Pulmonary Exercise Laryngoscopy

To Schedule: (319) 861-7778
Questions about procedure: (319) 221-8500

What is a Pulmonary Exercise Laryngoscopy Test?
A Pulmonary Exercise Laryngoscopy test will be performed with a pulmonary physician. During the test you will be asked to ride a stationary bike while the physician will view your vocal cords via a fiberoptic scope.

Why should I have a Pulmonary Exercise Laryngoscopy Test?
Exercise Laryngoscopy is performed for further evaluation, diagnostic treatment of vocal cord dysfunction and/or associated disorders.

Preparation:
Please review with your doctor or your doctor’s nurse:

- Don't eat or drink for 4 hours before the test.
- You will need to stop taking antihistamine medications 48 hours before the test. Caffeine and bronchodilator medications must be stopped for 24 hours prior to the test. Check with your doctor to see if you are taking any of these medications. In addition, if you are on beta blockers check with your doctor to see if you will need to stop them prior to testing.
- If you use an inhaler for breathing problems, bring it with you on the day of the test.
- Wear walking shoes, such as sneakers, and comfortable clothing that doesn't restrict your breathing.
- Report any recent upper respiratory infection, cold, sinusitis, bronchitis or pneumonia.

Procedure:
During the test your nose will be numbed with medication and small pads will be placed on your upper body to monitor heart rate, respiratory rate and oxygen saturation. You will be seated on a stationary exercise bicycle. The physician may ask you to pedal to peak exercise. The doctor will then obtain diagnostic
images evaluating the vocal cords during exercise. After images are obtained, you may have a Spirometry (breathing) test.

Please allow 2 hours from arrival to departure for this test.

**Outpatient Registration:**

Please park in the Mercy Parking ramp located at 8th Avenue and 8th Street SE. Enter the hospital at the South entrance on ground floor. Proceed to the Cardiopulmonary department.

**Your appointment date and time:**