

Panendoscopy and biopsy

This leaflet contains information for your upcoming procedure.

This document should not replace the advice of your relevant health care professional.

What is a Panendoscopy and biopsy?

This operation is usually performed when there is suspicion of a cancer within the head and neck. It allows the surgeon to explore the oral cavity, larynx (voice box) and oesophagus (food-pipe). They can assess the extent of any growths, and take biopsies (which can include a tonsillectomy) to aid in diagnosis.

What is the operation like?

The operation is performed with you asleep under a general anaesthetic for approximately 20-45 minutes. Usually you will go home on the same day. Before the operation you will see a member of the surgical team and the anaesthetist.

What can go wrong?

Panendoscopy is a safe procedure. However, it is important that you are aware of the risks of this procedure.

General complications

Nausea, vomiting, sore throat and drowsiness may occur as a result of the anaesthetic. Serious drug reactions related to the anaesthetic are very rare.

Potential complications

Vocal Cord Damage

- Permanent injury to the vocal cord

Damage to teeth

- Damage to the teeth, lips tongue or jaw can occur such as chipped or loosened teeth, or cuts or bruising around the mouth.

Swelling

- Swelling of the airway can cause significant difficulty with breathing.
- This can be serious but rarely requires a breathing tube to be inserted.



Austin Health acknowledges the Traditional Custodians of the land and pays its respects to Elders past, present and emerging.

Austin Health celebrates, values and includes people of all backgrounds, genders, sexualities, cultures, bodies and abilities.



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Bleeding

- Significant ongoing bleeding requiring an operation.

Lung infection

- Lung problems or inhaling of saliva/blood can cause pneumonia.

Infection

- Is uncommon and may occur after a delay of at least 3-5 days from the procedure. Infection causes fever and increasing pain despite taking pain relief medications. If you are concerned about this, you need to contact your surgical team.

Non-Diagnostic

- Sometimes a diagnosis is not found from the biopsy. If the doctors are concerned, we may need to organise a repeat procedure.

Oesophageal perforation

- Is a rare but serious complication. Symptoms may include chest pain, fever and shortness of breath. If these occur, please present to emergency.



For further information

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