



The Greenville Voice Center

What to Expect: Surgery to Reposition the Vocal Fold

What is Thyroplasty?

Thyroplasty, also known as medialization laryngoplasty, is the primary procedure used to reposition one or both vocal folds to improve closure of the vocal folds. We need our vocal folds to close fully in order to have a full, efficient voice.

In this procedure, I make a small incision on the front of your neck and then make a small window on the side of your voice box. I then place an implant, usually made of Gore-Tex, into the voice box to push the vocal fold over toward the middle.

You are awake during the procedure so that I can hear your voice and fine-tune the position of the vocal fold to get your voice to be the best it can be. We use numbing medicine and very light sedatives to keep you comfortable.

What is an Arytenoid procedure?

The arytenoids are a pair of cartilages in the back of the larynx. The back of the vocal fold attaches to one end of this cartilage and all of the laryngeal muscles attach to the other end. In this way, the vocal folds open and close to breathe and speak. Sometimes, putting an implant in the larynx is not enough to move the vocal fold over, and I also have to reposition the arytenoid to get the best voice.

Before Surgery:

Voice therapy

Before surgery, you should practice the things you have learned in voice therapy so that you are relaxed and able to make as relaxed a voice as possible during the operation.

Blood thinners

In most cases, you will have to stop taking blood thinners (like Aspirin, Ibuprofen Plavix/Coumadin/Eliquis or others) several days before surgery to prevent bleeding during surgery.

Other medicines

We may also prescribe a course of steroids to start the day before surgery.

The Day of Surgery:

After you arrive at the hospital, you will be evaluated by me and the anesthesiology team before going to the operating room. You'll be sedated as we set things up and get started, then we will let you wake up as we get close to the time when you will need to talk. We will numb your neck and will give you pain medicine through your IV so that you are comfortable throughout the procedure, but are still able to talk with me as normally as possible.

After surgery:

Discharge

Depending on your age and health status, the time of day, and the extent of surgery, you may either be discharged home after surgery or spend the night at the hospital.

Drain

You may have a small rubber drain in your neck, which will be removed on the day after surgery. If you go home on the day of surgery, you will take out the drain when you remove the dressing the day after surgery. There may be a suture to clip to release the drain.

Medications

You will be prescribed antibiotics for a week, pain medication, and will continue any steroids that you started the day before surgery.

Voice rest

I typically ask my patients to take it easy on the voice, which means minimal talking but not silence, for 3-4 days. There are no specific limits to what you can eat. Eat whatever you feel up to, though it will be sore for the first few days.

Follow up

I will generally see you one week after surgery, and then 4-6 weeks later. You will see speech pathology several times in the two months after surgery.

Risks:

Bleeding

Almost any surgery carries the risk of bleeding. These procedures are not associated with much blood loss, but bleeding can happen during surgery or later. I take great care to make sure that there is no bleeding before I close the incision. If bleeding occurs later, it can collect in the area of the surgery. This

is called a hematoma. If this happens, you will probably need to go back to the operating room to stop the bleeding.

Infection

When foreign material has been implanted, it is possible (although rare) for it to become displaced or infected. If so, it is possible for it to work its way out or need to be removed.

Scarring

Neck scars usually heal well. Occasionally, an unsightly scar can occur. This is particularly true in people who form hypertrophic scars or keloids, or following post-operative neck infection. After post-operative discomfort has resolved, neck pain persists uncommonly. When present, it may be aggravated by swallowing or talking.

Swelling

Rarely, any laryngeal operation may result in swelling that compromises the airway and requires tracheotomy. Tracheotomy involves an incision through the front of the neck into windpipe and placement of a tube into the neck so that air can get to the lungs. After the swelling resolves, the tube in the neck is removed and the neck heals, leaving a scar. Occasionally, additional surgery is necessary if the hole doesn't completely heal or to improve the appearance of the scar.