pediatric ENT
OF OKLAHOMA
A DIVISION OF
McBRIDE ORTHOPEDIC HOSPITAL

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Supraglottoplasty
Home Care Instructions

Hospital Stay
Most children stay overnight in the hospital for at least one night.

Bleeding
There is typically very little to no bleeding associated with this procedure. Though very unlikely to happen, if your child were to spit or cough up blood you should contact your physician immediately.

Diet
After surgery your child will be able to eat the foods or formula that they usually do. It is important after surgery to encourage your child to drink fluids and remain hydrated. Daily fluid needs are listed below:

- Age 0-2 years: 16 ounces per day
- Age 2-4 years: 24 ounces per day
- Age 4 and older: 32 ounces per day

It is our experience that most children experience a significant improvement in eating after this procedure. However, we have found about that approximately 4% of otherwise healthy infants may experience a transient onset of coughing or choking with feeding after surgery. In our experience these symptoms resolve over 1-2 months after surgery. We have also found that infants who have other illnesses (such as syndromes, prematurity, heart trouble, or other congenital abnormalities) have a greater risk of experiencing swallowing difficulties after a supraglottoplasty (this number can be as high as 20%). In time the child usually will return to normal swallowing but there is a small risk of feeding difficulties.

You will be given a prescription before you leave the hospital for an acid reducing (anti-reflux) medication that must be filled before you are discharged. This medication is very important because it prevents acid reflux from the stomach from irritating the recently operated area. This medicine needs to be taken every day whether your child appears to have reflux or not.

Pain
Give liquid acetaminophen (Tylenol). Acetaminophen is used to relieve mild to moderate pain and to reduce fever. It is important to take acetaminophen exactly as directed by your doctor. Follow the directions on the package and ask your doctor or pharmacist to explain any part you do not understand. Ibuprofen (Motrin, Advil) can be used if your child is 12 months old or older.

Activity
A child may resume his/her normal activities as tolerated after surgery.

When to call the doctor
Call for any of the following:

- Increase in noisy breathing
- Problems breathing (shortness of breath, retractions – sinking in at base of neck or abdomen sinking in just below ribs when breathing in)

- Inability to drink any liquids
- Fever
- Pain that isn't resolved by the pain medication

Numbers to call
On weekdays from 8am to 4:30pm call your child's surgeon at (405) 608-8833. If problems arise in the evening after 4:30pm, weekends, and/or holidays please call (405) 330-4420 and ask to speak with the ENT/ORL physician on call. This doctor is available for emergencies 24 hours a day, 7 days a week.

Appointments
If you do not get a follow-up appointment with your surgeon at the time your procedure is scheduled, please call our office immediately after surgery to schedule.

Frequently Asked Questions

What is laryngomalacia?
Laryngomalacia is best described as floppy tissue in the voice box (epiglottis and arytenoids cartilages) above the vocal cords that falls into the airway as a child or infant inhales. Laryngomalacia is the most frequent cause of noisy breathing (stridor) in infants and children and it's the most common congenital anomaly (birth defect) of the voice box (larynx).
Laryngomalacia can also cause blue spells and sleep apnea (when there are pauses in breathing during sleep). It is often associated with acid reflux (spitting up frequently) and difficulty gaining weight.

How is laryngomalacia diagnosed?
Diagnosis of laryngomalacia is suggested by a typical history and is confirmed by clinical examination and flexible laryngoscopy. This test is required to confirm a diagnosis of laryngomalacia. It involves placement of a lighted camera through the nose of the child to look at the voice box. The person performing this exam (physician or physician assistant) looks at the position of the tissue above the voice box to determine if it is floppy. At the same time, the throat/voice box will be examined for any other problems that may contribute to noisy breathing. This diagnosis can be confirmed and further assessed in the operating room.

What causes laryngomalacia?
The cause of laryngomalacia and the reason why the tissue is floppy is unknown. We believe this condition stems from variable voice box anatomy that is prone to being floppy, likely due to immature supporting cartilage. It is usually noticed several weeks to a few months after birth. It tends to improve over time with growth and development. Even without intervention, many children with laryngomalacia recover by the time they are 12 to 18 months old.

What is a supraglottoplasty?
A supraglottoplasty is a procedure done under anesthesia in the operating room to help your child breathe better. This procedure takes approximately 30 minutes to perform. The unneeded floppy tissue is trimmed by using fine micro scissors and/or a laser. Only very small amounts of the floppy tissue that is collapsing into the child's airway is removed (approximately 2-3mm in an infant).

Who may benefit from a supraglottoplasty?
The majority of children outgrow laryngomalacia without needing surgical intervention. However, a small percentage of children require a surgery if their symptoms are more severe. Symptoms that would require surgery include apneas (pauses in breathing), blue spells, poor weight gain, or significant chest retractions during breathing.