Office based injection laryngoplasty by thyroid approach using curved 23G 60mm needle

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Introduction: This time I will introduce novel procedure of office based injection laryngoplasty. This technique is very simple and safe with almost 100% complete rate.

Material & Methods: This procedure is performed under laryngeal endoscopic view under topical anesthesia. The 23G 60mm needle bended at the two points, about 1-1.5cm and 2-3cm from the tip, is inserted to the larynx through about 5mm above the superior thyroid notch. The needle can reach every part of the vocal fold from anterior to posterior in all directions. Because the needle length is only 60mm, the loss of injection material is slight. Additionally this procedure is useful not only for injection but for incision to vocal fold lesions such as polyp, nodule and cyst.

Results: We performed this procedure over 1000 cases for unilateral vocal fold paralysis or botulinum toxin injection for adductor spasmodic dysphonia and removal for vocal fold polyps, nodule and cyst since January 2012. There was no severe complication and accomplish rate was nearly 100%.

Conclusions: This method is very simple and useful without technical or medical failure.

Biography
Ryoji Tokashiki graduated from Tokyo Medical University in 1990. He is a Professor of Tokyo Medical University since 2008. In 2010, he opened his own practice “Shinjyuku Voice Clinic” focusing on voice disorders. He performs over 200 voice surgeries for vocal fold paralysis (UVFP), spasmodic dysphonia and achieving promising outcome. He also performs over 500 office surgeries annually for vocal fold lesions such as polyp, nodule, cysts and injection laryngoplasty. His practice also treats a lot of functional voice disorder patients including stuttering. At present, he is interested in analyzing brain activity when phonation using functional MRI.

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