy and bronchoscopy consent

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