

Laryngo-broncho-oesophagoscopy (LBO) - also called microlaryngoscopy or laryngo-tracheal-bronchoscopy (LTB) – is a procedure that allows the doctor to look carefully at a child's airway, including the parts below the level of the vocal cords, which cannot be visualised while the child is awake.

Specialised anaesthesia is needed to allow the surgeon a good view in the airway while the child continues to breathe but it is straight forward for anaesthetists that perform the procedure regularly.

A thin telescope is introduced via the child's mouth so there are no external wounds. The surgeon may take photos or videos to record their findings. Very rarely a biopsy may be needed if something unusual is found. This involved removing a small amount of tissue so it can be examined under a microscope. The procedure is also used to removed foreign bodies from the airways in emergency situations.

### **What to expect after surgery**

Your child's throat may feel a little sore or dry. They may have a mild, croup-like cough which usually settles within a couple of hours, or a mildly husky voice. They will be offered an icy pole or drinks initially post-operatively. Children may have a normal diet once they arrive home.

### **Pain**

LBO is typically not very painful but children may require Panadol for 24-48 hours post-operatively if they have a sore throat or mouth.

### **When to Call us**

If your child has difficulty breathing, please present to the nearest Emergency Department.

If your child coughs up a small amount of blood or has persisting hoarse voice or croup-like cough (> 2 days) please contact the rooms within business hours (9451 9883).

If you have an emergency outside of normal business hours, or you are unable to contact our rooms, please present to the nearest emergency department.

