

Indirect Laryngoscopy Mirror



This mirror is used to examine the larynx in the outpatient using a procedure called indirect laryngoscopy.

How indirect laryngoscopy is done:

- The indirect laryngoscopy mirror is warmed to avoid fogging on it.
- The patient is asked to protrude his/her tongue which is then held with a piece of gauze.
- The patient is directed to breathe through his/her mouth.
- The warmed indirect laryngoscopy mirror is then introduced into the oral cavity with the mirror facing downwards. (Check its temperature by touching the back of your hand with it, it should not be hot.)
- The mirror is brought to rest against the uvula but do not touch the posterior pharyngeal wall to avoid setting off the gag reflex.
- Once the laryngeal inlet is visualized, the patient is asked to say 'eee' to check the movement of the vocal cords.

Structures seen on indirect laryngoscopy (in order):

- Base of the tongue (posterior one-third of the tongue)
- Vallecula
- Median and lateral glossoepiglottic folds
- Epiglottis
- Pharyngoepiglottic folds
- Aryepiglottic folds
- Arytenoids
- False vocal cords
- True vocal cords
- Tracheal rings

Indications for indirect laryngoscopy:

- Examination of the larynx in cases of change in voice
- Examination for dysphagia
- To look for vocal cord mobility prior to thyroid surgery
- To look for the primary in cases of neck metastases



The shaft of the indirect laryngoscopy mirror is straight, a feature which helps differentiate it from the posterior rhinoscopy mirror which has a bent shaft.

More information:

- The mirror is available in 5 sizes, the smallest is 1 and the largest 5.
- Indirect laryngoscopy was first performed by Manuel Garcia, a singer.
- Using flexible fibreoptic laryngoscopy is another method of examining the larynx in the OPD.