



# Endoscopy

**An endoscopy involves using a long, thin tube with a camera at the end to examine hard to reach places. Lenses inside the endoscope magnify the camera's image so that doctors can see in fine detail. This can help doctors gain useful information about the size and position of a tumor.**

Endoscopes may be flexible or rigid, and come in various sizes according to the part of the body being visualized. There are a range of endoscopic techniques for head and neck patients. Some of these procedures require the patient to be asleep under general anesthesia, while others can be done in the office while the patient is awake. It is natural to have questions about an endoscopic procedure, and learning more is key.

## What to Expect

### *Endoscopy in the Doctor's Office*

Before the endoscopy, the doctor may apply a decongestant or numbing spray inside the nose. Once the area is numb, the doctor will use the endoscope to look for any concerning lesions or growths. If the doctor sees an area that requires further analysis, he or she may want to take a small sample of the tissue. This is known as a biopsy. (It is important to note, however, that in-office endoscopies rarely include biopsies, and are typically used for visualization only).

Before the biopsy, the doctor can spray numbing medicine directly onto the concerning area, or apply it topically. Then they use forceps to remove a tiny piece of tissue. This is sent for pathologic analysis with the hope of gaining more information about the tumor. However, because the samples are very small, sometimes a diagnosis cannot be made. In this case, a direct examination in the operating room may be needed.



Please note that this information is intended for educational purposes. It does not replace consultation with your doctor, and it should not be interpreted as medical advice. We encourage you to speak to your health care provider if you have further questions or concerns regarding your medical care.

For more information scan this code or visit:

<https://thancguide.org/cancer-basics/diagnosis/endoscopy/>

## Endoscopy in the Operating Room

For endoscopy procedures done in the operating room, patients will be put to sleep under general anesthesia. Using a long, rigid camera projected onto a large screen for visualization, the surgeons will numb the area and obtain pieces of tissue for biopsy. These samples will be analyzed under the microscope by pathologists in order to learn more about the nature of the lesion. In the operating room, surgeons may have a better view of the lesion and may be able to remove more tissue for analysis. Occasionally, the surgeon may decide to remove the entire lesion at the time of the biopsy, but this is not very common. Instead, the surgeon will usually wait for final pathology results before deciding on further management.

## Types of Endoscopies

### Sinonasal Endoscopy

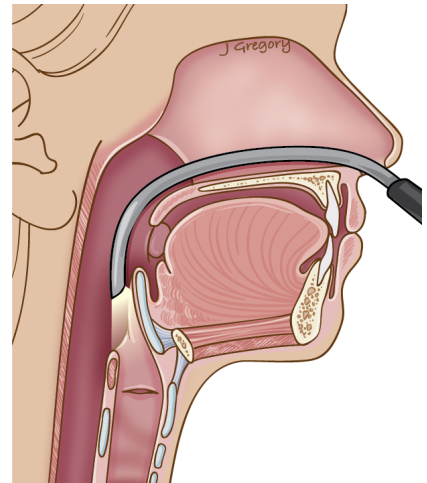
- Inserted through the nose to view the nasal cavity, sinuses, and back wall of the nasopharynx. May be flexible or rigid.

### Laryngoscopy

#### Transnasal Flexible Laryngoscopy

(see image on right)

- Does not require general anesthesia and can be done in the office.
- Inserted through the nose to view the voice box area.



#### Direct Laryngoscopy

- Takes place in the operating room under general anesthesia.
- Rigid tube inserted through the mouth to see the throat and vocal cords.

### Esophagoscopy

- Inserted either through the nose or mouth to view inside the throat. May be flexible or rigid.
- Very similar to laryngoscopy, except it uses a longer lens to visualize the esophagus.



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