Nasendoscopy: An Investigation Of Your Soft Palate and Throat Movements During Speech

North West England, the Isle of Man and North Wales Cleft Lip and Palate Network
What is Nasendoscopy?
Nasendoscopy is a way of looking at your soft palate (roof of the mouth) and throat. It involves using a thin, flexible tube with a very small telescope at the end, which is passed into one of your nostrils. Most children and young people manage it without difficulty. The telescope is linked to a video camera and the pictures can be recorded on DVD.

The procedure is exactly the same whether you are a child or an adult.

Why do I need Nasendoscopy?
The Specialist Speech and Language Therapist has assessed your speech and thinks that your soft palate may not be moving well enough to separate your nose from your mouth during speech. The investigation gives a good view of what happens to your soft palate and throat when you are speaking. It will help the Specialist Speech and Language Therapist and Cleft Surgeon decide with you the best way to manage your speech difficulties.

What is involved in having Nasendoscopy?
You will be seen by a Specialist Speech and Language Therapist and/or a Cleft Surgeon at one of the cleft centres. The investigation will last approximately 10 to 15 minutes, but you may be at the centre for longer than this if other speech assessments are carried out at the same time.
You will be awake for the investigation and you will be sitting upright in a chair. We will spray a little local anaesthetic into one of your nostrils. This does not taste very nice but it will make your nose and throat feel numb for a short time. After this, the tube will be inserted into your nostril.

You will then be asked to do some counting and to copy specific sounds, words and sentences. After the Nasendoscopy is finished, you can watch the DVD recording of the investigation on a television screen if you wish. As your throat will be a little numb, you cannot eat or drink for an hour after the examination but you should eat and drink normally before it.

**What happens next?**

When you have your examination, we will discuss the results and possible options with you/your family. These results help to plan any future treatment you may need. For example, some patients may benefit from an operation to improve the movement of their soft palate and/or help their palate and throat work together to separate their nose and mouth during speech.

**What are the risks in having Nasendoscopy?**

The risks involved in Nasendoscopy are very small. In very rare cases there might be a reaction to the local anaesthetic. Also, there may be a little bleeding if the tube scratches the inner lining of your nose, but this is very uncommon. If you have any concerns about this procedure please don’t hesitate to call us. The numbers are on the last page of this leaflet.
This is Matthew (Age 6) having his Nasendoscopy

This is the view from the Endoscope. It shows Matthew’s soft palate, the side walls and back walls of his throat.
Suggestions/Comments
The staff are here to help and it is important for them to know if you have any comments or suggestions about the services you have received. If you wish to speak to a member of the cleft team please telephone us:

Liverpool: 0151 252 5209
Manchester: 0161 701 9007
Monday to Friday, 9.00 am to 5.00 pm

Alternatively you can contact the Patient Advice and Liaison Service (PALS):

**Manchester PALS:** 0161 701 8700, Monday to Friday 9.00 am to 4.00 pm. e-mail childrens.pals@cmft.nhs.uk

**Liverpool PALS:** 0151 252 5374/5161, Monday to Friday 9.00 am to 4.30 pm. e-mail PALS@alderhey.nhs.uk

External contacts and information

**Cleft Lip and Palate Association (CLAPA)**
First Floor, Green Man Tower,
332b Goswell Rd, London EC1V 7LQ
Tel: 0207 833 4883 • Fax: 0207 833 5999
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**Changing Faces**
The Squire Centre, 33-37 University Street,
London, WC1E 6JN
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E-mail: info@changingfaces.org.uk
web: www.changingfaces.org.uk

This information is available in Welsh, if preferred.

Mae’r wybodaeth hon ar gael yn Gymraeg, pe baech yn dymuno hynny.