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**RIGID ESOPHAGOSCOPY/RIGID BRONCHOSCOPY**

**WHY DO I NEED SURGERY?**

The purpose of this surgery is to check and see whether or not the cancer may have occurred in the esophagus and bronchus of your lungs. It is widely known that people with head and neck cancer often have more than one site of cancer. This procedure is to check that whether or not you have a synchronous tumor located in the head and neck region. For this reason, careful examination is required.

**WHAT HAPPENS DURING SURGERY?**

The procedure is done under general anesthesia and will take about 30-45 minutes. This surgery is done on an outpatient basis. Most patients do not have any difficulties with this procedure. If there is a tumor of the lungs or esophagus, a biopsy may be done at the time of the surgery.

**WHAT TO EXPECT AFTER SURGERY?**

After the surgery is complete, you will be taken to the recovery area. A nurse will monitor your progress and when you are ready, you will be sent home.

It is recommended that you drink a lot of cold liquids for the first 72 hours after the surgery. When you are able, you may return to your regular diet. Most patients do not experience much pain with this procedure. However, as a precaution, pain medication and antibiotics will be provided for you.

**WHAT ARE POSSIBLE RISKS AND COMPLICATIONS OF THE SURGERY?**

As with any type of surgery done under general anesthesia, there may be a reaction to the drugs, breathing difficulties or even death.

You may hemorrhage in the lungs and develop pneumonia. You could also be left with a perforation of the esophagus, which may require further surgery. However, the risk of injury is very low: approximately 1-2%.

If you have any further questions after having carefully read the above information, please feel free to discuss it with me in your preoperative evaluation, prior to any surgery. Remember, there are no dumb questions! We want you to be fully informed and comfortable prior to your surgery. Please sign and return this form to our office when you come for your preoperative visit.

I understand the above information and consent to the surgery.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Name-Printed