

Head and Neck Glossary

Below you will see a glossary of terms that describe some of the tests and/or treatments that may be required to evaluate your condition. It is by no means inclusive, but it will give you an idea of what to expect.

Audiogram: A hearing test. This test may be performed by a “live” audiologist in a traditional hearing test booth or by a “virtual” audiologist via a sophisticated computer program. Our “virtual” audiologist speaks English, Spanish, Russian, Italian, Portuguese, Arabic, Cantonese, Mandarin, Taiwanese, Korean, and Vietnamese.

Cauterization: A procedure using chemicals or electricity to control bleeding. Most commonly this procedure is performed to stop nose bleeding. It may be the primary treatment of nose bleeding or in conjunction with nasal packing.

Microscopic ear exam: Use of an operating microscope to examine the ear and to remove wax, debris, and foreign bodies.

Flexible endoscopy: Use of a soft, flexible fiber optic scope to examine the nasal cavity, nasopharynx (the area behind the nose), oropharynx (throat), larynx (voice box), hypopharynx (bottom of the throat). This examination allows us to look for infections, inflammation, tumors, and foreign bodies. The telescope is passed through the nose and then into the throat. An anesthetic agent is sprayed into the nose before the examination is undertaken to minimize discomfort. The anesthetic works very quickly but it may taste bitter and may make your throat feel a bit numb as well. The anesthetic usually wears off in 20-30 minutes.

Rigid endoscopy: Use of a firm, stiff fiber optic scope to examine the nasal cavity and nasopharynx (the area behind the nose). Since this scope is stiff, it can be held and directed with one hand, freeing the other hand to perform other tasks. This scope is used if the nasal cavity needs to be cleaned or if biopsies need to be taken.

Fine needle aspiration biopsy (FNA): A technique using a needle to obtain a sample of tissue from a mass under the skin. This procedure is often the first step in the work-up of a mass in the head and neck area. First, a small amount of local anesthetic is injected into the overlying skin to minimize discomfort. Then, a second needle attached to a syringe apparatus is passed into the mass. The syringe is pulled back and particles of the mass are pulled into the needle. These particles are then ejected onto slides and sent to pathology for evaluation. Specimens for bacterial and fungal cultures can be obtained in this same fashion. A small amount of bruising, swelling, and tenderness can be expected following this procedure. Ice 20 minutes per hour and Tylenol are usually sufficient to control discomfort.

Incisional biopsy: Removal of a portion of a lesion for pathologic evaluation. This procedure is commonly performed for larger lesions that are on the surface of the skin or mucosa (mouth, nose and throat). Local anesthetic is applied before the biopsy to minimize discomfort. Slight oozing after the

biopsy is common. Antibiotic ointment is applied twice a day after skin biopsies, and rinsing with salt water or hydrogen peroxide after oral/throat biopsies is recommended three times a day to prevent infection.

Excisional biopsy: Removal of an entire lesion for pathologic evaluation. This procedure is commonly performed for smaller lesions that are on the surface of the skin or mucosa (mouth, nose and throat). Local anesthetic is applied before the biopsy to minimize discomfort. Slight oozing after the biopsy is common. Antibiotic ointment is applied twice a day after skin biopsies, and rinsing with salt water or hydrogen peroxide after oral/throat biopsies is recommended three times a day to prevent infection.

Excision: Removal of an entire lesion once a pathologic diagnosis has been made. In the case of benign, non-cancerous lesions, very little surrounding tissue is removed. In the case of pre-malignant or frankly cancerous lesions, a cuff or margin of normal tissue is included to insure all the cancer has been removed. Often sutures are placed to close the surgical site. For skin sites, the incision is cleaned with hydrogen peroxide followed by application of antibacterial ointment twice a day for 7 days. The incision should stay dry for 48 hours. For nasal/oral/throat sites, rinsing with salt water (nose, mouth or throat) or hydrogen peroxide (1/2 strength with salt water) should be performed three times a day. Avoid hard, sharp, or spicy foods until healed. Some discomfort may be associated and mild oozing, bruising, and swelling is common. Tylenol is usually sufficient for small excisions. A prescription pain medicine may be needed for larger excisions.

Incision and Drainage (I&D): A procedure used to treat abscesses (an infection with a pocket of pus). Abscesses may occur on the skin or in the throat. Once an abscess has formed antibiotics alone frequently are not sufficient treatment. If the abscess is superficial, drainage via a surgical incision may be performed under local anesthesia. If the abscess is deep, general anesthesia and hospitalization is often required. For skin sites, packing is often placed into the abscess cavity to provide further drainage. Packing should be changed twice a day. Initially, this may be painful, but it gets much more tolerable as the infection resolves. Antibiotics and prescription pain medicine are usually required after the procedure.

Laryngovideoscopy: A method of evaluating the larynx (voice box) using a rigid or flexible scope and camera. Two types of light are used. One is a constant halogen light and the second is a xenon strobe light. Using this technique, we can see the fine details of the vocal folds as they are moving. This examination is often performed for patients with hoarseness, throat irritation, and foreign body sensation in the throat. It is also used to document and follow known lesions. This examination can be reviewed by you on a computer monitor once the exam is completed. Your examination is stored on special DVD's for later reference.

Radiofrequency tissue ablation: A method of using radiofrequency energy to improve nasal breathing or reduce snoring. Patients with chronic nasal obstruction may have enlarged nasal tissue (inferior turbinates) and may be candidates for radiofrequency turbinate reduction. After a topical anesthetic has been applied, a local anesthetic is injected into the inferior turbinate tissue. A probe is then placed into the tissue and energy is delivered by a computer in a controlled fashion. This energy causes a burn under the surface that is resorbed by the body, shrinking the tissue and improving airway patency. Most patients experience minimal discomfort if any. The same technique is used on the soft palate to control snoring. This method is used only in patients who do not have obstructive sleep apnea.

Computed Tomography (CT or CAT): An imaging test using X rays that allows us to see the body in “slices”. This study helps us look for abnormal anatomy like masses and infections. Depending on the reason why you are having a CT, an intravenous injection of iodine based dye or contrast may be required. Areas of infection and tumor usually have an increased blood supply and show up brighter on the scan. This test is performed in our medical imaging department. Typically, I can review the study on my computer in my office within an hour of completion.

Magnetic Resonance Imaging (MRI): An imaging test using magnetic fields that allows us to see the body in “slices”. This study helps us look for abnormal anatomy like masses and infections. Depending on the reason why you are having a MRI, an intravenous injection of non-iodine based dye or contrast may be required. Areas of infection and tumor usually have an increased blood supply and show up brighter on the scan. This test is performed in our medical imaging department. Typically, I can review the study on my computer in my office within an hour of completion.

Positron Emission Tomography (PET): An imaging test using radioactive glucose to detect cancer. Most cancers metabolize primarily glucose (sugar) for energy. During a PET scan, radioactive glucose is administered intravenously and its breakdown is detected. If cancer is present, it will often be seen as a hot spot or an area of hypermetabolism compared with the surrounding tissue.

I hope you have found this information helpful. I will look forward to seeing you in the office.