

hoarseness

: hoarseness/ left vocal fold abnormality / Reflux

Procedure : Flexible Fiberoptic Laryngoscopy

Level of Involvement : I Did it 100%

Flexible Endoscopy: Indication- [x] gag reflex preventing mirror exam; [other] \_\_Not performed\_\_

	Normal	
Abnormal		
Nose/Nasopharynx (adenoids, ET orifices)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Posterior oropharynx/soft palate/BOT/vallecula	<input type="checkbox"/>	<input checked="" type="checkbox"/>
lymphoid hyperplasia		
Supraglottis (epiglottis, AE folds, PE folds, arytenoids)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Glottis (false and true vocal folds)	<input type="checkbox"/>	
[x]left vocal fold appears full, fibrotic and thickened along the length of the vocal fold with erythema, Interarytenoid edema		
Hypopharynx (post-cricoid area, pyriform, secretions)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
__reflux changes		
Vocal fold mobility	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Procedure in detail: Patient was examined in the clinic and nose was decongested with phenylephrine and topically anesthetized with lidocaine solution. the fiberoptic nasopharyngolaryngoscope was inserted into the nares and the septal mucosa, nasal mucosal floor, turbinates and ostia were inspected and found to be normal. The Nasopharynx, eustachian tube orifice, oropharynx, base of tongue, vallecula, pyriforms sinuses, epiglottis, aryepiglottic folds, supraglottic larynx, vocal cords, arytenoids, and post cricoid regions were examined.

Post Op Condition: Stable

EBL: None

Prognosis: Unchanged

**Plan/Order:**

4. I did consider several modes of imaging including CT, MRI, and PET/CT. Will start with CT neck with and without contrast

5. Phone visit in 2 weeks

Electronically signed by

MD at 5/11/2018 2:29 PM